



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 6
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	08 January 2026
Centre ID:	OSV-0008754
Fieldwork ID:	MON-0043716

About the designated centre

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

North County Cork 6 is made up mainly of a detached bungalow located in a rural area but within a short driving distance to a nearby village. It provides a full-time residential service for up to three female residents, over the age of 18 years with intellectual disabilities and/or autism. Each resident in the centre has their own bedroom and other rooms provided include a living room, a sun room, a dining-kitchen area and bathrooms. A separate building that includes a multipurpose room located on the same grounds of the bungalow is also part of the centre. The current staff team is comprised of a person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 8 January 2026	08:55hrs to 17:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

All three residents living in this centre were met by the inspector. One of these residents indicated that they were happy. However, owing to the circumstances of the inspection, the inspector's time with residents and opportunities to observe practices in the centre were limited.

This centre was made up of a bungalow and a multipurpose room located in a separate building on the same enclosed grounds. When the inspector arrived to commence the inspection, a resident waved at him from inside the bungalow as he was approaching. The inspector was then welcomed into the bungalow by staff and briefly saw the same resident. This resident was helping with their laundry and did not interact further with the inspector at the time. Two staff members were present when the inspector arrived so the inspector had a discussion with one of them during this time about the supports for residents in the centre.

During this discussion, the person in charge contacted the centre by phone and requested the inspector to leave the centre until one resident had departed to attend their day services. It was indicated to the inspector that this was to support the needs of the resident who did not like strangers in their home. The inspector followed this request and left the centre shortly after. As he was leaving, the resident he had seen earlier said goodbye to the inspector after encouragement from staff. The same resident was also heard to alert staff when the electric gate on the grounds of the centre had not opened so the inspector could depart.

After an hour, the inspector returned to the centre having been informed by the person in charge that the relevant resident had left for day services with the other staff member on duty. The person in charge went on to advise the inspector that on account of the resident's needs, it would also be best if the inspector was not present in the bungalow when they returned from day services in the afternoon. The person in charge said that the inspector could go elsewhere then to review documentation related to the centre. The person in charge suggested another designated centre for this which the inspector agreed to.

While the inspector was present in North County Cork 6, he did get to meet the other two residents who lived in the centre. The first of these residents did not communicate verbally but seemed content in their environment. This resident was initially met as they were being supported with their breakfast by a staff member. After the resident had finished their breakfast, they brought the inspector and the person in charge to show them their bedroom. The resident, by their actions, then requested support with some personal care which the person in charge went onto to provide after the inspector left their bedroom.

The person in charge also introduced the inspector to the remaining resident. The resident was in their bedroom at the time with the person in charge knocking on the

door to ask if they wanted to meet the inspector. The resident then came out and greeted the inspector with a handshake. The resident went on to show the inspector their bedroom in the presence of the person in charge and appeared to indicate multiple times that they and another resident were happy. When the inspector asked the resident what they were doing later in the day the resident responded by saying "yeah" while getting very excited as they said this.

As the morning of the inspection progressed the staff member, who the inspector had earlier spoken with, was heard to engage with residents in a warm manner and supported residents to get ready to leave the centre to go for a drive. The inspector was informed that the centre had access to two vehicles having gotten a second vehicle following a recent admission to the centre. The two residents present seemed comfortable with this staff member. For example, as residents were preparing to leave the centre, one of them hid behind the door to the living room to attempt to surprise the staff member. Soon after this was observed, the two residents left the centre with the staff member.

As a result, aside from the inspector and the person in charge, the centre was then unoccupied. During this time the inspector focused on aspects of the premises provided. The bungalow where the residents lived was seen to be presented in a homely manner overall but it was observed that the presence of temporary wire fencing near the front of the property detracted from the homely feel. The inspector was informed that this fencing was in place in response to the needs of one resident and that it was to be replaced although it was unknown when this would happen. The multipurpose room for the centre was also not in use at the time of this inspection following past flooding. This will be returned to later in this report.

Other than assessing aspects of the premises, the inspector reviewed some documentation while in the centre. This included some fire safety checks where some gaps were noted which will be discussed further later in this report. While the inspector was reviewing such documentation during the early afternoon, the two residents who had left the centre earlier returned. Very shortly after, the inspector was then informed that the resident who had previously left for day services was on their way back to the centre so the inspector was requested to leave. The inspector following this request and then proceeded to go with management of North County Cork 6 to another centre to review further documentation to end the inspection.

In summary, the bungalow where residents lived was homely although a multipurpose room was not in use while temporary wire fencing detracted from the homely feel. The inspector's time with residents in the centre was limited. One resident indicated that they were happy and a staff on duty interacted warmly with residents.

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

Some regulatory actions were identified on this inspection such as one relating to the staffing skill mix. Overall though, a good level of compliance was found during this inspection which was similar to the previous inspection of this centre.

This centre was registered by the Chief Inspector of Social Services in May 2024 and received its first inspection in January 2025. That inspection found an overall good level of regulatory compliance although some regulatory actions were identified that did not pose a high risk to residents. The current inspection was conducted with the intention of reviewing progress with these actions and to assess some regulations that were not reviewed during the January 2025 inspection. Overall, the current inspection found a good level of compliance with evidence that key regulatory requirements were being met, such as completing unannounced visits to the centre every six months. Some regulatory actions though were identified including the identified skill mix for the centre not being in place at the time of this inspection. Based on the evidence gathered during this inspection, none of the regulatory actions identified posed a high risk to residents.

Regulation 14: Persons in charge

Taking into account documentation that had been previously submitted from the provider to the Chief Inspector, the person in charge appointed for this centre had the necessary qualifications and experience required by this regulation to fulfil the role. For example, this regulation requires that the person in charge have a minimum of 3 years' experience in a management or supervisory role in the area of health or social care and the person in charge for North County Cork 6 possessed such experience. The same individual also held the person in charge role for another designated centre operated by the same provider in the same locality while being indicated as working full-time.

During the current inspection the person in charge demonstrated a good knowledge of the needs of residents and the workings of North County Cork 6. The person in charge provided all information and documents requested during the inspection process while a staff member spoken with was also aware of who the person in charge was. Given the overall findings of this inspection, no evidence was gathered which indicated that the current remit of the person in charge was negatively impacting the running of North County Cork 6. However, as referenced under Regulation 15 Staffing, a social care worker had been identified as being needed for this centre which was partly intended to provide additional support to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Under this regulation, the provider is required to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents and the centre's statement of purpose. When this centre was first registered, it was done so against a statement of purpose which indicated that front-line staff support was to be provided by care assistants and that the minimum staffing levels by day and night was two staff. At the time of the January 2025 inspection, two residents were living in this centre but a third resident had since moved into the centre in September 2025. The statement of purpose provided during this inspection, which had been reviewed during November 2025, outlining the same staffing arrangements for the centre as with the previous statement of purpose to inform the registration of the centre.

Discussions with a staff member and the person in charge indicated that two staff were on duty in the centre day and night. It was indicated that these levels dropped to one staff member when one resident went to stay with their family at weekends. This was also reflected in planned and actual staff rotas reviewed from 3 November 2025 on. The maintenance of these rotas in a planned and actual format was in keeping with the requirements of this regulation. These rotas, along with discussions during this inspection, also indicated there was a good continuity of staff working in the centre which is important in ensuring consistent care and professional relationships.

At the time of this inspection, the staff providing front-line support in this centre continued to be care assistants. It was highlighted though, from risk assessments reviewed and discussions with management of the centre, that there was a social care worker vacancy associated with the centre. While an individual had been previously identified to fulfil this role, this had changed owing to a recent change in circumstances. As a result, this vacancy remained in place and it was not known at the time of this inspection when this vacancy would be filled. As a result, the skill mix identified by the provider as being required for the centre was not yet in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training matrix provided during the current inspection indicated that there was some training gaps. However, as this training matrix had not been updated since October 2025, the inspector afforded the person in charge an opportunity to submit an updated training matrix the day following the inspection. The updated training matrix provided listed 12 staff and indicated that the majority of these staff had

completed in-date training in various areas such as fire safety and safeguarding. It was noted though that one staff had not completed training in infection prevention and control.

Judgment: Substantially compliant

Regulation 23: Governance and management

An overall good level of compliance was found during this inspection with specific requirements under this regulations also being met. For example:

- The centre's statement of purpose outlined the organisational structure that was in place for the centre. This structure provided for lines of accountability and reporting with a staff member spoken with aware of the identities of the centre's management as per this structure. Information around how to contact centre management was also seen to be on display in the centre.
- An annual review for the centre, a key regulatory requirement, had been completed for the centre. This annual review was reflected in a written report and covered the period September 2024 to July 2025. From reading the report of this annual review, it was noted that it assessed the centre against relevant national standards.
- Since the January 2025 inspection of the centre, a representative of the provider had conducted two unannounced visits to the centre. Such visits are required under this regulation to be conducted every six months. Based on the reports of these visits, they had been completed in May 2025 and November 2025 respectively. When reading these reports, it was noted that they assessed matters relevant to the quality and safety of care and support provided to residents, such as safeguarding and healthcare, while also including actions plans for addressing any areas for improvement identified.

Aside from specific regulatory requirements, based on documentation provided, there were audits being conducted in various areas such as personal plans, complaints and cleaning. This provided assurances that there was systematic monitoring of the services being provided in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for this centre for this centre that had been last updated in November 2025. This was reviewed by the inspector and it was noted

that it contained key information such as the information in the centre's registration certificate and the details of the services to be provided in the centre.

Judgment: Compliant

Quality and safety

Residents were supported to achieve goals but progress with these was not always recorded. Fire safety systems were provided for but a multipurpose room which was part of the centre was not available to residents.

The residents living in this centre had personal plans provided which contained guidance on supporting their needs in areas such as their health. Support was given to one resident in attending healthcare appointments while residents were also facilitated to achieve goals such as overnight stays away and going on a spa day. Such goals were identified through a process of person-centre planning although for one resident it was noted that progress with goals was not always recorded. Some internal staff checks on the fire safety systems for the centre were not consistently recorded also although the centre was provided with fire safety systems such as a fire alarm. In addition, to the fire safety systems, a multipurpose room formed part of the centre but this had not been available to residents since February 2025 owing to flooding. The inspector was informed that additional works were needed for this room before it could be used by residents again.

Regulation 11: Visits

Based on the observed layout of the bungalow which formed the part of the centre, space was available for residents to receive visitors. A staff member informed the inspector that two residents had received visits from their relatives recently.

Judgment: Compliant

Regulation 17: Premises

The bungalow which formed part of the designated centre was, overall, seen to be presented in a clean, homely and well-maintained manner on the day of the inspection. Within this bungalow, each resident had their own individual bedrooms with two of these having en-suite bathrooms. The inspector viewed one of these en-suite bathrooms and a main bathroom for the centre which were noted to be of a

good standard. Communal space was available within this bungalow via a living room, dining-kitchen area and a sun room although it was observed that the sun room was doubling as a staff office.

In addition to the bungalow, a multipurpose room which was located in a separate building to the side of the bungalow was also registered as forming part of this centre. This room had not been available to residents since February 2025 due to flooding. While it was indicated that works had since been completed to prevent flooding from re-occurring, the room was not in use at the time of this inspection. The inspector was informed that further work was required for this multipurpose room before it could be used again. The inspector viewed this room during the inspection and observed that the flooring in this room was discoloured and some skirting board was missing. Such observations indicated that further maintenance work was required for this room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Taking into account observations in the in the dining-kitchen area of the centre, the centre was provided with suitable facilities for food to be store hygienically in. These facilities included a fridge-freezer and various presses. Within these facilities it was seen that varied types of food were present on the day of inspection. This included fruit, vegetables, rice, pasta and cereals. In addition, when reviewing one resident's personal plan, it was noted that information on the resident's assessed nutritional needs was present which had been reviewed in September 2025. This included guidance on a specific modified consistency diet that the resident required.

Judgment: Compliant

Regulation 28: Fire precautions

A training matrix provided the day following this inspection indicated that the 12 staff working in this centre had completed fire safety training. In addition, the bungalow of this centre was seen to have appropriate fire safety systems in place. These systems included fire doors, a fire alarm, fire extinguishers, a fire blanket and emergency lighting. Records were seen which indicated that such systems were receiving maintenance checks by external contractors to ensure that they were in proper working order. Some of these checks had taken place recently such as an annual check on the fire extinguishers and the fire blanket that had occurred in December 2025 based on a maintenance certificate provided.

Further documentation reviewed indicated that the fire alarm had last received a maintenance check in September 2025. However, it was indicated to the inspector that such checks on the fire alarm were to be done quarterly but based on documentation reviewed and discussions with the person in charge, only two of these checks had been completed since December 2024. In addition, to the maintenance checks by external contractors, some internal staff checks on the fire safety systems were also being conducted. Based on entries in the centre's fire safety registers, such internal checks were generally being conducted but some gaps were noted. For example, weekly checks of fire doors were not being consistently recorded based on records review since August 2025. A similar finding in this regard had also been made during the January 2025 inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

This regulation requires that all residents living in a designated centre must have personal plans with such plans intended to set out the health, personal and social needs of the residents and provide guidance for staff in how to meet these needs. During the course of this inspection, the inspector reviewed the personal plans of two residents and noted that these personal plans had been reviewed in recent months and contained guidance on supporting residents' needs in areas such as their health, communication and intimate personal care. It was noted though that neither personal plan was available to the residents in an accessible format as is required under this regulation.

When reviewing one resident's personal plan, it was noted that a process of person-centre planning had been used to identify goals for the resident. Such goals included things liked having a spa day and going to a wildlife park. Records reviewed within the resident's personal plan indicted that such goals had been achieved. However, for some other goals it was not documented how or if they had progressed. This included a goal to go horse riding weekly. Given that the tracking of goals had been identified as an area for improvement during the January 2025 inspection, these were queried with the person in charge. In response it was indicated that the resident had stopped horse riding by choice and that some goals had not progressed given the resident's needs.

For the second resident, who was the most recent admission into the centre, when reviewing the resident's personal plan, there was no records of the resident having completed any person-centred planning process. Again this was queried with the person in charge who indicated that the resident had completed such a process since moving into the centre. The day following the inspection, it was indicated that the resident had a person-centred planning meeting completed in November 2025 which involved the resident and their family. Goals identified for the resident during this meeting had included an overnight trip for Christmas and overnight stay at home with their family. On the day of the inspection, a staff member on duty had

informed the inspector that the resident had gone on an overnight stay away to Clonmel and had stayed overnight with their family recently.

Judgment: Substantially compliant

Regulation 6: Health care

Based on documentation reviewed within one resident's personal plan, the resident's health needs had been assessed in the months leading up this inspection while guidance on supporting the resident with their assessed health needs was also present. For example, the resident had specific health action plans on supporting individual assessed health needs, including skin integrity and oral care, with these plans outlining a management plan for each health need. The resident's personal plan also included a hospital passport which contained key information related to the resident in the event that they required to go to hospital. Further records reviewed during this inspection confirmed that the resident was supported to attend or avail of appointments or reviews with health and social care professionals. These included a dentist, an optician and a psychiatrist.

Judgment: Compliant

Regulation 7: Positive behavioural support

During the previous inspection of the centre it was found that one resident's positive behaviour support plan required review and updating to reflect changes in circumstances for the resident. On the current inspection, based on documentation reviewed, it was found that the resident's positive behaviour support plan had been updated in August 2025. Upon reviewing this, it was found that this resident's current positive behaviour support plan contained relevant information and guidance for staff on encouraging the resident to engage in positive behaviour. A staff member spoken with also demonstrated a good awareness of the contents of this positive behaviour support plan. All staff had also completed relevant training in this area based on a training matrix provided the day following this inspection.

Judgment: Compliant

Regulation 8: Protection

Since the January 2025 inspection, there been eight notified safeguarding matters submitted from this centre to the Chief Inspector. During the current inspection, the

inspector reviewed documentation relating to the five most recent of these notifications. Such documentation confirmed that these safeguarding matters had been processed through safeguarding processes with safeguarding plans also developed in response. A staff member spoken with was also aware of such safeguarding matters with a training matrix provided following the inspection confirming that all 12 staff working in the centre had completed safeguarding training.

From the documentation reviewed during the inspection and discussions with the staff member and the person in charge, it was noted that a contributory factor to the eight safeguarding matters were circumstances related to one resident. The person in charge outlined measures in response to these circumstances to prevent safeguarding matters from reoccurring. When reviewing one safeguarding plan related to such circumstances, the inspector noted that reference was made to another resident going on holiday in response to these circumstances as a safeguarding measure. When queried, the person in charge advised the inspector that this resident would not have to go on holiday if they did not wish to do so.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for North County Cork 6 OSV-0008754

Inspection ID: MON-0043716

Date of inspection: 08/01/2026

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: <ul style="list-style-type: none"> The registered provider is reviewing the required skill mix for the centre. The skill mix and any related documentation, including the centre's Statement of Purpose, will be updated 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> The one staff member who required IPC training has been scheduled to attend same. The training matrix will be reviewed monthly to ensure that all mandatory training is scheduled prior to expiration dates 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> Facilities have assigned a contractor to assess works to be completed in the multi-purpose room. 	

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Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The PIC has put in place a system to ensure weekly fire door checks are carried out on a consistent basis. • The provider has addressed the issue relating to the external company not carrying out quarterly fire checks as required and internal monitoring systems have been put in place. <p>]</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The Person in Charge will ensure that residents personal plans are developed in an accessible, easy read format appropriate to each resident's needs. To be completed by 31.03.2026 • To ensure consistency in documentation and tracking of personal goals the Person in Charge has completed an audit and is supporting keyworkers to ensure: Each goal has clear documentation of progress, completion or rationale for discontinuation with documented evidence of input from the resident if the choice is to not proceed with a goal. <p>]</p>	

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	30/04/2026
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	28/02/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/07/2026

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	28/02/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/02/2026
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/04/2026
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	31/03/2026