



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 2
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	12 February 2026
Centre ID:	OSV-0003288
Fieldwork ID:	MON-0049109

About the designated centre

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

West County Cork 2 is located in a town and consists of a purpose-built one storey house. The centre has a maximum capacity of 13 residents and provides full-time residential support for residents. The residents who avail of this centre are over the age of 18, both male and female with intellectual disability and multiple and complex needs. Each resident has their own individual bedroom and other rooms in the centre include bathrooms, a kitchen, a dining room, a sitting room, an occupational area, a sensory room, an activity room and staff rooms. Residents are supported by the person in charge, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Thursday 12 February 2026	08:40hrs to 16:35hrs	Conor Dennehy	Lead
Thursday 12 February 2026	08:40hrs to 16:35hrs	Elaine McKeown	Support

What residents told us and what inspectors observed

At the time of this inspection, this centre was registered with a restrictive conditions requiring the provider to take all necessary action to comply with four specific regulations to the satisfaction of the Chief Inspector of Social Services by 31 January 2026. The current inspection found improvement compared to previous inspections although some regulatory actions remained in areas such as staffing and risk management. Nine residents in total were living in the centre at the time of this inspection. All nine of these residents were met during this inspection but limited feedback from them was received. Inspectors did get to speak with management of the centre along with eight members of staff. The overall atmosphere on the day of inspection was found to be relaxed, jovial and mostly quiet although one resident was heard to vocalise loudly during the inspection for some brief instances.

On arrival at the centre, two residents were seen in the sitting room in their wheelchairs after being supported with their morning routine and breakfast by staff. Music was playing in the background from the television and both residents appeared relaxed. An inspector was introduced to both residents by the staff present. Such staff outlined the plans for the day for these residents which included attending the local day service/hub with the community connector (a staff specifically intended to support residents with activities) later in the morning. Both residents appeared comfortable and responded to the staff members when they were near them.

Another resident was supported to go for a walk in the locality with the community connector and an inspector met them on their return. The community connector was familiar with the routine the resident followed on return to the designated centre and the resident was supported to take off their shoes and socks upon entry into the building. Staff explained this was the known preference of the resident. During the morning as an inspector was reviewing documentation in the dining room another staff member informed them that the area they were located was a preferred area of the same resident.

The inspector re-located to another area of the dining room to allow the resident to spend time in their preferred location, where staff were observed to give the resident a hot drink. The same resident was observed to independently access the centre's garden area and spend time on a swing. Staff explained the resident liked to spend time on their own away from other peers at times during the day. The resident was observed in many communal spaces during the day which included the activity room when there were no other residents present.

During the inspection, staff were observed and overheard to engage in many interactions with the residents. These included offering choice, supporting decision making regarding breakfast/snack options and singing along to songs. The atmosphere was relaxed and jovial as one resident's birthday was celebrated

throughout the day. This included the resident being brought out for a birthday meal with some peers with the community connector involved in this. When they returned to the centre later in the afternoon, a group of residents and staff sat together in the dining room to have some birthday cake. Staff were twice heard singing happy birthday to the resident who was celebrating their birthday.

Aside from birthday celebrations, the same resident was offered the opportunity to engage in a painting activity during the morning while another resident was supported by a staff member in another communal room to listen to music and engage in ball games which they were known to enjoy. Some residents were also supported by staff to take part in a game of bingo. As planned, three residents attended day services away from the centre with staff from day services attending the centre to support with this. Staff spoken with who worked in the centre were aware of residents' preferences and routines. Such staff also spoke of the impact on other residents and the staff team due to the death of two residents within the last 12 months.

It was evident the staff team continuously considered the residents for whom they were providing support, to ensure person centred care was consistently being provided. Throughout the inspection, staff on duty engaged with residents in positive manner. This included warmly greeting residents on their return to the centre from outings. In addition, to the relaxed and jovial atmosphere encountered on the day, the centre was largely quiet for most of the day. However, one resident was heard vocalising loudly for some brief instances at different points during the day. This related to a red/high rated risk for environmental disturbance which will be discussed further elsewhere in this report.

While residents present on the day did not provide direct feedback to inspectors on the supports they received in the centre, an inspector did note four recent compliments about the care provided in the centre. These compliments had been received from relatives of former and current residents. In addition, the most recent annual review for the centre, that covered the period November 2024 to November 2025, included generally positive feedback from residents' relatives. However, one family member indicated that they wanted the staffing ratio in the centre increased while also highlighting that the centre did not have access to a car as their relative would not travel in the centre's bus.

In summary, limited direct feedback from residents living in this centre was received during this inspection. Recent documented feedback from some residents' relatives was largely positive. Staff on duty were noted to interact positively with residents. Such staff also demonstrated an awareness of residents' preferences and routines. A community connector supported some residents to leave the centre. Regulatory actions identified on this report will be discussed further elsewhere in this report.

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

Capacity and capability

A restrictive condition was in place for this centre due to previous compliance concerns. The current inspection found improvement in some areas. However regulatory actions did remain in some regulations that formed part of the restrictive condition in place.

This centre was registered until November 2027 and had been previously the subject of a restrictive condition which required the provider to implement a plan by 30 April 2025. However, during the May 2025 inspection of the centre, it was found that this plan had not been implemented in full and the actions that were taken had not significantly improved compliance with specific regulations. As such the Chief Inspector made the decision to vary the restrictive condition under section 51 of the Health Act 2007 to one that required the provider to take all necessary action to comply with specific regulations by 31 January 2026. These regulations were Regulation 15 Staffing, Regulation 23 Governance and Management, Regulation 26 Risk management procedures and Regulation 31 Notification of incidents which had all been judged non-compliant in the May 2024 and May 2025 inspections of the centre.

As such, the current inspection was conducted to assess if the provider had complied with the current restrictive condition. Overall, the current inspection did find improvement which included not identifying any incident that had occurred since the May 2025 inspection that had not been notified to the Chief Inspector as required. The recent addition of a community connector role to support activities for resident was also a positive development with the staffing to residents ratio have improved in the centre. This was contributed to by a recent reduction in resident numbers for the centre which included one resident stopping attending the centre for weekend respite (inspectors were informed that there was to be no more respite in the centre as a result). While such matters did contribute to some improved compliance levels in some areas, some regulatory actions were identified relating to areas that had been raised on previous inspections. These included the provision of a second vehicle for the centre, a red/high rated risk related to environmental disturbance not being mitigated and the provision of night time staffing. As such, at the time of the current inspection the provider was not in full compliance with some regulations included some of those included in the restrictive condition.

Regulation 15: Staffing

During the May 2023, May 2024 and May 2025 inspections of the centre, it was found that some risk assessments highlighted a need for dedicated activation staff and domestic staff. This included the May 2024 and May 2025 inspections

highlighting a red/high rated risk for residents' welfare related to this. In the compliance plan response for the May 2025 inspection, it was indicated by the provider that they would complete a proposal related to domestic staff and that they would aim to put in place a community connector role for the centre by 30 September 2025. The aim of this role was to support activities for residents.

On the current inspection, from discussions with staff and documentation reviewed it was evident that the centre had experienced staffing challenges since the May 2025 inspection. For example, based on risk documents, risks related to staffing in the centre had been escalated three times within the provider during August and September 2025. A provider unannounced visit report for the centre conducted in November 2025 also indicated that there had been several occasions, particularly at night, when minimum staffing levels were not in place. Regarding domestic staff, an inspector reviewed a copy of a proposal that had been completed by management of the centre in July 2025. This highlighted residents changing needs and that the staffing allocation was not meeting such needs. As such, the proposal sought 4 whole-time equivalent (WTE) multipurpose attendants was needed to support the operations of the centre. Such multipurpose attendants were not part of the overall staffing WTE for the centre at the time of this inspection.

However, it was noted that at the time of this inspection that there had been some recent changes in the centre. This included a reduction in the number of residents from 11 residents at the time of the May 2025 inspection to nine residents during the current inspection. Such a reduction was contributed to by one resident who previously availed of weekend respite in the centre no longer using West County Cork 2 for this. Some new staff had also commenced working in the centre recently which reduced the use of agency staff for West County Cork 2. In addition, the role of community connector role had commenced in the centre during February 2026. While this role was not included in the staffing WTE for the centre, as outlined in the centre's statement of purpose, other staff spoken with on the day of inspection highlighted this new role as being a positive development. The community connector was present on the day of inspection and was seen to support residents to participate in some activities away from the centre. This was a positive change from previous inspections and contributed to some previously red/high rated risks for the centre being recently reduced including the risk for residents' welfare.

The reduction in resident numbers also meant that the need for additional staff to support domestic tasks was not as pressing as it was at the time of the July 2025 proposal. However, that proposal was done so at a time when resident numbers in the centre were higher. Given that management of the centre informed an inspector that the number of residents living in the centre would increase again in the future, this would need close review given the high level of needs that the centre supported. In addition, the centre's statement of purpose and a risk assessment related to fire, both of which had been recently reviewed, indicated that a minimum of three staff were to be on duty on night. When reviewing staffing rotas for 2026, an inspector identified four instances at night when only two staff were on duty. During the current inspection, it was highlighted to inspectors that up to seven of the existing nine residents would require the support of two staff to evacuate in the event of a fire occurring. Given the previous concerns identified relating to night-

time staffing and the needs of existing residents, the findings on the current inspection did not assure that staffing levels in the centre had been consistently provided in line with the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 23: Governance and management

During the May 2025 inspection, concerns were raised that there was not appropriate follow-up action taken in response to issues identified which contributed to high levels of non-compliance with the regulations. Such findings did not provide assurances that the management systems in operation for the centre at that time were bringing about compliance with identified actions, the regulations or the centre's restrictive condition that was in place then. On the current inspection, it was found that the provider had carried out actions that were outlined in the compliance plan response for the May 2025 inspection. These included completing a proposal related to domestic staff for the centre and stopping weekend respite in the centre.

It was also noted that the recent addition of the community connector role for the centre had been a positive addition that contributed to some risks in the centre being reduced and some staffing improvements. Key regulatory requirements for the centre under this regulation had also been completed. This included two provider unannounced visits by representatives of the provider being completed in May 2025 and November 2025. These visits were reflected in written reports as was an annual review that had been completed for the centre that covered the period November 2024 to November 2025. This annual review was also noted to assess the centre against relevant national standards.

While such matters were noted during this inspection, it was also found during this inspection that some areas for improvement were identified during this inspection. Some of these were similar to issues that had been raised on previous inspections and contributed to these being some actions in Regulation 15 Staffing and Regulation 26 Risk management procedures. Given that the centre was registered with a restrictive condition which required the provider take all necessary action to comply with these regulations by 31 January 2026, the findings of the current inspection indicated the centre's management systems in operation had not resulted in full compliance with the centre's current restrictive condition.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Under this regulation, the Chief Inspector must be notified of certain events occurring in the centre on a quarterly basis or within three working days. This is important so that the Chief Inspector is aware of any matters which could potentially impact residents. Based on various documentation reviewed including a fire register, restrictive practice documents and incident records, inspectors were assured that all required notifications had been submitted in a timely manner for any relevant incident that had occurred since the previous inspection of this centre. This included the notification of safeguarding matters, injuries sustained by residents and restrictive practices in use.

Judgment: Compliant

Quality and safety

Goals were identified for residents through a person-centred planning process but it was not always indicated if these were being progressed. The amount of red/high rated risks in the centre had reduced since the previous inspection but one such risk did remain.

A red/high rated risk related to environmental disturbance had been identified at the time of the current inspection. This related to the vocalisations of a resident and had been raised on previous inspections. While a proposal had been developed to soundproof part of the centre, which would result in the overall capacity of the centre being reduced from 13 to 11, it was unknown if this proposal would proceed or not. Aside from this other previous red/high risks had been recently reduced with all risk related documentation seen during this inspection found to have been recently reviewed. Other documents reviewed during this inspection related to residents' personal plans. When reviewing these, inspectors noted that goals had been identified for residents to achieve through a person-centred planning process. While there was evidence that goals identified for one resident were completed, it was not always indicated if goals for other residents were achieved or were being progressed.

Regulation 13: General welfare and development

During the current inspection, inspectors reviewed personal plans relating to five residents. Amongst such documents were person-centred planning documentation with a process of person-centred planning used to identify goals for residents to achieve. Examples of these included visiting a garden centre to buy plants, to go road bowling and to go on an overnight stay away. Documents reviewed relating to one resident indicated that the resident had been supported to achieve some of their identified goals, such as attending a tractor run. In addition, a previously identified

goal for the resident to attend a day service had been achieved with the resident now availing of a day service four days a week. The resident accessing day services had been raised on the previous inspections and the resident's current access to this was a very positive development. While reviewing the resident's person-centred planning goals, it was noted that one of their current goals was to live in an alternative setting. When queried, the inspector was informed that this matter was to be discussed further and that the resident was not currently being reviewed by the provider's admission, discharge and transition process.

For other residents though, it was noted that it was not documented if their person-centred planning goals had progressed or not. For example, the resident who had a goal to go on an overnight stay away had not gone on this with no updates on this recorded in the documents reviewed. When highlighted to the person in charge, it was indicated to inspectors that such matters may have been contributed to by staffing challenges that the centre experienced during 2025. It was acknowledged though, as discussed under Regulation 15 Staffing, that a community connector role had been recently added to the centre to support activities. A sample of activity records reviewed for three residents from October 2025 on also indicated that activities residents did included walks, drives, going to the cinema and going for coffee out.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The May 2024 and May 2025 inspections of this centre had highlighted that the centre had red/high rated risks in areas such as environmental disturbance, the welfare of residents, work related stress and food hygiene. The provider was not found to have taken sufficient measures to mitigate such risks between those inspections. Despite this, the provider's compliance plan response for the May 2025 inspection under this regulation did not assure as it did not sufficiently address all issues raised and it was not clearly stated how identified red/high risks for the centre would be mitigated in a timely manner.

On the current inspection, based on a review of the centre's risk register, which had been recently reviewed, the amount of red/high rated risks in the centre had reduced. This was influenced by the recent addition of a community connector role to the centre, as discussed further under Regulation 15 Staffing. It was also noted that all risk related documentation seen by inspectors during this inspection had been recently reviewed. This included the centre's overall risk register and risk assessments relating to individual residents which provided assurances that matters related to risk were kept under review.

However, at the time of the current inspection there remained one red/high rated risk assessment for the centre. This related to environmental disturbance and the vocalisations of one resident. The risk related to this had been previously identified

as being a red/high risk at the time of the May 2025 and May 2024 inspections. It was indicated on the current inspection that this was an escalated risk. Measures taken to reduce the impact of such vocalisations included the resident's bedroom being located in a corridor of the centre where no other residents' bedrooms were located. At the time of the May 2025 inspection, a proposal to soundproof an area of the centre for this resident was being considered with such an approach having been first raised during the May 2023 inspection. While this proposal had been considered by the provider at a senior level and investigations into this proposal were ongoing at the time of inspection, it was unknown if this proposal would be proceed or not.

Given that the risk related to environmental disturbance had remained a red/high risk for some time, the provider had yet to take sufficient measures to mitigate the risk. The resident involved was heard to vocalise during this inspection but inspectors did not observe any adverse reactions from other residents nor were any noted in incident records reviewed. However, it was notable that a document dated November 2025 related to the proposal to soundproof an area of the centre indicted that the vocalisations of the resident were "impacting the overall environment and lived experiences of other residents" Three staff members spoken with during this inspection also informed inspectors that the resident who vocalised impacted their peers.

Judgment: Not compliant

Regulation 9: Residents' rights

The May 2024 and May 2025 inspections of the centre, highlighted that this centre had only one dedicated vehicle provided for which meant that one resident might not be able to go for drives when they requested it. Both inspections also highlighted that requests made by management of the centre for a second vehicle for the centre had not been responded to. In response to the May 2025 inspection, the provider had indicated that the addition of the community connector for the centre would come with additional transport for the centre. On the current inspection, it remained the case that the centre had only one dedicated transport for the centre which was a bus. It was highlighted though that the centre could access a second vehicle from a nearby day services at certain times, something which was availed of on the day of inspection. However, it was noted that the availability of only one dedicated vehicle for the centre had been notified to the Chief Inspector as being a rights restriction for the centre since the May 2025 inspection. Management of the centre again indicated that a request had been made to obtain a second vehicle for the centre. While management of the centre expressed hope that this request would be granted, it had not yet been approved at the time of inspection.

During the May 2025 inspection, one resident potentially buying their own vehicle given the absence of a second vehicle specific to this centre was raised. This was

queried on the current inspection with an inspector informed that this was not progressing.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for West County Cork 2 OSV-0003288

Inspection ID: MON-0049109

Date of inspection: 12/02/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The introduction of the pilot Community Connector role has commenced, this role will additionally support the residents and will ensure their welfare remains a central priority in accordance with their individual preferences. This initiative will support residents to engage more actively in community activities, while also enabling frontline staff to devote greater attention to essential daily support tasks, including personal care, laundry and meal preparation.</p> <p>The reduction in the number of residents in the centre, combined with the implementation of the Community Connector role, has alleviated the immediate need for dedicated domestic staff. This requirement will be reviewed in the future should resident’s support needs increase.</p> <p>Recent recruitment efforts and the successful appointment of commenced staff will mitigate the risk of reduced staffing levels during night-time hours and will promote greater consistency in service delivery, in line with the Statement of Purpose</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>The Provider acknowledges that, while governance systems are in place, the findings of the inspection indicated that management systems had not yet resulted in full compliance with the centre’s restrictive condition, specifically in relation to Regulation 26 (risk management) and Regulation 9 (residents’ rights).</p> <p>To address this, the Provider confirms that senior management oversight and decision</p>	

making structures are actively directing the resolution of these outstanding matters. This includes formal escalation of the environmental disturbance risk, approval of specialist assessment and mitigation planning under Regulation 26, and progression of executive funding allocation to resolve the transport issue under Regulation 9.

Progress against these actions is monitored through the Provider's governance framework, including risk escalation processes, executive review, and documented oversight by senior management.

The Person in Charge is supported by these structures to ensure that actions agreed at Provider level are implemented within the defined timeframes and that compliance is sustained.

Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

The Community Connector is a valuable addition to the team, with a key responsibility for identifying and facilitating activities that reflect each resident's preferences and align with their individual goals.

The Person in Charge (PIC) will collaborate with the resident's key worker and the Community Connector to review these goals and ensure they are implemented and documented accurately through a structured, step by step approach.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Provider acknowledges that a red/high rated risk relating to environmental disturbance, associated with the vocalisations of one resident, remained at the time of inspection and has been identified during previous inspections.

In November 2025, a proposal in relation to environmental mitigation measures, including potential soundproofing works, was submitted to the Executive Management Team (EMT). Following consideration of the proposal, the Executive Team determined that further specialist input was required prior to committing to any structural works and advised further engagement with an external acoustic consultant.

A follow-up discussion took place in December 2025 with the acoustic consultant to ascertain whether the proposed works, if completed, would be likely to reduce the level of vocalisations to an acceptable level and limit sound transfer to the remainder of the centre. During this discussion, the consultant outlined, based on professional experience, that vocalisations at peak levels reach a level higher than 45 decibels – ie the level which would be considered acceptable within a residential environment. It was also advised

that further investigation was required to establish the construction and material composition of existing stud partitions, including whether these extended to roof level or were limited to floor-to-ceiling height, as this would significantly influence the effectiveness of any mitigation measures.

Arising from this discussion, it was agreed that three key actions were required to inform an evidence-based decision:

- Accurate measurement of the decibel levels associated with the resident's vocalisations
- Completion of a sound insulation test to assess sound transmission within the building.
- Further specialist investigation was required to establish the construction and material composition of existing stud partitions, including whether these extended to roof level or were limited to floor-to-ceiling height, as this would have a significant impact on the effectiveness of any proposed mitigation.

These actions were approved and signed off by the Chief Operating Officer and Finance Manager, confirming Provider-level oversight and approval. It was agreed that, once this assessment work was completed, senior management would reconvene to review the findings and determine the most appropriate next steps.

The acoustic survey and specialist assessment was undertaken and the provider awaits the associated report. Pending receipt of the report, interim risk controls remain in place, including environmental zoning, individualised support strategies, and ongoing review of the centre's risk register.

The risk remains formally escalated and subject to senior management oversight, with documented review through the Provider's governance and risk management systems.

On receipt of the acoustic consultant's final report and recommendations, the provider will consider the mitigation measures, update the risk assessment accordingly, and ensure that the residual risk is reduced to an acceptable level.

Staff are guided by existing emergency procedures, individualised support plans, and on-call management arrangements to ensure a timely and appropriate response should an emergency arise. These arrangements form part of the centre's overall risk management system and are subject to ongoing review.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The Provider acknowledges that, at the time of inspection, the centre had only one dedicated vehicle, which had been notified as a rights restriction and impacted residents' ability to exercise choice and control in relation to outings and activities.

The Provider's transport Committee is progressing the allocation of a second dedicated vehicle to the centre. Funding for this has been sought through unrestricted funding, enabling the Provider to progress procurement without delay once approved.

Until the second vehicle is operational, interim transport arrangements will continue, including access to a vehicle from nearby day services when available to minimise restriction on residents' rights.

Once in place, the second vehicle will support residents to exercise greater choice, autonomy and participation in line with their preferences and assessed needs. The restriction will be reviewed and removed once the additional vehicle is fully operational.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	01/06/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2026
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/04/2026

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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.	Not Compliant	Orange	30/08/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	01/06/2026