Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dunmanway Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	22 June 2026
Centre ID:	OSV-0002110
Fieldwork ID:	MON-0050596

About the designated centre

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

Dunmanway Residential consists of a large purpose built single storey building located in a town. The centre provides a respite service for up to six residents of both genders primarily for those between the ages of 6 and 18 although it can support those up to the age of 20 if they are still in their final year of education. The centre supports those with intellectual disabilities. Support to residents is provided by the person in charge, nurses, social care workers and health care assistants. Individual bedrooms are available for residents and other facilities in the centre include bathrooms, a dining area, a kitchen, a living room, a sunroom and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0

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
Monday 22 June 2026	16:30hrs to 17:00hrs	Angela McCormack	Lead
Tuesday 23 June 2026	09:00hrs to 17:15hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, this inspection found that the children and young people who received respite care in Dunmanway residential designated centre were provided with good care and support. Improvements were required however, in documentation, fire safety and staff training. In addition, the provider's actions from the previous inspection by the Health Information and Quality Authority (HIQA) in February 2026 required completion: however, they were progressing in line with the agreed time-frames.

This inspection was completed to follow up on the last inspection by HIQA where four regulations were found to not be compliant. This inspection found that most actions were either completed or in progress. Actions in progress were found to be developing in line with the provider's time-frames that were agreed as part of the action plan from the inspection. One regulation remained not compliant on this inspection. This was in Regulation 16: Training and staff development. This will be elaborated on further in this report.

On arrival at the centre on the first evening of the inspection the inspector observed two adults and one child in the centre. The person who answered the door to the inspector said that they were there providing "home support" for one child, and were not working in the designated centre. The person in charge was contacted, and the inspector spoke with them over the telephone, where they advised that they were not available to come to the centre at that time, but that a senior manager could call later that evening. They said that the centre was not open until Wednesday again. As a result, the inspector arranged that they would return the following morning to complete the inspection. The inspector requested that the person in charge let the children and young people, and their representatives, know that they would be in the centre throughout the following day and would be available to meet, or speak, with them on the phone. The inspector noted that the statement of purpose of the centre did not reflect the part-time nature of the respite provision, nor the use of the premises for home support. This required review and the management team addressed this on the second day when it was brought to their attention.

The following day, the inspector met with the person in charge and the person participating in management (PPIM). The inspector also met with the quality, safety and risk manager. They described their roles and the systems in place for overseeing and monitoring the practices in the centre to ensure that safe care and support was provided.

Unfortunately there were no children availing of respite on the days of inspection. Therefore, the lived experiences of the children and young people were established through a review of care and support plans, meeting notes, discussions with the management team and through feedback from families. One family representative

visited the centre to meet with the inspector. Another family representative spoke with the inspector on the telephone. The inspector also reviewed feedback from questionnaires that four family members had completed as part of the most recent annual review of the service.

Feedback from families was that the centre was homely and that their family member enjoyed getting respite breaks there. A concern was raised in relation to a medication error that occurred in June 2026, whereby a child missed getting their morning medication. The inspector reviewed the actions that the provider and person in charge had taken to address this concern. This investigation was in progress at the time of inspection. The family representative agreed that they were aware of this and were awaiting the outcome of the investigation. Feedback from another family representative was positive around the admissions procedures for their child to transition to the centre. The family representative spoke about the preparation that was done in supporting their family member to transition to the centre. They said that the preparation and visits that occurred during this time helped to support and prepare their family member for an overnight stay. Both family representatives were complimentary of the communication from the person in charge.

Other feedback reviewed indicated that, in general families were happy with the premises, the safety of their family member when they come in for respite and the staffing. Some feedback described the staff as being very welcoming and lovely, with one feedback form noting that they are delighted to see certain staff members rostered when their young person avails of respite. Feedback also indicated that families would like more respite and more nights made available for their child and young person. At present, the centre opened four nights each week, and although registered for six beds, they provided respite for no more than four children and young people at any time. The inspector was informed that there were 16 children and young people availing of respite, with nine on a waiting list. The PPIM spoke about plans to try to progress and develop the service further.

The inspector observed that the centre was designed and furnished in a child-friendly manner, with areas for play, recreation and relaxation. Two bedrooms were designed to support those with mobility needs and included an overhead hoist tracking system and an accessible bathroom adjacent to these two bedrooms. The communal bathroom included a jacuzzi bath, which was reported to be a great favourite for many of the children and young people. The centre also included a sensory room with sensory lights and equipment in place. Adjacent to the centre was a playground that the children and young people could use when getting respite breaks.

Through a review of three residents' personal plans and residents' meetings notes, the inspector found that each child had an individualised personal plan that outlined their support needs and that the centre supported their choices and preferences. However, there were gaps and inconsistencies in some care plans, some of which were addressed on the day. Notwithstanding that, through this documentation review the inspector could see that the children and young people were supported

to do activities that they enjoyed when they came in for respite breaks. These included: going on day trips, cinema trips, shopping trips and eating out.

In summary, while further improvements were required to ensure full compliance with the regulations, the inspector's finding was that the service strived to provide safe, child-centred care and support. The provider was found to be making progress and working towards improving the service through their action plan that was kept under ongoing review.

The next sections of the report outline the governance and management arrangements, and describe how this impacts on the quality and safety of care.

Capacity and capability

This inspection found that the management team in Dunmanway Residential was progressing with its action plan to improve the quality and safety of the service.

However, one area was found to be not compliant on this inspection. This related to staff training. This was known by the management team and the risks of this were reviewed and mitigated against. The management team reported that it was awaiting dates for the relevant training to be scheduled, which led to the delay in all staff members completing the required training.

There were systems in place to audit and oversee the quality and safety of care in the service. An action plan was in place to monitor the progress of the actions arising from the last inspection by HIQA. The actions were developing in line with the provider's time frames that had been agreed.

The management team was found to be responsive to risks, incidents and complaints that occurred. Various meeting records reviewed indicated that the service strived to learn from incidents and that risks were kept under review.

Overall, while actions were required to be completed to meet full compliance with the regulations, the provider was aware of this, and was progressing actions in line with their time frames. However, the inspector was not assured that the time frame to meet the staff training action (01 July 2026) would be met, as dates for some training had not yet been set.

Regulation 15: Staffing

This inspection found that the numbers and skill mix of staff met the needs of the children and young people using the respite service.

While not all staff members were in a permanent post in this centre, the temporary care staff were employees of the provider and provided regular relief cover in the centre. This helped to ensure consistency of care. The inspector was informed that a recruitment drive was in progress to address this.

In addition, a temporary (agency) nurse was used to provide cover on set weekends where children and young people's assessed needs required a level of nursing oversight. This temporary nurse was used regularly which helped to promote continuity of care for the children and young people that availed of respite on these planned weekends.

There was a planned and actual roster in place that was developed to meet the needs of the children and young people receiving respite care. While the paper copy of the staffing roster only included first names of some staff members, the person in charge confirmed that the online system reflected all staff members' full names and shift patterns. Shift patterns had been reviewed since the last inspection and now included time for shift leaders to plan and review handover tasks.

A sample of five staff members' personnel files were reviewed and found to include the requirements of vetting by An Garda Síochána, and references as required under Schedule 2 of this regulation.

Judgment: Compliant

Regulation 16: Training and staff development

This inspection found that staff training remained not compliant. As dates for some training had not yet been set, it was not clear that the time frame of 01 July 2026, as outlined in the compliance plan arising from the HIQA inspection in February 2026, would be met. The management team was actively following up on this in an attempt to get dates.

The inspector reviewed the training matrix which related to 17 staff members, including the person in charge. Several training gaps were found including:

- Five staff members required medication management training. This included three of the relief staff members and the person in charge. One staff member required refresher training in this.
- Two staff members required Infection Prevention and Control training.
- One staff member required Fire Training and one staff member required refresher training in this
- One staff member required refresher training in safety intervention. A further five staff members were scheduled to do this training on the day of inspection.

- Eight staff members required refresher training in manual handling

The person in charge was aware of these gaps and actions had been taken to mitigate the risks associated with this. This included ensuring trained staff undertook relevant tasks and that untrained staff did not work alone.

On discussion with the quality, safety and risk manager, they advised of steps that are being taken by the provider to establish a more effective and structured system for staff training and assessing training needs in the service. This also included a review of training that can be done online, and those that require face-to-face training. This review was in progress at the time of inspection.

Judgment: Not compliant

Regulation 23: Governance and management

There was a governance structure in place with clear roles and responsibilities assigned to the various levels of management. There were systems in place for reviewing and monitoring practices in the centre. A quality, safety and risk manager was appointed in August 2025, who described the oversight arrangements and the plans to further improve the provider's systems to ensure effective oversight.

Staff were offered opportunities to raise any concerns that they have about the operation of the service through regular team meetings. A review of three team meetings held between November 2025 and March 2026 were conducted by the inspector and showed that a range of topics were discussed and that all staff members, including temporary staff members, had opportunities to raise concerns, if required.

However, the following areas were found to require further review and completion:

- There was one complaint that was under investigation at the time of inspection. The inspector was informed that the management team aimed to have this completed by the time of the affected child's next respite break. This required completion.
- Improvements were required to ensure that there were no gaps in documentation. For example, dates of documents were missing from some care plans reviewed. In addition, while risks relating to staff training and medication errors were identified and actions taken to mitigate against the risks of harm, the management team confirmed that the associated risk assessments required review to document and reflect the actions taken.
- Ongoing review and monitoring of the statement of purpose were required to ensure that it accurately reflected the services being provided.
- The recruitment to fill the temporary posts in the centre required completion to ensure that the centre was fully resourced in line with the whole time equivalent outlined in the statement of purpose. The provider's time frame

(as set out in the compliance plan from the HIQA inspection in February 2026) to address this was 01 September 2026.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had a policy and procedure in place for admissions to the centre. This outlined the arrangements for receiving referrals and for supporting children and young people to safely transition to the service.

The inspector reviewed one child's assessment of needs prior to their admission for a respite break, which showed that a comprehensive assessment of their health, social and personal care needs had been completed. Care plans were developed in conjunction with the relevant MDT and family representatives. The inspector spoke with a family representative who said that they were very satisfied with the transition planning, including the visits to the centre prior to their family member availing of respite overnight. They expressed relief at their family member being offered a respite service, after many years waiting for this.

The inspector also reviewed two contracts for the provision of services, which were found to be up-to-date, signed as agreed, and included the terms and conditions relating to the provision of respite breaks.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that included information required under Schedule 1 of the regulations. However, this required further review to ensure that the information was accurate. In particular the following was found;

- The statement of purpose did not accurately reflect the part-time nature of the respite service
- The statement of purpose did not reflect the use of the designated centre as a base for 'home support' for some children and young people

The management team undertook a review of this on the day of inspection, and the amended version was provided to the inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

Since the last inspection in February 2026, the provider had reviewed its process for submitting notifications of suspected abuse to the Chief Inspector. All relevant notifications were submitted following the last inspection.

The gaps in procedural information that led to the omissions found in the February 2026 inspection were now addressed, and the provider demonstrated a commitment to ensure compliance with this regulation through learning from previous omissions.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy and procedure for receiving and responding to complaints that included a review and an appeals process. This was followed when complaints arose and was made available to children and young people and their representatives.

There was one open complaint at the time of inspection. The inspector was informed of the progression of this investigation. The inspector spoke with the complainant who was aware of the investigation and was awaiting the outcome.

The inspector reviewed the complaints log saw that a previous complaint raised by a family member about the care of their child and the medicine management procedures had been investigated and closed off. The complainant had met the person in charge to resolve the complaint, and a letter outlining the outcome of the complaint investigation, when concluded, was shared with them, with some recommendations made. This demonstrated the provider's commitment to receive, listen to, and resolve complaints and to learn from issues raised.

Judgment: Compliant

Regulation 4: Written policies and procedures

A review of the policies and procedures required under Schedule 5 of the regulations found that the following policies remained overdue for review.

- Provision of intimate care
- Provision of behavioural support
- The use of restrictive procedures, including physical, chemical and environmental restraint

- Risk management and emergency planning
- The handling and investigation of complaints

The provider was aware of this and actions were being progressed to complete this review. This was identified in the last inspection, and the provider had agreed to review and complete this by 16 March 2027. The quality, safety and risk manager updated the inspector on the progression of this and acknowledged the time frame agreed for completion.

Judgment: Substantially compliant

Quality and safety

This inspection found that there were arrangements in place to assess and provide appropriate care and support to meet the children and young people's needs. However, improvements were required in personal plans, documentation and fire safety.

A review of all care plans in line with the provider's action plan and time frame of 30 September 2026 was required for completion. This was noted to be progressing, with regular meetings occurring between the person in charge and children's disability network team (CDNT), one of which was planned for the day after inspection.

This inspection found that the children and young people were protected when staying in the centre. Child protection was promoted through staff training, the implementation of the child protection procedures, and through the ongoing review of, and learning from, incidents and complaints. Risks were managed when issues arose, and actions were implemented to reduce the risk of harm. While there were systems in place for fire safety, further action was required to strengthen the fire safety arrangements.

In summary, the service was found to work in collaboration with children and young people, their representatives and other agencies involved in their care, including schools. This helped to ensure that a safe and consistent approach to care and support was taken.

Regulation 26: Risk management procedures

This inspection found that risks were managed well and the management team was responsive to incidents and risks that emerged. Risks and incidents were overseen

by the quality, safety and risk manager, who reviewed incidents quarterly for patterns and trends.

The provider's policy and procedures for risk management included the arrangements for the identification, assessment, monitoring and review of risks. The quality, safety and risk manager explained the provider's incident and risk management system to the inspector. This included a system for reporting incidents and assigning them for review to relevant personnel, including where required, escalation to the quality, safety and risk board. Trends and patterns were reviewed by the quality, safety and risk manager, who reviewed all incidents each quarter. This demonstrated that there was an effective system for reporting incidents that was overseen by the provider and that was kept under ongoing review for emerging trends.

In addition, the inspector reviewed a sample of three care and support plans. These included individual assessments of risks of harm impacting the children and young people. These were found to be kept under review, with actions in place to mitigate risks. Incidents were discussed at team meetings, where learning took place and actions were agreed to promote a safe environment. Compatibility of children availing of respite was found to be under ongoing review. This meant that risks of negative interactions between children and young people were identified, which in turn helped to promote a safe and enjoyable respite stay for the children and young people.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety. These included: a fire alarm system, emergency lights, firefighting equipment and fire containment doors. The inspector reviewed personal emergency evacuation plans (PEEP) for three children. They were found to be up to date and outlined supports required both day and night. However the following areas required completion:

- While the inspector saw that eight fire drills had been completed so far in 2026, improvements were required to ensure the completion of fire drills under different scenarios. For example, a fire drill had not been completed when two children who required support with mobility were availing of respite together and with the minimal staffing levels at night-time.
- There was a plan in progress for some fire doors to be replaced due to wear and tear. The facilities manager provided assurances via e-mail seen on the day of inspection, that this action was in progress, with some issues identified already addressed, and the replacement of eight doors due to be completed in six to eight weeks. This required completion, however, it was progressing in line with the provider's time frame of 30 September 2026.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

This inspection found that actions to address the non-compliance found on the last inspection in relation to personal plans and reviews were in progress in line with the provider's time frame. The care plan reviews for all children and young people were ongoing and required completion.

Since the last inspection, the person in charge developed a schedule for reviewing care plans and holding review meetings. Regular meetings between the management team and CDNT were occurring to ensure relevant information was shared to inform care and support plans for the respite service. In addition, copies of school education plans were observed in the children's files. This meant that a consistent approach was taken to support the children with their developmental goals and skill building.

The person in charge spoke of discussions that were in progress to try to establish an online platform for the sharing of relevant information between the service and CDNT. This demonstrated a commitment by the provider to ensure that safe and appropriate care was provided through the collaboration and the sharing of relevant information with other stakeholders involved in the children's care.

Consultation with family representatives was ongoing to ensure that the children and young people's needs were known to the service and that any changes were reflected in their care plans. Family representatives spoken with acknowledged their input into the care and support plans.

Due to the nature of the service being a part-time respite centre, the inspector was informed that children and young people were supported to plan personal goals that were achievable while they were in respite. For some, this was building on independent skills, and for others this was going on outings and doing meaningful activities.

Three care and support plans were reviewed by the inspector. This included a young person who had commenced their transition to respite. Needs were assessed and care and support plans developed where the need was required. However, some care plans did not include a date meaning it was difficult to establish if they were up-to-date. This was addressed on the day.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Actions required to address the non-compliance found on the last inspection were in progress and developing in line with the provider's action plan time frames. This included a review of the policy for restrictive practices, ongoing consultation with the relevant multidisciplinary team (MDT) members to ensure behaviour support plans contained the most up-to-date and relevant information, and a staff training plan.

The following was found on this inspection and required review:

- One support plan reviewed by the inspector had inconsistent information included about the young person's preference for visual schedules. In addition, while the personal plan included information about the young person's diagnosis, this was abbreviated and created a risk that staff members would not know what this meant. Furthermore, the behaviour support plan did not reference this particular diagnosis, which is important as it requires a particular support and approach by staff.

Judgment: Substantially compliant

Regulation 8: Protection

This inspection found that the systems in place in Dunmanway Residential protected children and young people from abuse. Where concerns occurred, child protection procedures were followed. Furthermore, learning from incidents occurred, and actions were taken to prevent the risk of further safeguarding incidents occurring.

The provider ensured that there were policies and procedures in place for child protection that included the reporting procedures and the role of a designated liaison person (DLP). Concerns were found to be reported in line with the procedures and referrals to Tusla were made following consultation with the provider's DLP. The inspector reviewed the two concerns that were notified to the Chief Inspector since the previous inspection in February 2026. These were found to be appropriately reported and followed up in line with the child protection procedures.

At the time of inspection, the service was in the process of auditing its service to assess compliance with child protection requirements as required by the Health Service Executive (HSE). The centre was found to have suitable measures in place to promote child protection. An up-to-date child safeguarding statement was in place. All staff had completed training in Children's First.

In addition, a review of staff meetings found that safeguarding was a regular agenda item, with discussions held around promoting the safety and protection of children. For example, on review of the team meeting held in March 2026, the inspector could see that discussions were had, and an agreement was made, that only authorised people could collect children and young people from their respite

breaks. This demonstrated that ongoing reviews were occurring of how the service could further ensure each child's protection and welfare when availing of respite.
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	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunmanway Residential OSV-0002110

Inspection ID: MON-0050596

Date of inspection: 23/06/2026

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 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
A full review of the training Matrix was completed on the 14/08/2026 and trainings booked according to the assessed training needs of the staff team. Training that has been identified as requiring renewal such as Safety Intervention has been booked for the 05/09/2026 and 27/10/2026. Manual Handling training has been completed on the 21/08/2026. Medication Management Training occurred on the 05/08/2026 and a secondary training is scheduled for the week of the 24/08/2026. The Person in Charge ensures during each shift there are appropriately medication trained staff on site at all times based on the needs. This is represented in the designated centre's risk register and controls in place to assure that there are appropriately trained staff on site. CoAction previously notes its commitment to bring itself into compliance by the 01/7/2026, however due to trainer availability, this was not achieved. Appropriate controls and shift planning is completed to ensure the skill and training mix of the staff team is appropriate to the needs and number of children attending the service. Following a review of CoAction's previous commitment regarding Reg 16 and availability of trainers, CoAction is committed to bringing itself into compliance by the 27/10/2026 by ensuring all staff receive the mandatory training.

CoAction is currently reviewing its Training Process through the Training Governance Committee to implement a streamlined training schedule for internal training which will be inclusive of a quarterly training site and scheduling mechanism. This is planned to be piloted in quarter three 2026 with an aimed roll out for January 2027.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
CoAction is committee to reviewing care plans and associated documentation and these will be completed to ensure that all documentation is complete, current and appropriately dated. Ongoing audits will be implemented to identify and address any gaps in documentation with an aim to have the initial review completed by 30/09/2026.
CoAction will ensure that ongoing monitoring of active risks occur through the monthly review of risks and through the Health and Safety Committee. Where a risk has been identified such as gaps in staff training, the Person in Charge will ensure that this is put on the risk register with appropriate controls.
CoAction is committee to reviewing its Statement of Purpose on a regular basis and where necessary to accurately reflect the services currently being provided. An overall review of the Statement of Purpose is schedule to be completed by the 30th of November 2026 and an ongoing schedule of a minimum at least every six months and additional when there is a material change to the service.
CoAction will continue to progress recruitment to the identified temporary posts to ensure that the centre is fully resourced in line with the whole-time equivalent outlined in the Statement of Purpose. Recruitment progress will be monitored through the centre's governance arrangements in conjunction with ongoing recruitment challenges with Human Resources. A strategic staff recruitment advertisement is scheduled for release on the 24/08/2026. The compliant under investigation at the time of the inspection was completed by the 29.07.2026 in line with CoActions Complaints policy.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
CoAction is committed to ensure that all organisational Schedule 5 Policies are prioritised and reviewed to ensure compliance with regulation within a twelve-month deadline of 16/03/2027. This is being processed through the 4 PG Review Committee chaired by the organisations Quality, Safety and Risk Manager.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person in Charge will ensure that ongoing fire drills are completed with each individual child/young person in the service on a rotational basis. The Person in Charge will set out a schedule for the completion of these fire drills by 31/08/2026 which was discussed at the 27/07/2026 team meeting. The Person in Charge will devise a Fire Evacuation plan for the most complex individuals with mobility issues attending the service during times of minimum staffing, specifically during the night, and this scenario

will be tested via a drill by the 31/08/2026.
Following CoAction contracting an external fire door assessment and review, remedial work was completed in the designated centre in July 2026. The replacement of the recommended fire doors as per this assessment will be completed by 21/09/2026 following assurances sought from the contractor for this timeline.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
CoAction is committed to reviewing and updating personal plans in line with the assessed needs of individuals attending respite. The Person in Charge will ensure that annual reviews are scheduled and seek updates from the relevant professionals as appropriate. The review will ensure that each personal plan contains clear and explicit information regarding the individual's assessed needs, is appropriately dated, and clearly records the date of review. A schedule of review has been completed via the PIC Self Audit Tool which includes a file matrix and CoAction is on schedule to have the initial review completed by its previous commitment of 30/09/2026. CoAction will continue to liaise with the appropriate CDNT professional to review and update the relevant plans.

CoAction is committed to ensuring that an online platform for the sharing of information and relevant information is active and working with the CDNT so that the update of care plans and assessments is accessible and reflective of the ongoing needs. CoAction plans to complete this by 14/12/2026.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
CoAction is committed to reviewing and updating personal plans in line with the assessed needs of individuals attending respite. Following a serious incident or series of incidents, the Person in Charge will ensure that when required, they will engage the relevant professionals and/or other stakeholders in case meetings and provide updates to the risk assessment and care plans inclusive of the Behavioural Support Plans. Review of the Behavioural Support Plans are ongoing in connection with the CDNT and the individual families in line with our overall review schedule with a completion date of 30/09/2026.

The individual behavioural support plan inspected on the day which was noted to have conflicting information has been referred to the relevant CDNT professional to review and update to ensure the consistent information is present alongside the update on the individuals diagnosis. This is in line with CoAction’s overall review schedule of 30/09/2026. As of 04/08/2026, the Person in Charge has provided the staff team information and documentation on a specific diagnosis to strengthen the team’s

knowledge of working with an individual with this diagnosis.

CoAction has strengthened its governance process whereby the Person in Charge attends the CDNT Team Meetings and case discussions where support plans are reviewed and updated where necessary.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/10/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/11/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	30/11/2026

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2026
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 procedure to be followed in the case of fire.	Substantially Compliant	Yellow	21/09/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	16/03/2026
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	30/09/2026

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/09/2026