



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

Issued by the Chief Inspector

Name of designated centre:	Cranmor Respite Service
Name of provider:	Corlann
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	28 July 2026
Centre ID:	OSV-0005005
Fieldwork ID:	MON-0051091

About the designated centre

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

Crannmór Respite Service is a designated centre operated by Brothers of Charity Services Ireland CLG. The centre provides respite for up to three male and female children, who are under the age of 18 years and who have an intellectual disability. At the time of this inspection the centre comprises of one two-storey house located a few kilometres from Galway city. Children have their own bedrooms with en-suite bathroom facilities, access to communal living areas including sitting rooms, kitchen and dining area and sensory rooms. The house has an enclosed garden area with play and recreational equipment available to children. Children are supported by a staff team which includes the person in charge, a staff nurse and social care staff. Staff are available both day and night to support the children who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 28 July 2026	13:45hrs to 18:15hrs	Raymond Lynch	Lead
Wednesday 29 July 2026	09:15hrs to 14:15hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

Systems were in place to meet the needs of the children/young people and to ensure that they enjoyed their short breaks in this respite facility. While minor issues were identified with policies and procedures, risk management and fire precautions, feedback from family representatives on the quality and safety of care was both positive and complimentary. On the day of this inspection staff were observed to support the children/young people in a warm, caring and person-centred manner and, the children/young people appeared contented and happy in the company and presence of all staff members.

This inspection took place over the course of two days and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

At the time of this inspection, the centre comprised of a detached two-storey house in a residential setting close to Galway city and contained a single living area and a double living area. The single living area comprised of a large ensuite bedroom and a living room/dining room and, the double living area comprised of two ensuite bedrooms, a living room/dining room/sitting room area. There was also a fully equipped kitchen in the house and a sensory room was available to the children/young people upstairs. There were private well-maintained garden areas surrounding the property and to the rear, there was a playground area for the children/young people to avail of if they so wished. There were also ample private parking facilities to the front of the property with additional on street parking if required.

On arrival to the centre, the inspector was met with by a member of staff. They explained that the children/young people availing of respite that day would not arrive until 15.00pm. They showed the inspector around the house and although there was some wear and tear noted, it was clean, warm and welcoming. The staff member explained that for some children/young people who preferred a quiet space, the single living area was made available to them. For others that liked to share or, where there were no compatibility issues, the double living area was utilised.

Shortly afterwards, the service co-ordinator arrived to the house and met with the inspector. They explained that at this time, the centre provided respite breaks for up to 16 children/young people overall and at times, three children/young people may avail of the service and at other times, only two children/young people availed of the service. They also explained that the staffing arrangements were flexible and could change, based on the assessed needs of the children/young people.

They also informed the inspector that the children/young people were in school however, at this time, they were all on their summer holidays. While on their respite breaks the children/young people liked to relax and do their own thing and, this was respected by staff. However, the children/young people also liked to get out and about and go to playgrounds, go for walks in the woods, go to the cinema, use the sensory room, go to a hydro-therapy pool, go train spotting, go to shopping centres and go to the circus. The inspector saw some photographs of the children/young people engaged in their preferred activities and, they appeared very happy in these photographs.

The service co-ordinator and staff also explained to the inspector that they worked with each child/young person in developing and progressing respite goals. For example, this could involve supporting a child/young person to learn a new skill, try a new activity and/or build on their independence.

The inspector noted that some staff had training in human rights and, the centre was developing a 'wall of rights' with the children/young people. This wall of rights was a physical art and picture framework dedicated to expressing human rights themes and expressing the individual likes and preferences of each child/young person. It was also designed to support the children/young people better understand their human rights by using child-friendly visual pictures and accessible language. For example, the children had a right to play, access toys, to rest, express opinions and feel valued and these rights were displayed on the rights wall using pictures, photographs and plain language in order to support each child/young persons understanding of their rights and, know what to expect from the respite facility.

The inspector met with one young person on their arrival to the centre. They appeared in very good form and from spending time with them, the inspector observed that they were very comfortable in the house and very content in the company and presence of staff. Staff were also observed to be attentive of their needs. For example, they liked to use their computer and watch their favourite cartoons on television and staff ensured that these activities were supported and available to the young person. Additionally, when the young person asked for a snack or orange juice, staff ensured that this was provided for. Later in the day staff asked the young person if they wanted to go on a social outing and they young person was happy to avail of this activity.

The other two children/young people were a little unsettled when they arrived into the respite house. Staff explained that the possible reason for this was because during the summer, their routine changed. For example, usually the children/young people came into the respite facility from school however, as it was the summer holidays, they came in from their family home and this change could unsettle them a little. Notwithstanding, the inspector saw that staff provided reassurances to them and gave the two children/young people space when needed. Later in the afternoon the inspector observed that both these children/young people were settled, in much better form and were smiling and engaging with the staff team. One of them had a

snack in the dining room and appeared to enjoy this very much and, both went out for the evening on a social activity with staff support.

The inspector got to speak with three family representatives over the course of this inspection (one on a face-to-face basis as they were leaving their relative into the respite centre on the first day of this inspection and the other two were spoken with over the phone on day two). This feedback was both positive and complimentary. For example, one family representative said that they were *'happy with the quality and safety of care'*, and that *'their relative was happy on their respite breaks'*. They said that when they bring their relative to the centre they *'run to the front door'*. They were satisfied that their relative's personal belonging were well cared for by the staff team and were happy with the menu options available in the service. They reported that they were very happy with the staff team saying *'staff were approachable'* and always kept them informed about their relative's progress. They also said that the centre not only provided short enjoyable breaks to their relative, but staff also supported their relative to learn and develop life skills. When asked had they any complaints about any aspect of the quality or safety of care they said that they had none. They did say however, that they would like more opportunities for respite breaks for their relative in this centre, as they were very happy with the service overall.

The second family representative spoken with said that they were *'completely happy with the care and support and, with the staff team'*. They said that their relative *'loved it there'* and that they were *'taken care of so well'*. They were also happy that their relative's personal possessions were respected by the staff team and that all of their relative's needs *'were being met'* in the house. Additionally, their relative got to go out and about while on their breaks in the centre such as to various playgrounds and shopping which they enjoyed. They reported that they had *'no complaints about the service'*, their relative was *'well taken care of'* and that they were *'always very happy on their respite breaks'*.

The third family representative was equally as positive and complimentary about the quality and safety of care provided in the centre. They said that they were *'100% happy with the service'*, *'the staff team knew and could read their relative very well'* and that staff *'always made their relative feel at ease'*. For example, they said that staff were very approachable and that their relative enjoyed going on their respite breaks. While their relative could be a little anxious at times on arrival to the house, staff used distraction and provided reassurances to them. They were happy that their relative's personal belongings were well cared for in the house. Additionally, their relative liked to have some of their own bits and pieces (such as a digital clock) while on their breaks and staff always ensured this was provided for. When asked had they any issues with the service they responded by saying *'no, definitely not, they had no complaints'* and that staff always provided reassurances when needed, kept them up-to-date and *'that was great'*.

A social work team leader familiar with the service was also spoken with by the inspector. They reported that they felt the centre was *'child centred'* and that more services like this were needed. They said that family members had great confidence in the service and that a lot of preparatory work was done with families so as to

ensure a smooth transition for their relatives into the respite service and to allay any anxiety. For example, families and their relatives got to visit the house, meet with staff, have a cup of tea and ask any questions they may have, prior to their relative availing of an overnight break. They also said that they thought that the children/young people were in receipt of a good service with the reason being parents told them that their relatives were always happy going into the house.

While minor issues were identified in three areas of regulation on this inspection, the children/young people were being provided with a quality-based respite service based on their assessed needs and individual preferences. Additionally, feedback from family representatives on the quality and safety of care was both positive and complimentary. The next two sections of the report outline 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 care provided to the children/young people availing of respite breaks in this service.

Capacity and capability

The children/young people appeared settled and content on their respite breaks over this two-day inspection and systems were in place to meet their needs.

The centre had a clearly defined management structure in place which was led by the service co-ordinator (the person in charge was on leave at the time of this inspection). The service co-ordinator was a qualified professional and demonstrated a good knowledge of the children/young peoples' assessed needs. They were also aware of the their legal remit under S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). For example, they aware that the statement of purpose required review on an annual basis or sooner as required by the regulations.

A review of a sample of rosters from July and August 2026 indicated that there were sufficient staff on duty to meet the needs of the children/young people as described by the service co-ordinator on the day of this inspection.

Staff members spoken with had a good knowledge of the children/young peoples' care plans and or healthcare-related protocols. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary knowledge to meet the needs of the children/young people.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and a six-monthly unannounced visit to the centre had been carried out in June 2026. On

completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

Regulation 15: Staffing

The staffing team consisted of a manager, a staff nurse and a team of social care workers and support workers.

A review of a sample of rosters from July 2026 and August 2026 indicated that there were sufficient staff members on duty to meet the needs of the children/young people as described by the service co-ordinator on the day of this inspection.

The staffing arrangements were based on the assessed needs of the children/young people and because of this, they were flexible and could change.

The provider was found to have gathered the required information for staff listed under Schedule 2 of the regulations. Schedule 2 files contain information and documents to be obtained in respect to staff working in the centre to include photographic evidence of their identity, dates they commenced employment, details and documentary evidence of relevant qualifications and vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The information pertaining to photographic identification, references and vetting was viewed for seven staff by the inspector and met the requirements of the regulations. Additionally, all staff working in this centre had vetting on file

In summary, from speaking with staff members, the inspector observed that staff were good advocates for the children/young people and played an important role in delivering care and support in a dignified and respectful manner. Staff were observed to be kind, caring and person-centred in their interactions with the children/young people. Additionally, family members spoken with was also complimentary of the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the children/young people.

For example, staff had undertaken a number of in-service training sessions which included:

- Children First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding (training for staff on how to recognise, prevent, and respond to allegations of abuse or neglect of children and vulnerable adults)
- safe administration of medication
- open disclosure
- management of behaviours of concern and or positive behavioural support
- epilepsy and the administration of rescue medication
- human rights
- first aid
- fire safety
- training for the administration of oxygen

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by the service co-ordinator (the person in charge was on leave at the time of this inspection) who was supported in their role by an team leader and members of the senior management team

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and, a six-monthly unannounced visit to the centre had been carried out in June 2026. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- epilepsy care plans/protocols were to be signed in consultation with relevant healthcare professionals
- one staff member should undertake communication champion training
- some families were seeking respite breaks together

These issues/actions had been addressed (or plans were in place to address them) at the time of this inspection.

It was also observed that the service co-ordinator had systems in place to support and facilitate staff to raise concerns about the quality and safety of care and support provided to the childre/young people availing of this service. For example, all staff spoken with said they would have no issues reporting any concern to the person in charge and or team leader if they had an issue, but they had none.

Additionally, family members spoken with said that management and staff were approachable and that they had no concerns about the quality or safety of care provided in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

It detailed the aim and objectives of the service and the facilities to be provided to the children/young people

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The service co-ordinator was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

Judgment: Compliant

Regulation 4: Written policies and procedures

While the policies as required by Schedule 5 of the Regulations were available in the centre, two of those policies required review.

- One of the policies/procedures on safeguarding/child protection regarding an allegation of abuse required review so as to explicitly clarify at what stage in the safeguarding process, the family and welfare agency would be contacted (the inspector acknowledges however that at the time of this inspection, there were no active child protection or welfare concerns)

- The policy on vetting required review so as to explicitly state the exact time frames that renewal of vetting was required for staff working directly with young people (the inspector acknowledges however, that at the time of this inspection, all staff had vetting on file and two staff were in the process of renewing their vetting).

Judgment: Substantially compliant

Quality and safety

The children/young people availing of this service were supported to enjoy their respite breaks based on their assessed needs and individual preferences. However, some issues were found with Regulation 26 risk management and Regulation 28: fire precautions.

The children/young peoples' assessed needs were detailed in their individual care plans and from speaking with family representatives and staff members, they were being supported to achieve goals and frequent community-based activities that they liked.

Systems were also in place to safeguard the children/young people while on their respite breaks and family members spoken with said staff were respectful of their relatives personal belongings and possessions.

Systems were in place to manage and mitigate risk and support the children/young peoples' safety in the service . Firefighting systems were also in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. However, aspects of both risk management and fire safely precautions required review.

The house was found to be clean, warm and welcoming on the day of this inspection. The service co-ordinator informed the inspector that they had access to a facilities team for the upkeep to and repair of the premises.

Overall this inspection found that the children/young people availing of this respite facility were being supported enjoy their short breaks based on their assessed needs and preferences. However, minor issues were identified with fire precautions and risk management.

Regulation 12: Personal possessions

Each child/young person had their own ensuite bedroom when availing of respite in this house with adequate space to store their clothes, personal property and personal possessions.

A utility facility was available to the children/young people and where or as required, staff provided support to the them to launder their clothes.

In their feedback on the service, family representatives said that staff were respectful of their relative's personal belongings and possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The children/young people were being actively supported and encouraged to engage in social, learning and recreational activities in line with their assessed needs and preferences.

As detailed in section one of this report '*What the residents told us and what we observed*', all the young people were in school however, they were all on their summer holidays at the time of this inspection.

While on respite the children/ young people got to relax and engage in activities that they liked and preferred. For example, they liked to get out and about and go to playgrounds, go for walks in the woods, go to the cinema, use the sensory room, go to a hydro-therapy pool, go train spotting, go to shopping centres and go to the circus. As detailed earlier in this report, the inspector saw some photographs of the children/young people engaged in their preferred activities and, they appeared very happy in these photographs.

Family members spoken with also said that their relatives got to do things that they liked and were interested in, while on their respite breaks.

Judgment: Compliant

Regulation 17: Premises

The house was found to be warm, welcoming, clean and generally well maintained on the day of this inspection. The premises were laid out to meet the needs of the children/young people.

At the time of this inspection, the centre comprised of a detached two-storey house in a residential setting close to Galway city. As described in Section 1 of this report: the centre comprised of single living area and a double living area.

The single living area comprised of a large ensuite bedroom and a living room/dining room and, the double living area comprised of two ensuite bedrooms, a living room/dining room/sitting room area.

There was also a fully equipped kitchen in the house and a sensory room was available to the children/young people upstairs. While there was some everyday wear and tear evident in the house (there were 16 children/young people availing of this facility), the centre had access to a facilities team for repair works as required.

There were private well-maintained garden area surrounding the property and to the rear, there was a playground area for the children/young people to avail of if they so wished. This area was being further developed with a gazebo and musical sensory items for the children/young people to use.

There was also ample private parking facilities to the front of the property with additional on street parking if required.

Judgment: Compliant

Regulation 26: Risk management procedures

While systems were in place to manage and mitigate risk and support the children/young peoples' safety in the centre, aspects of the risk management process required review.

There was a policy on risk management in the centre and each child/young person had a number of risk assessments on file so as to support their overall safety and wellbeing.

For example, where a risk related to a healthcare-related condition was identified, the following control measures were in place:

- a care plan/protocol was in place to guide practice
- there was staff on duty on a 24/7 basis
- staff had training in the administration of medication, first aid and rescue medication
- an on call management system was available to staff on a 24/7 basis

However, some aspects of the risk management procedures required review. For example:

- the staffing arrangements could be adjusted and increased based on the assessed medical and or behavioural needs of the children/young people. The

inspector saw examples of this on the rosters viewed as part of this inspection. However, this control measure was not explicitly stated in some children/young peoples' individual risk assessments

- One child/young person was prescribed oxygen was part of a protocol/care plan for the management of epilepsy. The number of staff that had actually completed this training required review so as management could be assured there was always a staff member present in the centre with this training when this particular child/young person was availing of respite.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Firefighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting and signage. However, one aspect of the fire safety precautions required review.

Equipment was being serviced as required by the regulations.

For example:

- the fire detection and alarm system/emergency lighting was serviced in March and July 2026
- the fire extinguishers had last been serviced in October 2025

Staff also completed as required checks on all fire equipment in the centre, and from reviewing the training matrix, it was noted that they had training in fire safety.

Fire drills were being conducted as required with no concerns noted. For example:

- a drill facilitated in June 2026 informed that it took two staff and two children/young people less than one minute to evacuate the house with no actions required
- another drill conducted in July 2026 also informed that it took one staff and one child/young person less than a minute to evacuate the house and again, no actions were required after the completion of this drill

Each young person had an up-to-date personal emergency evacuation plan in place. The inspector reviewed one of these plans which detailed the support and guidance the child/young person required in evacuating the house during a fire drill.

It was observed however, that the overall fire arrangement and evacuation plan required some level of review. For example, the fire panel did not give staff any indication as to where the fire (if one broke out) was located in the house. The fire evacuation plan informed that staff should seek to locate the fire and put it out if it was safe to do so.

However, at times there were only one staff member working in this house with the responsibility of evacuating three children/young people in the event of a fire. This fire arrangements review so as the provider could be assured that based on the current fire alarm system installed in the house, the evacuation procedures and fire arrangements were adequate and that staff could at all times, safely evacuate all children/young people from the house, if the need arose.

Judgment: Substantially compliant

Regulation 8: Protection

Policies, procedures and systems were in place to support the young peoples' safety in the house.

At the time of this inspection the service co-ordinator informed the inspector that there were no open or active safeguarding/child welfare concerns in the centre. Notwithstanding, they also informed the inspector that any welfare concern once reported, would be investigated, steps would be taken to ensure the children/young peoples' safety and the issue where required, would be reported to the relevant state agencies.

The inspector also noted the following:

- all staff spoken with said they would have no issue reporting a safeguarding/welfare concern to management if they had one
- details of the safeguarding team/designated safeguarding officer/designated liaison officer were on display in the house
- feedback from three family representatives on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided in the service
- there were no open complaints on file about the service at the time of this inspection
- safeguarding formed part of the discussion and agenda at staff meetings
- information was available in the centre on how to contact the office of the confidential recipient
- a child advisory and monitoring group (which consisted of a number of internal and external professionals) met regularly to discuss any issues that may be impacting on the children/young people

Additionally, staff had the following training completed:

- Children's First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding (safeguarding training supports staff on how to protect vulnerable groups from abuse by providing the skills and knowledge to

- recognise warning signs, understand the reporting procedures, and promote a safe environment)
- open disclosure and,
- staff also had vetting on file

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices, preferred routines and voice of the children/young people were supported and respected by the staff team.

The staff team knew the children/young people well, knew their likes and dislikes and ensured that each child/young person enjoyed their short respite breaks in the centre. Staff interacted with the children/young people in a person-centred, warm and dignified manner and, the young people appeared relaxed and happy in the company and presence of staff.

When a child/young person asked for an item or a drink, staff were observed to be responsive to their request. Staff were also familiar with the preferred activities of the children/young people and ensured that these activities were made available.

As detailed in section 1 of this report, some staff had training in human rights and, the centre was developing a 'wall of rights' with the children/young people. This wall of rights was a physical art and picture framework dedicated to expressing human rights themes and expressing the individual likes and preferences of each child/young person. It was also designed to support the children/young people better understand their human rights by using child-friendly visual pictures and accessible language.

Family representatives spoken with were very complimentary of the service with some reporting their relatives loved their respite breaks in this house and others saying they would like more breaks to be available to their relatives.

The inspector also viewed a sample of written feedback from family representatives on the quality and safety of care provided in the centre. One family member reported that their relative was '*shown the utmost respect while on respite*' and that they '*could not praise staff highly enough for the standard of care and kindness shown to their relative*'. Another family member reported that they were '*very happy with the facilities and, the kindness and care of the staff team who go above and beyond*'.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Crannmor Respite Service OSV-0005005

Inspection ID: MON-0051091

Date of inspection: 28/07/2026

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • Service Coordinator attended Policy Advisory Group meeting on 4th August 2026, and informed the group of amendments required for both policies. • The chairperson of Corlann West Region Policy Advisory Group is also the chairperson of Corlann's National Policy Group and has brought feedback back of both policies to National Head of HR with responsibility for national HR policies and the National Head of Quality and Safeguarding, on 6th August. • The National Vetting Policy and Procedure is currently been reviewed and the clarification required will be included. • The National Procedure for the Investigation of Allegations against Staff of Abuse of Vulnerable Adults or Children V3, the chairperson of the National Policy group has requested clarity to section 1.2 and 1.3 of the policy. They have provided suggested wording for discussion with the National Designated Officers Group and inclusion in the policy once agreed. Any agreed amendments have to be approved by NLT, and the revision to the policy can then go live. In the interim, the Chairperson has emailed the National Policy Review Group with representation from each region to advise all of the findings of this inspection and the required enhancement/clarification to the policy.	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • All children's and young people's risk assessments will be reviewed to ensure that the identified control measures are accurately reflected. • Any staff members requiring oxygen training will be scheduled to attend the training in the coming months.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The centre's evacuation plan will be reviewed and updated to ensure it is accurate, up to date, and fit for purpose.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2026
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where	Substantially Compliant	Yellow	30/11/2026

	necessary, review and update them in accordance with best practice.			
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