



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

Issued by the Chief Inspector

Name of designated centre:	No 4 Seaholly
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	21 July 2026
Centre ID:	OSV-0004573
Fieldwork ID:	MON-0045576

About the designated centre

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

This centre is located in Cork City suburbs. It is within access to shops, transport and amenities. It comprises of two self-contained apartments and an adjoining house catering for three residents. A maximum of five adults can be supported to reside in this centre. It has been adapted to meet residents' needs and is a ground floor premises. This centre was set up to provide a specialist service for persons with an intellectual disability including autism. It has an integrated day service. The centre's focus is on understanding and meeting the individual needs of each resident, by creating as homely an environment as possible. Residents are encouraged to live a meaningful everyday life by participating in household, social and leisure activities. Each resident's needs are assessed and a plan put in place to meet their needs. As residents' needs change, their individual plan of care is adapted and appropriate supports provided by staff. The ethos in this centre is to build a better world for every human being. The organisation works to develop supports and services based on the needs and choices of each individual. Residents are supported by a staff team with a skill mix of nursing and social care both by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 21 July 2026	08:45hrs to 16:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the provider's compliance with the regulations and to meet with residents living in the designated centre. This centre was previously inspected in August 2024 as part of the current registration cycle. There was evidence the provider had addressed the actions identified during that inspection which included ensuring effective governance and oversight with ongoing review of measures to ensure the safety of the residents were in place. The staff team working in the designated centre were providing a good quality of service to the residents and the overall findings of the inspection were positive. Further review of the restrictions in place in the designated centre was required to be completed as not all restrictions identified on the day of the inspection had been reviewed in-line with the provider's policy. In addition, no minimal staffing fire drill with all five residents present had been completed in the designated centre since July 2024. These matters will be further discussed under Regulation 7 Positive behavioural support and Regulation 28 Fire precautions.

On the day of the inspection there were five residents residing in the designated centre. The inspector was introduced to each of the residents at times that best suited their routines. The person in charge was on planned leave on the day of the inspection. The social care leader and the person participating in management facilitated the inspection which included providing all documentation requested for review and responding to information requests during the inspection.

On arrival the social care leader introduced the inspector to one resident who was sitting on a chair near the front door listening to music. The resident shook hands with the inspector and made a request for a hot drink. The social care leader responded to the request and explained to the resident the plan for the morning. The resident was observed to be supported by another staff to go out for a drive as outlined by the social care leader. The inspector noted during a review of relevant documentation during the inspection the rationale for this resident's routine was clearly documented and it was evident staff spoken to were aware of the importance of adhering to the specific support protocol that had been developed for this resident.

Another resident was introduced to the inspector once they had completed their usual morning routine. The resident spoke with single words and used sign language to assist with their communication. Staff were observed to be familiar with what the resident was communicating. This included references to their breakfast and the planned visit to a relative the day after the inspection. The resident was very social in nature and staff explained the importance of not rushing the resident who had recently retired from attending their day service in another location.

The inspector was informed an integrated day service was being provided to the five residents from the designated centre. This enabled a flexible approach and

supported staff to respond to any changes that may occur during the day. On the day of the inspection three residents were supported to go on a social outing to a pre-planned location for the day and had not returned by the time the inspection had ended.

The inspector was introduced to the two residents who were living in their own single occupancy apartments which were part of the same building after they had completed their morning routines and before they also left together with staff for a planned day out. One resident acknowledged the inspector briefly and continued with their activity in the dining room. The other resident did not wish to engage with the inspector at that time. The staff supporting the resident explained how the resident was doing, how they had participated in their morning routine and the plans for the day ahead. The resident had access to their own garden area at the rear of their apartment and the door was open to them to use this space whenever they chose to do so.

The inspector met with four staff working in the designated centre on the day of the inspection. It was evident from their interactions that they knew the residents well. The staff were observed and heard to be kind, respectful and unhurried in their interactions with the residents. The inspector was informed of how the daily routines and activities were structured to ensure the safety of all residents as well as supporting meaningful activities in-line with known preferences and expressed wishes. Staff spoke of the complex and changing needs of the residents. In addition, staff were very aware that one resident clearly expressed preferences and engaged in some activities with particular staff only. The inspector was informed the staff team were encouraging greater opportunities for this resident to engage with more of the core staff team.

While the residents were present in the designated centre it was evident staff responded to requests for support and were observed to respond immediately to the residents. This included providing support to one resident with their morning routine which was explained later to the inspector was very important for the resident to enable them to move onto the next part of their daily routine.

The premises was well maintained. The décor was reflective of a homely environment where three of the residents lived in the main house. The use of colours and furnishings in both communal and bedroom spaces was reflective of the individual preferences. This included a relaxation room and well decorated large sitting room that had furniture placed to create a number of areas where residents could sit with others or avail of personal space, if they chose to do so.

The inspector was informed of the preferences of the other two residents living in the single occupancy apartments that were accessed from the main building but also had their own separate entrance/exits. One resident preferred minimal furniture, and this was respected. This included the resident clearly expressing where documentation and files were to be kept in their home. The inspector observed some furniture was secured in a fixed position, the rationale for this was provided

but had not been considered or reviewed as a restriction for the resident at the time of this inspection.

In summary, the five residents were being supported by a consistent staff team, familiar with individual preferences and routines. Residents were in receipt of person-centred care while being supported in-line with their assessed needs. The inspector was informed there was ongoing review to ensure the current design and layout suited the assessed needs of all of the residents. There were two transport vehicles available which assisted in providing increased opportunities and choice to engage in activities away from the designated centre if a resident expressed they wished to do so.

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

There was an appropriate management structure in place in the designated centre. The person in charge was not available on the day of the inspection. However, there was documented evidence of their oversight and presence in the designated centre. Staff meetings were occurring frequently. The most recent meeting had taken place on 14 July 2026. All staff met with during the inspection were found to be knowledgeable of the residents, their assessed needs, likes, dislikes and behavioural support needs. This included the person participating in management who assisted with providing all documents requested for review by the inspector during the inspection. There was a staff team in place with the skill mix to support the assessed needs of the residents.

Documentation associated with the designated centre was current and under review such as the statement of purpose and annual review. They met the requirements of the regulations and were reviewed in a timely manner in-line with the regulations also. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided. The person in charge ensured progression or completion of actions were documented and subject to frequent reviews. In addition, the senior management team also ensured a specific review of an incident and follow up had been completed in January 2026 with updated protocols in place to ensure the ongoing safety of all residents. Staff were observed to be aware and implement the protocol during the inspection.

The provider had ensured there was follow up with the staff team following the completion of most recent annual review for 2025. There were issues documented by some of the staff team on behalf of the residents that were addressed. These included access to reliable transport to ensure residents could engage in social

outings as planned and clarification was provided relating to processes in place regarding the administration PRN medicines (medicines only taken as the need arises).

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in-line with the statement of purpose. There was a consistent core group of staff working in the designated centre. Where a resident required one-to-one support this was being provided during the day time for a resident.

The staff team comprised of the person in charge, a social care leader, three nurses and seven care assistants. There were also three regular relief care assistants available to support the residents. The inspector was informed that it was deemed necessary that staff familiar to the residents worked in the designated centre. The person in charge ensured new staff had been provided with extended induction and shadowing by core staff to best support the assessed needs of the residents living in this designated centre.

- There was an actual and planned rota in place which reflected changes required to be made, staff training and medical appointments for the residents. The inspector reviewed a selection of dates on such rotas from 1 June 2026 until 26 July 2026. It was evident regular core staff consistently supported the residents both by day and night. The details also included the number of residents present in the designated centre on each date as some residents regularly spent time with relatives. The inspector did observe that the use of the 12 hour clock on the rotas may lead to confusion regarding the number of staff present during some shifts. This was discussed during the feedback at the end of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix in place to monitor the training requirements of the staff team. The inspector reviewed the training records for the current staff team which comprised of 18 staff in total.

All staff had completed up-to-date training in safeguarding. However, there were gaps in the records of some staff in other mandatory training which included fire safety. Three staff were required to complete this training at the time of the inspection. One of these staff had been booked to attend in June 2026 but the

training record did not reflect if this training had been completed. Two staff were required to complete up-to-date training in crisis intervention.

It had been identified that training in chemical safety in the workplace was required to be completed by the staff team in this designated centre. There were no details if this training had been completed by three of the staff team at the time of the inspection.

The person in charge had ensured effective measures were in place for the appropriate supervision of staff. Each staff was required to attend two supervisions each year. The social care leader was assisting with this and details of dates such supervisions had been completed during 2024, 2025 and in 2026 were provided to the inspector. The details also included the month when the next review was to take place to ensure all staff were being supported in-line with the provider's policy on staff supervision.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of care of the residents living in the designated centre. There was a management structure in place, with staff members reporting to the person in charge.

The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose. The person in charge ensured completion of regular audits as outlined by the provider's audit schedule. Updates on the progress of actions were clearly documented. Provider led internal audits had taken place on 10 October 2025 as well as 28 May 2026. This was longer than six months as required by the regulations. However, the inspector was aware that a detailed centre specific audit by the senior management team had taken place in January and February 2026 following an incident in the designated centre. The internal audit actions had been documented as being completed or in progress by the person in charge. Where there had been repeat findings with updating documentation, the inspector was informed this was due to the provider changing the name of the organisation and these actions had been addressed following the May 2026 internal audit.

The provider had ensured an annual report had been completed for the designated centre which outlined the achievements and positive outcomes for residents in the previous 12 months as well as considering compliance with the relevant national standards. Where actions had been identified these had been documented as progressing or completed. The views of the residents and their relatives were also included.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. The most recent review had been completed in June 2026. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations. The provider had ensured the action from the previous inspection had been addressed.

Judgment: Compliant

Regulation 34: Complaints procedure

The staff team ensured residents were provided with information in easy-to-understand format regarding the complaints process. Information regarding the complaints officer was also available in the designated centre.

The inspector reviewed the compliments and complaints log that had been documented since the previous inspection in August 2024. There had been no complaints documented. There were numerous compliments during this period from relatives of all of the residents regarding the ongoing support being provided to their relatives from the dedicated staff team.

There was a reference in the annual report of 2025 that staff had made complaints regarding issues which were deemed to affect the service being provided to the residents. These included the availability of reliable transport and access to a designated centre where residents had previously gone for short breaks. Staff responses outlined how they were not happy how complaints were being managed. However, the inspector was informed by the person participating in management that no formal complaint had been made by staff regarding these issues, an email had been sent to the management. Responses were provided to the staff team to provide clarifications where required and acknowledge the issue at the time regarding the transport. The inspector was given an update on the ongoing engagement by the provider with services that engage in transport repairs as well as the upgrading vehicles.

Judgment: Compliant

Quality and safety

It was evident the residents living in this designated centre were being provided with person-centred care and support from a dedicated staff team. The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These assessments and plans were reviewed in a timely manner. These plans contained information on residents' needs in relation to important relationships, health care, social activities and also on how they communicated and how they liked to be communicated with. During the inspection, staff were observed to be familiar with the residents for whom they were providing support. This included awareness of individual preferences for engaging in routines, communication styles and responding to gestures being made by residents to indicate a specific request.

Throughout the inspection, the inspector observed that residents appeared comfortable, content and happy living in their home. Evidence from observing the residents, staff members and reviewing documentation such as personal files and photographs of residents highlighted the efforts made to provide a wide variety of activities to residents, and to support them to engage in their local community. This included attending sporting events and visiting scenic locations that suited the assessed needs of each resident. For example, some residents preferred quieter locations such as woodland areas.

Residents had also been supported to enjoy short breaks away, engage in social activities such as eating out and regularly meeting relatives. One resident had been supported to go to a shopping centre and go to the cinema which were new experiences for the resident which staff documented in progress updates the resident appeared to enjoy.

The inspector was informed a review was taking place with the multidisciplinary team regarding the suitability of one resident living with other peers in the main house. While all residents were currently being supported, consideration was been given if another location on the campus might provide further enhancements to the lived experience for this resident.

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. It was designed to suit the assessed needs of the current residents.

Two residents were being supported in single occupancy apartments attached to the main building. These areas reflected the choices expressed by the residents regarding the decoration and personal possessions within these areas.

The main building was decorated with a range of colours and furnishings to create a homely atmosphere. There was evidence of regular maintenance taking place.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had ensured the risk register and individual residents' risk assessments had been subject to regular review. The most recent review of the designated centre's risk register had been completed by the person in charge in May 2026.

There was one escalated risk for a resident in the designated centre. There were control measures in place which included environmental checks, protocols for cleaning in the designated centre and dedicated staff resources during the day time being provided for the resident to ensure their ongoing safety.

The person in charge had details of the frequency required for the review of risks. The risks identified as being low rating required review every six months, medium risks every three months and high risks monthly. However, further review of a risk and the rating applied regarding oxygen in the building was required. The rationale for the risk rating, control measures and monthly review of the presence of oxygen was not reflective of the risk rating applied to it at the time of the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers had been checked and serviced in a timely manner. Fire doors checked during the inspection by the inspector were operating correctly.

However, some further review was required of some documentation relating to fire safety.

- No minimal staffing fire drill had been completed with all residents since 28 July 2024.
- The fire evacuation plan for the designated centre required further review as it did not inform staff of the presence of oxygen in the designated centre and the process to be followed. The inspector acknowledges that there was signage alerting to the presence of oxygen in the building and the risk relating to fire did refer to staff removing the oxygen if safe to do so as a control measure.

- Staff were completing fire safety checks in the designated centre. However, weekly checks were not consistent. For example, there was no check documented as being completed between the 7 and 20 June 2026 or 11 and 20 May 2026.
- An issue had been identified with a fire door not releasing during testing by staff on 10 and 18 July 2026 in one of the apartments. The action taken outlined an email had been sent to the external contractors, but it was unclear on the day of the inspection if the issue had been reviewed or addressed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed sections of the personal files of three of the residents living in the designated centre. Each resident had a key worker on the staff team and been supported to have a comprehensive assessment of their health, personal and social care needs.

There was evidence in the personal plans of ongoing multidisciplinary team involvement in supporting the residents as required. One resident was subject to a recent review regarding their retirement and not attend their day service. This was deemed to enable the resident to engage in a morning routine which they could be supported with and then participate in meaningful activities with the staff team in the designated centre. Staff spoken to stated this was working well for the resident. The inspector observed the resident to enjoy their morning routine in an un-rushed manner during the inspection. The resident was then supported to go out for a drive later in the morning when they were ready to do so.

Each resident had been supported by their key worker to identify meaningful goals. These included short breaks away to a variety of different locations. Two residents had booked a short break away for two nights in August 2026. There had been numerous day trips to many scenic and tourist locations. There were photographs on display and in the residents personal plans which showed the residents smiling and enjoying themselves. The inspector noted that one resident had enjoyed attending a sporting event in February 2026 but had been unable to attend since then but the rationale was not documented in their goal. The inspector was provided with a verbal reason during the inspection.

The importance of a consistent approach and providing regular routine for all of the residents was evident in the personal plans that were reviewed during the inspection. This included daily and weekly schedules, day and night routines and community activities. The residents personal plans also contained information how residents like to be interacted with, how they like to communicate and how they wished to be communicated with.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured all staff were aware of the behaviour support plans that were in place to support four of the residents living in this designated centre. Most of the staff team had up-to-date training in crisis prevention and intervention (CPI) . At the time of this inspection 16 of the staff team had up-to-date training in CPI. The person in charge had updated the training matrix to reflect that this training would be next available during Q3 2026.

There had been a number of reductions in restrictive practices for the two residents living in the single occupancy apartments. In addition there had been a reduction in the frequency of the requirement to PRN medicines for two residents. Neither resident required any PRN medicines during Q1 or Q2 2026 and the chemical restraint was reported as being discontinued.

However, there was fixed furniture observed to be in one of the apartments. While the rationale for this type of furniture was outlined to the inspector this had not been reviewed in-line with the provider's policy on the use of restrictive practices in the designated centre. The furniture had not been considered to be a restrictive practice by the staff team. In addition, there was a locked hatch between the kitchen and dining room in the main building. The rationale for this being locked was also provided to the inspector but again it had not been reviewed or considered as a restrictive practice.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed up-to-date training in safeguarding of vulnerable adults. There were no open safeguarding plans at the time of this inspection. Measures were in place to support residents to remain safe in their home in combination with positive behaviour support strategies and protocols.

Each resident had intimate care plans in place, which explained what varying degrees of support residents needed in this area. Where a resident required minimal or no supports this was clearly outlined. From the plans reviewed by the inspector, these outlined the supports being provided to assist with increasing residents' independence where possible and respecting their privacy and dignity. For example, one resident could need assistance once dressed to ensure their clothing was correctly closed to maintain their dignity and privacy.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured residents were being supported to exercise choice in their daily lives. The staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the designated centre. Residents were provided with information regarding their care and support in formats that best suited their assessed needs. These included easy-to-understand information and visual schedules being used to help residents plan activities of their choice. In addition:

- All residents were being supported by the staff team to engage in activities such as shopping to increase their independence.
- Residents were consulted and included in decision making regarding the day-to-day activities in the designated centre.
- The staff team ensured each residents' privacy and dignity was respected, this included their bedroom and communal living space.
- Residents were offered choice and flexibility in their daily routines and supported by a staff team that were familiar with their preferences and routines. This supported and facilitated meaningful activities being provided to each resident.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No 4 Seaholly OSV-0004573

Inspection ID: MON-0045576

Date of inspection: 21/07/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will continue to keep the training matrix updated and review on a quarterly basis. The PIC has booked staff requiring updated training on upcoming training as follows; - Fire training will be completed by [07.09.2026] - CPI training will be completed by [29.09.2026] - Chemical safety training will be completed by [17.09.2026]	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The registered provider will ensure the PIC and the staff Team review the risk assessment for oxygen storage in the Centre with the Health and Safety officer [03.09.2026]. The review will include description of the risks adequacy of current control measures, risk rating and review timeline.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider will ensure that the PIC will work with the staff team to : - arrange for minimal staffing fire drill to be carried out by [17/08/2026]. - review the fire evacuation plan to clearly identify the presence of oxygen within the	

centre and provide clear instructions on what actions to take in the event of a fire [28/08/2026]. - Discuss weekly fire checks at the next staff meeting [14.09.2026]. - Confirm the issue regarding the effectiveness of the release on a fire door identified in the fire check has been resolved. The Building and Facility Manager confirmed the external contractor completed this work [06.08.2026].	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The registered provider has ensure that: - A referral regarding the furniture secured to the floor has been made to the Rights Review Committee. [13.08.2026] and this will be returned to the Authority as a restriction on Quarterly notifications. - A referral for the locked kitchen hatch has be sent to the Restrictive Practice Committee [14.08.2026] to be reviewed and processed through the ' Fuller Lives Safer Lives policy'.	

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.	Substantially Compliant	Yellow	29/09/2026
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	03/09/2026
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	06/08/2026

Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	14/09/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	14/08/2026