



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 3
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0003287
Fieldwork ID:	MON-0045137

About the designated centre

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

West County Cork 3 is located on the outskirts of a town and consists of two houses connected by a shared entrance (only the ground floor of these houses is registered as part of the centre). Each house is comprised of resident bedrooms (five in one house and four in the other), bathroom facilities, a kitchen-dining area leading to a living area and a separate smaller living room. One of the houses is open Monday to Friday each week while the other house is open seven days a week. Combined both houses provide residential support for supports for up to nine residents over the age of 18, both male and female with intellectual disabilities. Residents attend a day service away from this centre, Monday to Friday, but some residents have a semi-retirement activation plan in place and do not go to day services everyday. Residents are supported by the person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 5 November 2025	11:00hrs to 19:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Six residents were met during this inspection. Some of these residents interacted verbally with the inspector but others did not. The inspector did have some difficulty in understanding what some residents said to him but the person in charge and staff present had no such difficulties. All residents were away from the centre for part of the inspection day.

While this designated centre had a capacity for nine residents, seven residents were present on the day of inspection. An eighth resident who also availed at the centre was staying with their family at the time of the inspection and so was not present with there being one vacancy in the centre overall. Of the seven residents that were present, all of these spent some time away from the centre on the day, either attending a day services or going on an outing. In total six of these seven residents were met on the day of inspection with the inspector also having an opportunity to speak with two members of staff along with centre management.

Upon arrival to the centre, the inspector was let into the centre by a staff member. The inspector was quickly greeted by one of two residents that was present at this time. When the inspector asked what the resident was doing for the day, the resident made a gesture with their hands which the inspector took to stand for knitting. It was indicated to the inspector that the two residents initially present ordinarily attended day services but were present in the centre on the day of inspection as part of a semi-retirement initiative. Five other residents were attending day services at the time, which was operated by the same provider in another town.

After conducting a premises walk-around, the inspector met both of the two residents initially present in one of the centre's living areas. One of these residents told the inspector that they were knitting a scarf and would be going out later. This resident then named the other residents that they lived with. When inspector asked the resident if they got on with these other residents, the resident indicated that they did and specifically named one of these other residents in doing so. The resident then mentioned that they were staying in the centre for the upcoming weekend where they would go for drives and to visit a beach. It was further mentioned by this resident that they liked living in this centre.

The other resident that was present informed the inspector that they would be going home to stay with their family for the upcoming weekend but would be staying in the centre on the following weekend. While this resident and the other resident initially present did communicate verbally, the inspector did have some difficulty in clearly making out what these residents were saying at times. The staff member present had no such difficulty which assisted the inspector. The centre's person in charge then arrived and after holding an introduction meeting with them, both of these residents had left the centre with the staff member to go to a nearby town for an outing.

As a result, no residents were present in the centre for a period with the inspector using this time to review some documentation and speak with management of the centre. Residents returned to the centre in the final hours of the inspectors. One of these residents was met in the office where the inspector was reviewing documentation with the resident appearing to indicate that there was a lot of documentation present in that office at the time. This resident along with two others were later met in another of the centre's living areas with the person in charge introducing the inspector to these two residents.

One of these residents did not communicate verbally with the inspector but smiled when introduced by the person in charge. Another resident did not interact with the inspector at this time. One of the three residents present in the living area at this time appeared to be making a sandwich with the person in charge informing the inspector that this resident worked in the canteen in their day services. The resident responded to this information by indicating that they had been baking all day but did so in a good natured manner. Another resident then entered the living area and started speaking with the inspector.

The inspector had some difficulty in clearly understanding what the resident was saying but based on the person in charge's responses, this resident was asking about staying in the centre at weekends. The person in charge told the resident that they could stay in the centre all the time and reassured the resident generally. A similar interaction between this resident and the person in charge was also observed later in the inspection. In previous inspections of the centre, it was highlighted how this resident had been unable to stay in this centre at weekends. However, as discussed later in this report, following a change in circumstances, this was no longer the case.

Later on in the inspection, the inspector came to a staff office to speak with the person in charge. At the same time, one resident was already present in the staff office looking at their personal plan so the inspector asked the resident if they could show it to the inspector. The resident agreed to this and then flicked through the folder which contained their personal plan and pointed out certain contents in this. Such contents included a photograph of the resident with Daniel O'Donnell. The resident was seen to be at ease in the presence of the person in charge with the resident observed to smile when the person in charge spoke to them.

As this resident finished showing the inspector their personal plan they left the staff office but a second resident entered the office, having just returned from a short outing to get tea in the town where the centre was located. This resident also started to look at their personal plan with the person in charge informing the inspector that residents often came into this office to review such plans. As with the first resident, the second resident showed the inspector their personal plan after he asked the resident about this. This resident also pointed out some of the contents of their plan. While this second resident was showing the inspector their personal plan, another resident briefly entered this office to speak with the person in charge who indicated that the resident would be going to a nearby shop.

By the time the inspector was leaving this office, a further resident had entered and

asked to see their personal plan which the person in charge providing them with this. At this point in the inspection, the inspector had met six residents. As it was indicated that the seventh resident was back in the centre, the inspector went to meet this just prior to a feedback meeting for the inspection. This resident was not available to speak with the inspector at the time. Following the conclusion of the feedback meeting, the inspector went with the person in charge to meet this resident but again they were not available to speak. During the feedback meeting, the inspector was offered the opportunity to engage with this resident following the inspection. The inspector advised that that he would be willing to engage with the resident in this way if it was something that the resident wanted.

In summary, seven residents were present in the centre on the day of inspection. Some of these residents were availing of a semi-retirement initiative and/or availing of the centre at weekends. Three residents spoke about staying in the centre at weekends with one of these indicating that they liked living in this centre. Most residents attended their day services on the day of inspection.

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

Good compliance was found during inspection which included evidence of the monitoring of the services provided in the centre. Since the previous inspection of the centre, the capacity of the centre had reduced while part of the centre was now open on a full-time basis.

This centre was registered until October 2027 and had been last inspected on behalf of the Chief Inspector of Social Services in May 2024. At the time, the centre was registered as a building with two houses over two floors, was operating on a Monday-to-Friday basis and was registered for a maximum of 14 residents. Given the Monday-to-Friday operations of the centre, four residents of this centre went to other designated centres operated by the provider for weekend respite. This had been identified as a rights issue for West County Cork 3 previously including at the May 2024 inspection. Since that inspection, in July 2025 the provider applied to vary the centre's conditions of registration. These variations were granted and resulted in the capacity of the centre being reduced to nine and the first floor of the building being removed from the footprint of the centre.

The registration variations proposed and granted also reflected that the centre would commence operating on a seven day basis from August 2025 for one house of the centre. This took effect and meant that two residents no longer had to avail of respite in another centre at weekends. A third resident who had previously availed of weekend respite had also since moved to another centre where they living

on a full-time basis at the time of this inspection. This was a positive development. The fourth resident who was availing of weekend respite was continuing to attend another centre for such respite. The provider had previously communicated to the Chief Inspector that they planned to open West County Cork 3 on a complete full-time basis by January 2026. During this inspection, the inspector was informed that this remained the target with recruitment ongoing for this.

Aside from this matter, the current inspection found an overall good level of compliance with the regulations. This indicated that the centre was being appropriately governed and managed which was contributed to by the person in charge in place for the centre. While the person in charge was responsible for two other designated centres, they were a regular presence in the centre and was involved in staff team meetings and staff performance reviews amongst other areas. Monitoring of the services provided in the centre was also being carried out through scheduled audits and regulatory requirements such as provider unannounced visits to the centre.

Regulation 14: Persons in charge

In keeping with the requirements of this regulation, a person in charge had been appointed to oversee this designated centre. Based on previous documentation submitted from the provider to the Chief Inspector, the person in charge had the necessary qualifications and required experience by this regulation to fulfil the role. The same individual held the person in charge role for two other designated centres operated by the same provider although no residents were living in one of these centres at the time of this inspection. During this inspection the person in charge demonstrated a good knowledge of the operations of West County Cork 3 and the needs of residents which contributed to the overall good level of compliance found during this inspection. As such, there was no evidence found during the current inspection that the person in charge's current remit was negatively impacting the administration, effective governance and operational management of West County Cork 3. It was suggested to the inspector though that there could be changes to the remit of the person in charge pending ongoing recruitment related to the full opening of the centre on a seven day basis.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in a centre must be in keeping with the needs of residents and the centre's statement of purpose. Some staff vacancies were present in the centre at the time of this inspection which were being filled with agency staff (staff sourced from an external agency). However, with recruitment efforts ongoing, such

agency staff were being used to facilitate the initial partial seven day opening of the centre. As a result, this ensured that the staffing arrangements in place at the time of this inspection were in line with the statement of purpose for the centre and reflected the centre's current operations.

This was also evidenced in staff rotas which were reviewed from the start of September 2025 on with such rotas maintained in planned and actual formats. These rotas and discussions with the person in charge indicated that there was a good consistency of staff working in the centre which included the agency staff who worked in the centre. Records provided during this inspection and communication received following the inspection indicated that required documentation for such agency staff, such as written references and evidence of Garda Síochána (police) vetting was being maintained for these agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were provided during this inspection for five staff members who were employed directly by the provider. These records indicated that such staff had completed in-date training in key areas such as fire safety and safeguarding. Four of these staff had completed training in de-escalation and intervention with the fifth staff due to complete this training the day following this inspection. Aside from these staff, correspondence provided indicated that three agency staff who worked regularly in the centre had completed training in key areas. The correspondence provided on the day of inspection indicated that one staff member was overdue refresher training in de-escalation and intervention. However, further communication received following the inspection, confirmed that this agency staff member had completed refresher training in this area during July 2025.

Aside from staff training, records provided during this inspection confirmed that staff were in receipt of annual performance reviews or staff inductions (if they had commenced working recently in the centre) from the person in charge. Staff team meeting records were also provided, which were attended by the person in charge, while a visitors log reviewed for the centre for the month leading up to this inspection indicated that the person in charge was a regular presence in the centre. This provided assurances that the person in charge was present in the centre to supervise staff. Staff also had access to copies of relevant standards and guidance issued by statutory bodies based on documents seen during this inspection.

Judgment: Compliant

Regulation 23: Governance and management

Based on documentation provided during this inspection, key regulatory requirements under this regulation were being met since the previous inspection of this centre in May 2024. These included:

- Three unannounced visits to this centre had been conducted by representatives of the provider since the May 2024 inspection. These had taken place at least once every six months and had occurred in July 2025, February 2025 and August 2024. From reading the reports of these unannounced visits, it was noted that they assessed the quality and safety of care and support provided in the centre. The report of the July 2025 unannounced visit was seen to include a plan to address any concerns identified.
- Two annual reviews for the centre had been completed covering the period September 2023 to August 2024 and September 2024 to August 2025. Both annual reviews were reflected in written reports and were seen to assess the centre against relevant national standards while also providing for consultation with residents and their representatives. Such findings were in keeping with the requirements of this regulation although it was noted that some of the narrative details in the annual reviews, including some feedback, was the same in both annual review reports.

Aside from these regulatory requirements, there was also evidence of systematic monitoring of the services provided in the centre. Such monitoring was evidenced by an audit schedule being in place setting out specific audits that were to be done at certain months. Copies of audits that had been completed in the centre during August, September and October 2025 were reviewed during the inspection. These audits covered areas such as incidents, finances, cleaning and personal plans, and had been completed as per the audit schedule with good compliance indicated. Similar compliance levels were also indicated in the provider unannounced visits and annual review conducted. This was consistent with the findings of this inspection which indicated that residents were in receipt of a safe and quality service overall.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is required to be in place for a centre with such a document being important to describe the services and supports to be provided to residents. During this inspection, it was seen that a copy of the statement of purpose was present in the centre's entrance lobby. This statement of purpose was indicated as being reviewed in October 2025 and was found to contain all of the information specifically required under this regulation. For example, the statement of purpose contained a copy of the centre's most recent certificate of registration and reflected the partial seven opening of the centre which was in place at the time of this

inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

During this inspection, the inspector reviewed complaints records provided which indicated that two complaints had been made related to the centre since the previous inspection of the centre in May 2024. These complaints records included details of the complaints made, actions taken in response, the outcome of the complaints and whether or not complainants were satisfied with the outcome. Both complaints were recorded as being resolved to the satisfaction of the complainants. Information about how to raise complaints was observed to be on display in the centre. The display of such information about the centre's complaints processes and the complaints records provided were consistent with the requirements of this regulation.

Judgment: Compliant

Quality and safety

Matters relating to the operations of the centre were discussed with residents at residents' forums that were happening in the centre. Personal plans were also provided for residents with safeguarding plans put in place where necessary.

Residents had personal plans provided which contained guidance on how to support their needs. When reviewing two residents' personal plans, it was noted that goals had been identified for residents (such as going on holiday) which residents had been supported to achieve. Other documentation reviewed during this inspection covered areas such as restrictive practices and safeguarding. Where necessary, in response to certain incidents that had occurred, safeguarding plans had been put in place. Safeguarding was a topic that was recorded as being discussed with residents at some resident forums. The opening of the centre on a seven days basis was discussed with residents at one such forum. This gave assurance that residents were being given information about the operations of the centre.

Regulation 17: Premises

The premises provided for residents was observed to be clean and homelike overall. Communal rooms were available in the centre including multiple living rooms.

Bathrooms facilities were also provided and it was highlighted that works had recently been completed for one of these bathrooms. This was something that was highlighted as being required by the May 2024 inspection. Nine individual bedrooms for residents were available in the centre. Those that were in use were seen to be appropriately furnished and decorated while storage facilities, such as wardrobes, were present. Such bedrooms were noted to be brightly decorated and personalised. For example, some residents' bedrooms were seen to have colourful throws or bedspreads present with a one resident having a Mrs Brown's Boys duvet cover for their bed.

It was observed that the centre was generally well-maintained but it was seen that the flooring in both houses of the centre was older in style and appearance. In one of these houses, it was also observed that the flooring in the living and dining area of one house was visibly marked. While this matter did not pose a high risk to residents, an action relating to replacing the flooring in the centre had been identified in both the two previous annual reviews completed for the centre. While the inspector was informed that the flooring was to be replaced, it was unknown at the time of inspection, when this would occur.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A process was in operation for any incidents occurring in the centre to be recorded and reviewed. Such a process forms a key role in identifying any trends or new risks while also assessing if control measures in place are effective. As part of the risk management processes for this centre, a site specific hazard identification/risk assessment document was in place for the centre. This had been reviewed in August 2025 and contained risk assessments relating to identified risks for the centre. Each assessment outlined existing controls in place to mitigate the risk and any additional controls that were required. When reviewing this it was noted that outlined risks included areas such as adverse weather, fire, medicines, and infection prevention and control amongst others. When reviewing some of the risk assessments, it was noted that they highlighted the opening of the centre on a seven day basis as an additional control required. One risk assessment also referenced an application or a new transport being submitted as an additional control required. When queried on the current inspection, the inspector was informed that a new vehicle for the centre was expected but that the centres' current vehicle remained suitable for residents' use.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Under this regulation, each resident should have an individualised personal plan in place to set out their health, personal and social needs with such plans intended to provide guidance on how to meet these needs. Based on the two residents' personal plans (which were shown to the inspector by the residents themselves), the following was noted:

- The contents of both residents' personal plans had been reviewed during 2025.
- The two personal plans reviewed contained guidance on how to support residents in areas such as their health needs and intimate personal care.
- Residents were subject to multidisciplinary reviews which had taken place for both residents in June 2025.
- A process of person-centred planning had been used to identify goals for residents to achieve. Such goals included going on holiday, going to concerts and buying certain items. The contents of the personal plans reviewed indicated that such goals were progressed and completed.

Such findings were consistent with the requirements of this regulation. This regulation also requires that suitable arrangements are in place to meet the assessed needs of residents. While the overall findings of this inspection did not raise any issue relating to this requirement at the time of this inspection, it was highlighted to the inspector that the needs of one resident were increasing, particularly related to the health needs. Accordingly, it was also highlighted how the ongoing recruitment efforts for the centre to open on a full seven day basis, included efforts to recruit a nurse for the front-line staff of the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Based on documentation read during this inspection, systems were in operation for the review of restrictive practices in the centre. As part of this system, an overall rights restrictions log was maintained for the centre which listed all restrictive practices in the centre and the residents they impacted. This log listed restrictions such as locked presses and a resident using a lap strap when in a wheelchair. Each restriction then had an individual rights restriction checklist that gave further details on the use of the restrictive practices in question.

The rights restrictions log and rights restriction checklists seen were both marked as being reviewed during 2025 and it was noted that some restrictions had been discontinued with one resident having transitioned elsewhere in the months leading up to this inspection. The restrictions listed in these documents corresponded with what was observed during this inspection. However, at one point the inspector did observe that one resident's wardrobe was locked which was not listed on the rights restrictions log. The inspector was subsequently informed by the person in charge

that this wardrobe was locked by the resident themselves and that the resident had a key for this.

Judgment: Compliant

Regulation 8: Protection

As required by this regulation, all residents must be protected from all forms of abuse. In the three months leading up to this inspection, the Chief Inspector had received five notifications of a safeguarding nature relating to this centre involving different residents. Documentation provided during this inspection indicated that such matters had each been subject to a preliminary screening with a safeguarding plan put in place where required. Such measures were in line with national safeguarding policy. The safeguarding plans seen outlined measures intended to prevent reoccurrence of particular interactions between residents. Discussions with the person in charge indicated that these measures had been implemented to prevent reoccurrence which was also reflected in incident records reviewed. This provided assurances that appropriate safeguarding measures were being taken in this centre to protect residents from potential abuse. Two staff members spoken with during inspection also demonstrated a reasonable knowledge of how to report any safeguarding concerns if they arose.

Judgment: Compliant

Regulation 9: Residents' rights

Information about residents' rights was seen to be on display in the centre with this regulation requiring that residents be consulted and participate in the organisation of the designated centre. The person in charge outlined how they used resident forums to help in this area. Notes of seven such forums since April 2025 were reviewed by the inspector. These forums were indicated as being chaired by the person in charge with the notes indicating that various different topics were discussed with residents. These included finances, staying safe in the sun, respecting people's space and safeguarding. As mentioned earlier in this report, works on one bathroom had been recently completed. While these works were ongoing, this bathroom could not be used by some residents but notes of a resident forum from September 2025 indicated that residents had been informed about this with a temporary arrangement put in place.

A resident forum from July 2025 had also been used to inform residents that the centre would be opening on a seven basis, starting with one house that made up the centre. As mentioned earlier in this report, this was a positive development and had resulted in less residents having to use another designated centre for weekend

respite. This included one resident who had expressed on a number of previous inspections going back to 2018 that they wanted to stay in West County Cork 3 on a full-time basis. However, at the time of the current inspection, another resident was continuing to go to another centre for weekend respite. While the resident was indicated as being happy going to this other designated centre, it had been highlighted during the May 2024 inspection that this resident's will and preference was to remain in West County Cork 3 at weekends. This contributed to an action under this regulation for the May 2024 inspection. During the current inspection, the inspector was informed that resident's will and preference remained unchanged. It was also indicated that were West County Cork 3 to open fully on a seven day basis by January 2026, as previously communicated by the provider, then the resident would be able to remain in the centre at weekends.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for West County Cork 3 OSV-0003287

Inspection ID: MON-0045137

Date of inspection: 05/11/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
The marks on the flooring are from wear and tear and does not have an adverse impact on the service nor is there any risk to residents. The registered provider has scheduled the replacement of the flooring.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	
As noted by the inspector the registered provider has made progress in respect of the opening of the service on a 7-day basis. The recruitment of staff, to ensure the safe opening of the service on a 7-day basis, is underway and the registered provider is endeavouring to meet the agreed timeframe notwithstanding the national recruitment challenges which is a sector wide issue. In the interim, appropriate person-centred arrangements have been put in place for those impacted.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2026
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	31/01/2026