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:	Cork City North 22
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	02 March 2026
Centre ID:	OSV-0007986
Fieldwork ID:	MON-0048448

About the designated centre

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

This designated centre is located on the north side of a large city. It is home to two female residents. The services provided are full-time residential care for people with intellectual disability and autism. Each resident has a single bedroom and a separate living room. The centre also comprises of a hallway, bathroom, kitchen dining area, a staff office and staff water closet. There is a front and rear garden with a ramp to assist access. The staff team comprises of a person in charge, social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1

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 2 March 2026	10:00hrs to 17:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This was an unannounced adult safeguarding inspection. The previous inspection of this centre took place in January 2024 with overall positive findings. From what the inspector observed, the two residents living in this centre were seen to be provided with a good quality service and overall good measures were in place to safeguard residents and manage risk in this centre. Some issues were identified in relation to residents' rights, training, and the updating of plans in place.

This centre comprises a single story house located in a residential area of a large city and is home to two young adults. Both residents have their own bedrooms. Each resident also has access to a separate sitting room area to relax and spend time in, meaning that they have opportunities to spend time together or apart if desired.

Residents' personalities were seen to be reflected in their living spaces. For example, one resident loved watching movies and had a large collection of DVDs and posters on display and a large television. The second resident enjoyed tactile input and music and had music equipment, a keyboard,TV and colourful sensory boards in their sitting room area. Input had been sought from an allied health professional in relation to some of this equipment. During the walk-around the inspector also noted that some upgrades had been made to areas of the premises since the previous inspection and at the time of this inspection it presented as clean, bright and homely.

One resident was away on a home visit at the time of this unannounced inspection and the inspector did not have an opportunity to meet this resident on this occasion. However, the inspector was told by staff in the centre and saw from a review of documentation that this resident continued to enjoy a very active and self directed service in the centre. They enjoyed going to the cinema, library and shopping regularly and recently had began shopping for and preparing healthy recipes. They usually left the centre for at least one planned activity of their choice every day and was now accessing day services on an ad-hoc basis if they chose to.

The second resident was being supported by the centre staff in their day service in the morning and returned to the centre mid-afternoon. They chose to interact only briefly with the inspector with the encouragement of staff but inspector had an opportunity to observe them in their home and observe staff interactions with this resident for the afternoon and evening. A staff member was preparing dinner and they returned to the centre to lovely aromas of home-cooked food. The resident was observed to communicate with staff that they were looking forward to their dinner by coming in and out of the kitchen and leading staff to where the dinner was cooking. Later they were seen to enjoy dinner and spend time in their individual living room area. Staff were seen to interact regularly and put on music that this individual was known to prefer and appeared to enjoy. Staff were seen to respond

to them and offer personal care in a respectful and kind manner. Although this individual had very specific communication needs it was seen that they enjoyed some mild banter and smiled on some occasions when staff joked and interacted with them.

Overall, this individual was observed to be content in this space but at times was observed to engage in responsive behaviours. While it was clear that some efforts were made to engage and provide this resident with stimuli that they enjoyed and that they had very specific preferences in this area, they were observed to spend most of the remainder of the afternoon and evening moving about in their living room area with very little to occupy them. The inspector was told that this resident loved to walk outdoors and move around and this was generally facilitated during day service hours due to them requiring two people to support them if they were to go walking outside the centre. It was reported that this individual enjoyed spending time in the garden during the summer and had free access to this secure space through an exit close to their living room.

Two staff were available on the day of the inspection to meet with the inspector and both were clear on their responsibilities in relation to safeguarding and told the inspector that they would be comfortable to report any concerns that they had. One staff member had recently commenced working in the centre and was very positive about the care and support provided to residents and the induction that they had received from the provider and the staff team in the centre to support them in their role. Staff presented as very committed to the individuals that they supported and spoke of ongoing efforts to enhance the service offered to them.

Three surveys circulated by the provider to family members within the previous year were reviewed and overall these provided very good feedback on the services provided and indicated that family members felt their residents were safe and well protected in the centre. Families indicated that they would like more communication in relation to specific things and one family member expressed that they would like their relative to have more opportunities for external and outdoor activities such as daily walks.

In keeping with the findings of the previous inspection, the general care and support of residents was seen or evidenced to be good on the day of this inspection. Overall, the findings on this inspection indicated that that residents were being afforded safe and person centred services that met their assessed needs and that safeguarding was taken seriously in the centre. 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.

Capacity and capability

The findings of this inspection showed that the management systems in place in this centre were overall ensuring that good quality services, safe and effective services were being provided to residents. This inspection found good compliance with the regulations. Some refresher training was overdue.

Documentation reviewed during the inspection included resident information, safeguarding documentation, the annual review, the report of the unannounced six-monthly provider visit, audit schedule, incident reports and team meeting minutes. There was evidence that the provider was identifying issues and taking action in response to them and that ongoing consideration was being given to safeguarding residents in this centre. The centre was overall adequately resourced to provide for a safe service to residents and for the most part residents' rights were respected and safeguarded in the centre. However, some issues in relation to the arrangements at specific times of the day are covered under Regulation 9: resident's rights.

There was a clear management structure present and there was evidence that the local management of this centre were maintaining good oversight and maintained a strong presence in the centre. The person in charge and staff spoken with reported that they received good supports from the management structures in place.

Both the person in charge and area manager, a person participating in the management (PPIM) of this centre, made themselves available on the day of the inspection and were familiar and knowledgeable about the care and support residents in this centre required. The centre was seen to be overall well resourced and staffing levels and competencies were seen to provide for an overall good quality and personalised service. For the most part, training and induction of staff was in place to provide for safe services.

The inspector reviewed the safeguarding documentation in place in respect of any previous concerns raised in the centre and saw that any safeguarding concerns raised had been notified to the designated officer working with the provider. These were screened and those deemed to be allegations of suspected or confirmed abuse were notified to the office of the Chief Inspector and were also reported to the Health Service Executive (HSE) Safeguarding and Protection team. One notification had been received in respect of the centre since the previous inspection and this was the first instance that incompatibility of both residents had been raised as a concern for this centre. This was being monitored closely and considered on an ongoing basis.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The inspector reviewed a sample of six weeks planned and actual rosters and saw that overall staffing levels were sufficient to provider for safe and effective services. The inspector was told that staffing was organised around the needs of the residents when they were present in the centre. Both residents were usually supported with 1:1 staffing in the centre by day and generally one waking night staff member provided cover by night. One resident usually spent a portion of the week and most weekends at home with family but did have the option to remain in the centre full-time if they wished. Planned rosters reviewed indicated that additional staff were provided if possible to allow for 2:1 supports on weekends that this resident planned to avail of their residential service in the centre.

One resident attended day services until 2pm on weekdays supported by the staff in the centre and the other resident had access to some day service activities if desired but generally self-directed their service from the centre with the support of one-to-one staff. Some issues in relation to one resident being unable to access some preferred activity from the centre due to staffing levels are addressed under Regulation 9: Residents' rights.

A small dedicated staff team provided supports to residents. The person in charge reported that there were currently two vacancies on the staff team but that these were covered in the main by regular and relief staff and were not currently impacting on the provision of services to residents. Ongoing recruitment efforts were being made by the provider. Agency staff were used rarely in the centre if required but efforts were made to ensure that familiar staff worked with residents, and newer staff working in the centre told the inspector that they had received a very good induction to ensure consistency of care was being provided.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that for the most part staff had access to appropriate training, as part of a continuous professional development programme. Staff were being provided with training appropriate to their roles and the person in charge was maintaining oversight of the training needs of staff. Some refresher training was noted to be overdue.

The inspector reviewed a training matrix for nine staff that were also named on the centre roster including relief staff. All staff, including new staff working in the centre had completed safeguarding training. The matrix viewed indicated that staff had access to and had completed training in keys areas to provide for safe care and support for residents. This included training in safeguarding, fire safety, infection prevention and control, and training to support staff in managing behaviours that challenge. However, up-to-date manual training was required to be completed by

the majority of the staff team and some refresher training in the area of medication administration was due also.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems and provider processes in place were ensuring that the service provided in this designated centre was appropriate to residents' needs and the service's approach to safeguarding was consistent and effectively monitored. This inspection found that the provider was ensuring that overall this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. For example, the premises was designed and laid out to cater for residents in a manner that promoted privacy and dignity and was safe and suitable for the residents living there.

The provider had appointed a designated officer to promote and manage safeguarding within the service and staff were aware of this person and where to find their details if required.

Staff members spoken to in the centre reported that the person in charge was supportive to the staff team and that they would be comfortable to raise any concerns to any of the management team. Staff were aware of the reporting structure and there was a clear governance structure in place that set out the lines of accountability within the service. Audit and human resource systems put in place by the provider were contributing to effective monitoring of the service.

Safeguarding and risk management was seen to be considered as part of the auditing and review structures in the centre and an annual review and reports on an unannounced six monthly visit completed in March and September 2025 were reviewed. The annual review mentioned that residents and their family members had been consulted with through satisfaction surveys but did not include any details of this consultation in the review itself. However, these surveys were available for review in the centre.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a good standard of evidence-based care and support. Overall safe and good quality services were provided to the two individuals that lived in this centre and residents were

supported by a familiar and consistent staff team in the centre. Some issues were identified in relation to Regulation 9 and Regulation 5.

The inspector reviewed a number of documents throughout the day of the inspection, including both residents' personal plans, associated support plans, positive behaviour support information and daily notes. Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and included meaningful goals that aligned with residents' interests. Support plans were in place to guide staff on all areas of service provision to residents. Overall documentation in place about residents was seen to provide good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. A support plan in place for one resident did require review.

There was evidence that residents had good access to healthcare supports as required, including access to allied health professionals if needed. There was clear evidence that one resident was actively consulted with about their day-to-day life. This was more challenging for the second resident due to their specific communication needs and efforts were being made to enhance the communication supports in place for them.

There were a small number of restrictive practices in use in this centre, such as locked garden gates. These were seen to be in place to promote the safety and wellbeing of residents and had been identified as appropriate in a restrictive practice log and were subject to regular review, with efforts made to reduce or remove restrictions where appropriate and safe to do so.

Staff and management told the inspector that they felt residents were safe and well cared for in this centre and that the service was meeting the needs of the residents supported there. The findings of this inspection indicated that overall this was an accurate reflection of the services provided in the centre.

Regulation 10: Communication

The registered provider was making efforts to ensure that residents were assisted and supported to communicate in accordance with their needs and wishes. Staff were seen to be very familiar with and respectful of residents' communication methods and styles. Staff were seen to be familiar with the communication styles of residents and some guidance was viewed in residents' plans about how to support residents in this area. For example, a staff member spoken with told the inspector how a resident who did not use speech to communicate would indicate if they needed something.

Rosters reviewed showed that a core familiar staff team were allocated to the centre on an ongoing basis and this meant that the staff supporting residents were familiar with them and would be familiar with their communication style and preferences. Residents had access to media such as smart televisions and mobile devices if

desired. The inspector observed visual information and easy-to-read information about complaints and safeguarding was available to residents.

It had been identified that communication difficulties for one resident might be contributing to a recent change in their presentation. Recent referrals had been made for allied health professionals to assist and provide further input around the the area of communication and evidence of this was viewed in residents' information. This indicated ongoing efforts by the person in charge and provider to ensure that residents' were supported appropriately in this area in line with their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider was ensuring that the premises was designed and laid out to meet the aims and objectives of the service and the number and current assessed needs of residents. The centre was well designed to accommodate the two residents that lived there.

A walk around of the premises was completed by the inspector. The premises' were seen to be of a suitable size to meet the needs of the two residents that lived there at the time of the inspection. The house was laid out over one floor and accessible throughout to the residents that lived there.

The person in charge and staff spoken with reported that overall issues raised in relation to the premises were addressed by the provider and some enhancement works had been completed since the previous inspection. Some efforts had been made to address an issue with damp in one bathroom. These had not yet been fully effective but were indicated to be an ongoing consideration when discussed with the management team.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place that provided for the identification, assessment and review of risk in the centre. The policy outlined control measures for specific risks as required including self-harm and accidental injury as required by the regulations. Emergency plans were also in place that provided guidance on how to manage a number of emergency scenarios that might arise such as fire. Personal emergency evacuation plans were in place for both residents.

Individualised risk assessments were viewed in residents' files and a site specific risk register was in also in place and reviewed by the inspector. Risk assessments were seen to be subject to regular review and updating and no escalated risks were identified at the time of this inspection. Where risk was identified, control measures were identified and efforts had been taken to reduce or mitigate the impact of this on residents. For example, it had been identified by the person in charge that compatibility issues could potentially arise during an upcoming period where one resident was due to spend a prolonged period in the centre that was outside of their usual routine. A meeting was arranged to discuss this with staff where a number of measures to reduce the impact of this were discussed and rosters reviewed indicated that additional staffing would be put in place to mitigate against the impact of this.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for all residents that reflected their assessed needs. Overall, these were being appropriately reviewed and updated to reflect changing circumstances and support needs. However, an issue in relation to updating plans to reflect a change recommended by an allied health professional was identified during the inspection.

The inspector reviewed both residents' personal plans and associated documentation. There was evidence that residents had been supported to set and achieve goals as part of the person centred planning process in the previous year and there was clear evidence of progression, completion and ongoing review of goals. Annual multidisciplinary team meetings were occurring to review resident's assessed needs and document any changes or actions that were required.

- Some of the information in place to guide staff in relation to the action to take should a resident experience a seizure was not fully reflective of other information provided during the inspection. Although some rationale was provided by the provider in relation to this, the guidance and medication records in place had not been updated to reflect a recommendation from an allied health professional and necessary follow-up actions in respect of this had not been completed in a timely manner. This meant that the resident could potentially receive intervention that was no longer recommended by an allied health professional in the event they experienced seizure activity. The inspector was informed that action was taken to address this following the inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge was ensuring that staff had up-to-date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. The inspector reviewed incident reports, daily notes, residents' support plans, training records and restrictive practice documentation held in the centre. While there were generally very few documented peer to peer incidents reported in this centre, this was an ongoing consideration and both residents also sometimes engaged in responsive behaviours that could impact on their own wellbeing. Residents had access to allied health professionals to support them with managing behaviours of concern including mental health supports such as psychiatry. Where required, residents had access to a positive behaviour support team to put in place plans to support them to manage their behaviour.

A small number of restrictive practices were notified from this centre to the Chief Inspector on a quarterly basis as required. Restrictive practices in place were seen to be documented, reviewed regularly and subject to review from the providers' Right's Committee. The provider had in place a restrictive practice policy to guide and inform practice and some restrictions had been removed since the previous inspection indicating ongoing consideration of this was taking place.

Judgment: Compliant

Regulation 8: Protection

Observations on the day of this inspection, documentation reviewed and discussions with staff indicated that the registered provider had appropriate measures in place to protect both residents in this centre from abuse. The person in charge had ensured that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Guidance on supporting residents with intimate personal care was contained within residents' personal plans.

The provider had in place a safeguarding policy and other policies and procedures were also in place relevant to safeguarding residents including policies relating to personal finances and risk management. At the time of this inspection there were no open safeguarding concerns. As set out under the capacity and capability section of this report, the provider had a system in place to respond to and notify relevant bodies of any concerns raised. Safeguarding measures in place in the centre included the provision of one-to-one staffing for residents if required. Staff working in the centre had completed relevant safeguarding training. Staff and management spoken with during the inspection were familiar with safeguarding procedures and reported that residents were safe and well protected in the centre. It was not

possible to ascertain the views of the resident present in the centre on this matter but during the inspection they presented as comfortable and happy in their home.

There was evidence viewed in a residents' documentation that demonstrated that where appropriate they were provided with information and education for self-care and protection. From documentation reviewed in the centre including incident reports and audits, and speaking to residents, staff and management, the inspector saw that there was a prompt response and ongoing learning following any incidents or near misses that occurred in the centre. Assurances were provided by the provider that all staff working in the centre had received appropriate garda vetting disclosures.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' rights were seen to be considered and respected in this centre and there was a good focus on supporting residents in a rights based manner. However, some improvements were required to ensure that all of the arrangements in place fully took into account a residents' rights in relation to the opportunity to participate in known preferred activities.

Findings on this inspection indicated that residents' were often provided with choice and autonomy over their own lives where possible. For example, as noted in previous inspections one resident had control over their day-to-day activities and was being supported to live a life of their own choosing. Staff were observed to interact respectfully with the resident present during the inspection and provide care in a dignified and caring manner. Staff spoke in a respectful manner about the residents' they supported.

- The staffing levels and arrangements in place were not promoting the rights of one individual to exercise choice and control to do what they would prefer to do on a consistent basis. One resident required the support of two people for some preferred activities, such as walks. This was not generally available to them in the afternoon or evening once they returned to the centre from day services at 2pm.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 22 OSV-0007986

Inspection ID: MON-0048448

Date of inspection: 02/03/2026

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: Identified training to be completed are scheduled as follows: Manual Handling Training: Staff members who require manual handling training have been identified. Refresher training has been scheduled and will be completed across April, May and June 2026 to ensure all relevant staff are fully compliant. Medication Management (SAMs) Training: Staff identified as overdue for Safe Administration of Medicines (SAMs) refresher training have been scheduled to attend updated training on 30th April 2026.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • A full review of the resident's individual assessment and personal plans has been completed. All actions identified through this review have now been addressed. Relevant staff have been formally informed of any required changes. • The resident's epilepsy health management plan, personal plan, and all related medication and guidance documentation have been reviewed and updated to ensure they are accurate, comprehensive, and reflective of the most recent professional recommendations. There is documented evidence confirming the discontinuation of the associated rescue medication in line with updated clinical guidance. • All staff members involved in the resident's care have been informed of the updated plans and guidance to ensure the resident receives timely and appropriate intervention in the event of seizure activity.	

• Ongoing oversight of care planning and assessment will be maintained by the Person in Charge (PIC), Community Nurse, and Assistant Director of Nursing (ADON). This oversight will ensure that any future reviews or recommendations from allied health professionals are promptly documented, communicated to staff, and implemented in a timely manner to support the resident's assessed needs.

Regulation 9: Residents' rights	Substantially Compliant

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

The provider will ensure that residents have freedom to exercise choice and control in their daily lives. Opportunities to participate in know chosen activities will be supported through:
• A review of staffing arrangements has been undertaken. This review specifically considered the support needs of the resident requiring two staff members to safely engage in their chosen activities.
• Since the inspection an additional relief staff has been allocated to support planned activities which requires two-person assistance thereby promoting choice, control and meaningful participation in activities of the resident's choosing. The PIC is also exploring future volunteer options.
• The resident's personal plan and activity schedule will be updated to reflect their preferences and the supports required to facilitate these activities. Staff will be informed of these updates to ensure consistent implementation.
• The Person in Charge (PIC) will monitor the effectiveness of these arrangements on an ongoing basis to ensure that staffing levels continue to support the resident's rights to choice, autonomy and community participation, in line with Regulation 9.
• The provider will continue to actively recruit staff to ensure sustainable staffing solutions and to support residents to fully exercise their rights in line with their assessed needs and preferences.

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	31/07/2026
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	10/03/2026
Regulation 05(8)	The person in charge shall ensure that the	Substantially Compliant	Yellow	10/03/2026

	personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/11/2026