Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lios Mor
Name of provider:	Corlann
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	25 May 2026
Centre ID:	OSV-0004745
Fieldwork ID:	MON-0048747

About the designated centre

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

Lios Mor consists of a large purpose built one storey building and a separate single occupancy one storey house located on the same grounds in a rural area but within short driving distances to some towns. The centre provides full-time residential support for up to 10 residents of both genders over the age of 18 with intellectual disabilities. Nine resident individual bedrooms are provided with three shared en suite bathrooms for six of these bedrooms in the larger building. Other facilities available for residents in this building include a living room, day-dining room, a sitting room, a kitchen and bathrooms. The single occupancy house has one bedroom, a kitchen-living area and staff rooms. Support to residents is provided by the person in charge, clinical nurse managers, nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 25 May 2026	18:10hrs to 21:25hrs	Conor Dennehy	Lead
Tuesday 26 May 2026	09:20hrs to 17:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This inspection was conducted over the course of two days and was carried out specifically to follow up on concerns arising from the centre's previous inspection in July 2025. During the current inspection, the inspector met all nine residents living in the centre although most residents did not significantly interact with the inspector. A relative of one resident, six staff members and the person in charge were also spoken with during this inspection. Overall, this inspection found noticeable improvement from the July 2025 inspection, particularly in the areas of staffing and activities. Some regulatory actions were identified relating to the statement of purpose, refresher training and timely access to a national screening service for one resident.

Lios Mor was comprised of two buildings, one of which was a single occupancy house while the other was a large purpose built building. The inspector spent most of his time during this inspection in the larger building. While this larger building had a maximum capacity of nine, eight residents were living there at the time of the inspection. It was seen during this inspection that some works had been completed since the previous inspection to improve the appearance of the building. For example, an area inside the front door had been refurbished while work had been done to some residents' bedrooms such as repainting.

In addition to this, work had recently commenced in this building to create an apartment area for one resident while further works were also planned. These further works included more painting, replacing floors, and changes to some rooms in the building. While this building overall was seen to be reasonably presented during the inspection, it was observed that the larger of the building's two sluice rooms was cluttered. The inspector was informed that items were to be removed from this sluice room and that it was to be turned into a medical room.

All eight residents living in this building were met during this inspection. Some of these residents did not engage with the inspector. Other residents through did interact with the inspector at times. This included one resident asking the inspector where they were from and another resident asking about the inspector's car. While direct verbal feedback from residents in this building was limited, three residents were seen to regularly smile during the inspection. This included one resident giving a big smile when asked if they had enjoyed a trip to Tralee earlier in the first day of inspection.

This trip to Tralee had been arranged for this resident and another resident after the day services these residents had been meant to attend on the first day of inspection had been cancelled. The inspector was informed that this was due to staffing issues in the day services. It was indicated to the inspector that four residents living in the larger building attended day services on certain days of the week. On the second

day of inspection, two of these residents left the centre to go to day services which was operated by the same provider.

Both residents returned to the centre before the end of inspection with one of these telling the inspector that they had had a good day. For the residents that remained in the larger building on the second day of inspection, it was seen that efforts were made to engage residents in some activities. This included one resident being supported to have a foot spa while another was supported to listen to some country music on a tablet device. Two dogs were also brought to the centre during the second day of inspection for pet therapy. One resident was seen rubbing one of these dogs and seemed to be enjoying this based on their smiles.

Across both days of inspection, the atmosphere in the larger building was relaxed and generally quiet. Some ringing was occasionally heard though with the inspector informed that this came from sensors used for some residents. Some Incident reports reviewed also highlight that one resident could shout or scream when in communal areas. This will be returned to later in this report but no such incidents were encountered during either day of inspection.

Staff on duty and the person in charge were observed and overheard to interact with residents in a caring and positive manner during the inspection. For example, both days of inspection were very warm and staff were seen to offer residents drinks at various points. Staff and the person in charge were also seen to check in on residents and to try to engage residents in conversation. This included one staff talking to one resident about farming while another staff member asked a different resident about going to Daniel O'Donnell concerts. During the first day of inspection, it was observed that some staff said goodbye to residents as they were leaving the centre following a changeover of staff.

The provider's designated officer (person who reviews safeguarding concerns) was also seen to greet residents in the larger building when they visited during the second day of inspection. Two relatives of one resident visited this building on the same day with the inspector speaking with one of these. This relative commented very positively on the staff and management of the centre as well as the care the resident received in the centre. This relative outlined how they visited the centre regularly and how they felt welcomed every time they visited. They also spoke about an upcoming birthday for their family member and of how they would be invited to any birthday party of other residents living the centre.

Near the end of the inspection, the inspector visited the single occupancy house that also formed part of this centre which was located right beside the larger building. The resident who lived in this house had been away from the centre for much of the second day of inspection attending day services. The inspector met this resident after they returned from there. This resident indicated that they liked going to day services and spoke of going to a beach during the second day of inspection. They also spoke of going shopping at the weekends and about liking living in the centre before showing the inspector their bedroom.

In summary, all nine residents living in the centre were met during this inspection. While direct verbal feedback from most residents was limited, three residents were seen smiling at different points while another resident indicated that they liked living in the centre. A relative of one resident also provided positive feedback. Some activities were seen to take palace in the larger building of the centre such as pet therapy while three residents left the centre on the second day of inspection to go to day services. Regulatory actions identified during this inspection will be discussed 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

Improvement was noted from the previous inspection particularly in the area of staffing. This had a positive impact on the overall compliance levels found on this inspection.

This centre was registered until January 2027 and had last been inspected on behalf of the Chief Inspector of Social Services in July 2025. That inspection raised particular concerns in areas such as staffing, safeguarding and the provision of activities for residents. The nature of these findings coupled with findings from previous inspections since May 2023, raised concerns around potential institutional practices in the centre.

Such findings prompted further regulatory activity from the Chief Inspector which included holding a cautionary meeting with the provider and referring the centre to the Health Service Executive Safeguarding and Projection Team. Following such engagement, the provider submitted correspondence in October 2025 outlining how they would respond to the concerns raised. This included measures such as introducing daily planners, seeking to reduce the capacity of the larger building of the centre to seven over time and creating an apartment area in this building for one resident.

The current inspection was conducted to follow up on concerns arising from the centre's previous inspection. In doing so, the provider's stated actions from the correspondence in October 2025 were also considered. Overall, this inspection found that the provider's stated actions were being completed or were in progress. For example, a shift planner had been introduced and the capacity of the larger building had been reduced. Staffing arrangements in the centre had also noticeably improved since the July 2025 inspection which benefited the supports provided to residents.

Such matters had a positive impact on the overall compliance levels found on the current inspection.

Regulation 15: Staffing

During the July 2024 and July 2025 inspections of the centre, concerns around staffing arrangements in the centre were raised. These included additional staffing support for the centre between 8pm and 10pm to meet the needs of one resident not always being in place and staffing shortages impacting the ability of residents to do activities away from the centre. Such matters had prompted a risk around residents' quality of life to be escalated within the provider during May 2025. This risk remained escalated at the time of the current inspection. Despite this, noticeable improvement was identified regarding staffing based on discussions with staff and documentation reviewed including staff rotas from March 2026 on. For example:

- The resident who required the additional staff support from 8pm to 10pm had recently transitioned to another centre. This had resulted in a decrease in the number of residents living in the centre with the provider indicating that it would cease new admissions and ultimately reduce the capacity of the centre to reflect this.
- Previous inspections had highlighted that three staff were generally on duty in the centre at night. To provide better support to residents during the night, a fourth staff member was now sometimes in place at night. The inspector was informed that this additional night staff had been put in place instead of the support hours from 8pm to 10pm.
- No instances were highlighted, from staff discussions, rotas or complaints records reviewed, where residents had activities away from the centre cancelled due to staff shortages within the designated centre. This was a particularly noticeable improvement from previous inspections.

The escalated risk for the centre was due to be reviewed by the provider in the days following the inspection. When reviewing documentation related to this, and from discussions with the person in charge, it was highlighted that a business case had been submitted which indicated a need for two additional staff to provide day services within the designated centre. This business case had not been approved at the time of this inspection so these staff were not in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The July 2025 inspection highlighted that some staff were overdue refreshed training and that some staff had not received timely supervision. A training matrix provided following the current inspection indicated that that most staff had completed training in how to support residents. This included all staff having completed safeguarding training. It was noted though from the matrix provided that some staff were overdue refresher training in some areas. For example:

- Eleven staff were overdue refresher training in de-escalation and intervention.
- Four staff were overdue refresher training in medicines management.
- Six staff were overdue refresher training in fire safety.

Aside from training, supervision records provided during the current inspection confirmed that most staff, who had not been on extended leave or who were on probation, had received supervision during 2026. These supervision records did not indicate though if two staff had received such supervision during 2026. Following the inspection, it was communicated by the person in charge that both of these staff had received supervision in the months leading up to this inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

Documents dated January 2026, as seen during inspection, confirmed that the provider had insurance arrangements in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

Concerns had been raised around the practices and governance of this centre from previous inspections. However, the overall findings of the current inspection indicated that the provider had responded to such concerns in line with the correspondence submitted to the Chief Inspector in October 2025. In this correspondence the provider indicated that they were seeking to reduce the capacity of the larger building of the centre from 10 to seven over time to address the increasing needs of residents living the centre. The provider subsequently applied to the Chief Inspector to reduce the capacity of the larger building from 10 to nine in November 2025 with this application granted. Just prior to the current inspection, the provider also indicated that one resident had transitioned to another centre which would reduce the capacity of the larger building down to eight. This reduction would be applied for in a registration renewal application that the provider was due to submit during July 2026. Other measures outlined by the provider in their

October 2025 correspondence were also completed or were in progress at the time of this inspection.

These included introducing a daily shift planner and commencing works to create an apartment area within the larger building for one resident. It was also positively noted that staffing in the centre had noticeably improved from the July 2025 inspection which resulted in the provision of activities for residents improving also. Such matters contributed to improved compliance levels being found on the current inspection compared to previous inspections. It was also found the provider was continuing monitoring of the services provided based on documentation provided. Such documentation indicated that management of the centre conducted 13 unscheduled visits to the centre. In addition, a representative of the provider had carried out an unannounced visit to the centre in December 2025 to assess the quality and safety of care and support provided to residents in the centre. This unannounced visit was reflected in a written report with any areas for improvement identified highlighted in this report. An action tracker for this unannounced visit indicated that most actions from this had been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is important as it describes the services to be provided in a centre and forms the basis for a condition of registration. Such a document was found to be in place for this centre in keeping with the requirements of this regulation. This statement of purpose was read by the inspector during this inspection and was indicated as being reviewed during May 2026. It was found to contain much of the information required by this regulation including the organisational structure of the designated centre and the arrangements made for dealing with reviews and development of a resident's personal plan. The statement of purpose is also required to include the total staffing complement, in whole-time equivalents (WTE). From discussions with the person in charge, the statement of purpose seen during the inspection did not accurately reflect the WTE of nursing staff that was to form part of this centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Records provided during this inspection indicated that two complaints had been made for the centre since the previous inspection with none of these raised during 2026. The records seen recorded follow-up action taken in responses to these two

complaints and indicated that the complaints were resolved to the satisfaction of the complainants.

Judgment: Compliant

Quality and safety

The provision of activities in the centre had improved since the previous inspection. Residents were also supported to maintain contact with their relatives.

From records read, observations and discussions during this inspection, residents were being supported to participate in activities in and away from the centre. Such activities included pet therapy and going on day trips. Such matters were an improvement from the previous inspection and had been helped by the centre getting two new vehicles. It was highlighted though that there could be some occasions when residents could not attend their day services. This was put down to issues with staffing arrangements in the day services rather than issues with the staffing arrangements in Lios Mor.

The atmosphere in the larger building of the centre on both days of inspection was largely quiet although incident reports did highlight that one resident did vocalise loudly in communal areas of this building. Recent incident reports did not reflect how other residents were supported at these times or if these other residents were impacted or not. Staff spoken with indicated that other residents would be brought to another room in the larger building at these times but that these residents consented to this. A positive behaviour support plan was in place for the resident who vocalised with staff spoken with demonstrating a reasonable awareness of this.

When reviewing documentation for two residents, the inspector noted also that guidance was in place for supporting these residents' health needs. It was highlighted though that one resident had not had timely access to a national screening service. Residents thought had availed of health and social care professionals such as a physiotherapist. Support was also given to residents to visit their family away from the centre and to receive visitors in the centre. The arrangements for visiting were outlined in the centre's resident guide.

Regulation 11: Visits

Logs of family contact reviewed for two residents confirmed that both of these residents had received visitors to the centre during 2025 and 2026. During the second day of inspection, a third resident was seen to receive two visitors. One of

these visitors told the inspector that they visited the centre regularly. Such findings provided assurances that residents were facilitated to receive visitors.

Judgment: Compliant

Regulation 13: General welfare and development

From observations during the inspection, discussions with staff and the person in charge, along with the documentation reviewed, including activity charts, residents were being supported to take part in activities in the community and in the centre. Such activities included pet therapy, movie nights and art which took place within the centre. Residents were also being supported to go for meals out, to go on day trips to places like Kilkee or to visit their families away from the centre. The inspector was also informed that the provision of activities away from the centre had been helped by the centre getting two new vehicles since the July 2025 inspection. These two vehicles allowed for more residents using wheelchairs to be transported.

Four residents attended day services. While there could be some days where these residents could not go to their day services due to staffing issues in the day services, it was highlighted that attempts were made to do something else with residents instead when this happened. For example, on the first day of inspection residents had been unable to go to day services so two of these residents were supported to go to Tralee.

Judgment: Compliant

Regulation 20: Information for residents

Separate resident guides were in place for both of the two buildings that made up this centre. Both of these guides were indicated as having been reviewed during 2026 and were both found to contain all of the information required under this regulation. For example, both guides gave information on the procedure respecting complaints and the arrangements for visits

Judgment: Compliant

Regulation 6: Health care

Healthcare documentation relating to two residents was reviewed during this inspection. Such documentation included specific health care plans for identified

health needs of each resident. These healthcare plans, which were dated February 2026, outlined supports for the health needs of these residents including areas such as diabetes and mobility. Additional documentation reviewed for both residents confirmed that these residents had been supported to avail of appointments with health and social are professionals including a general practitioner, a physiotherapist and a psychiatrist. There were also records of residents being supported to availing of health interventions and tests such as getting vaccines and having blood tests done. However, when reviewing such records it was noted that one resident had diabetes but it was not indicated when the resident had last availed of national screening services related to this. Further information was received about this following the inspection which confirmed that the resident had last availed of this screening service in February 2024 after a February 2025 appointment for this had been cancelled. While an appointment for this resident to avail of the national screening service was made for September 2026, this was only done after queries raised during the inspection process. No issues were identified regarding the other resident's access to national screening services.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Documentation reviewed related to two residents confirmed that both had guidance in place which outlined strategies to adopt with these residents to promote positive behaviour. Such documentation had been reviewed during 2026 and had the input of a clinical nurse specialist in behaviour support. Staff spoken with demonstrated a reasonable awareness of this guidance which was indicated as being followed in incidents reports reviewed for 2026. A training matrix provided following the inspection indicated that staff completed relevant training in the area of de-escalation and intervention but that some staff were overdue refresher training in this area. This is addressed under Regulation 16 Staff training and development. During the inspection process, it was also indicated to the inspector that some staff were in the process of receiving further site specific positive behaviour support training with the aim for all staff to have this training done on a phased basis.

Judgment: Compliant

Regulation 8: Protection

Since the July 2025 inspection, the Chief Inspector had been notified of 12 safeguarding matters from this centre but only one of these related to 2026. Documentation reviewed relating to the 2026 safeguarding notification along with records for five other safeguarding notifications confirmed that these matters had been subject to preliminary screenings with safeguarding plans put in place where

required. Discussions with staff and management during this inspection indicated that there was only one active safeguarding plan in place at the time of this inspection. This related to the vocalisations of one resident impacting another resident at night.

The impact of this resident's vocalisations had been highlighted during the July 2025 inspection. In the correspondence received from the provider in October 2025, it was highlighted that an external body was to conduct a review of the resident and their vocalisations from a safeguarding perspective. This review had since commenced but was not concluded at the time of this inspection. While there was no incident recorded of this resident's vocalisations impacting others at night in 2026, the incident records reviewed for 2026 did highlighted that the resident could vocalise loudly, shout and/or scream during the day time in communal areas of the centre.

Incident reports for the centre up until 19 March 2026 outlined how other residents present in these communal areas were supported at these times with such incident reports not indicating any adverse impact on these residents. It was notable though that the incidents reports after this date made no reference to how other residents were supported at these times or if they were impacted or not by their peer's vocalisations. Staff spoken with during the inspection indicated that other residents were not impacted but that they would be brought, with their consent, to another room in the centre while the resident was vocalising, shouting or screaming. It was also hoped that the resident who vocalised would move into the apartment area in the larger building once works were completed for this. A time frame for completion of these works was not known at the time of this inspection.

Aside from this matter, during the July 2025 inspection, it was highlighted that some incidents of unexplained bruising were reviewed and considered as safeguarding where necessary but not all of them were. On the current inspection, it was seen that instances of unexplained bruising were generally recorded as incidents and reviewed as such. However, the inspector did identify one incident report from 10 May 2026 where a resident had a scratch and another from 30 April 2026 where a resident had a bruise. No cause for either of these was indicated in the incident reports read by the inspector and neither of these incident reports were indicated as being reviewed by the person in charge nor any clinical nurse manager working in the centre.

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 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Lios Mor OSV-0004745

Inspection ID: MON-0048747

Date of inspection: 26/05/2026

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
Outline how you are going to come into compliance with Regulation 15: Staffing: • There is a Risk Assessment in place to review staffing levels and skill mix to ensure as far as practical they are appropriate to the assessed needs of the residents • Two nurses are currently going through onboarding recruitment process to fill existing vacancies. • The person in charge will continue to review staffing levels and skill mix to ensure as far as practical they are appropriate to the assessed needs of the residents. Staffing arrangements will be monitored through weekly recruitment meetings and governance meetings with HOCS.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Staff who are noted to be out of date for refresher training have been booked in for same. These trainings included de-escalation and intervention, fire safety and medication management. • The training Matrix will be reviewed monthly by the person in charge to ensure training compliance is maintained. • Support & Supervision will be planned for all staff in a timely manner going forward.	

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

• The statement of Purpose has been be reviewed and updated to accurately reflect the current staffing complement, including the WTE's.

• The statement of purpose will be reviewed regularly by the Person in charge to ensure it remains accurate and up to date.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• The Person in charge has introduced a checklist for national screening appointments for all residents, it is accessible by CNM1's and senior management on the shared drive and on display on notice board in staff office for ease of reference.

• Residents will be supported to access all required national screening services in the required timelines, all health care records will be reviewed regularly to ensure appointments and follow up actions are completed in a timely manner.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• The Person in charge has reviewed the incidents referenced during the inspection in conjunction with the designated officer and considered both incidents not to be of a safeguarding concern.

• One resident, in which one incident is referenced too, has an unexplained bruising care plan in place and has a history of bruising due to age related and medication factors.
•
The person in charge has met with the Staff and the CNM1's the ensure incident reports are authorised in a timely manner and ensure staff are familiar of the National safeguarding office guidance and use that to evidence that they have considered safeguarding when authorising incident reports, discussed with line manager and followed up with GP if required and referred to DO if this is indicated following GP visit.

• The person in charge also referred to the step by step injuries of unknown origin and unexplained bruising document on display on notice board for ease of reference for staff in the staff office.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2026
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	30/11/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing	Substantially Compliant	Yellow	22/06/2026

	the information set out in Schedule 1.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	22/06/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	22/06/2026