

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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 1
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	11 September 2025
Centre ID:	OSV-0003289
Fieldwork ID:	MON-0048160

About the designated centre

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

West County Cork 1, is located in a town and consists of two adjoining 2-storey houses which is registered for a maximum capacity of 13 residents (at the time of this inspection, the provider has applied to reduce the capacity to 11 residents). The centre is comprised of eleven single bedrooms, two living rooms, two kitchens, two conservatories and bathroom facilities. The centre can provide full-time residential accommodation although some residents do not currently avail of the centre on a full-time basis. The centre caters for residents over the age of 18, of both genders, with intellectual disabilities and/or autism who may have additional multiple and complex needs. Staff support is provided by the person in charge, care staff, nursing staff and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Thursday 11 September 2025	12:35hrs to 18:35hrs	Conor Dennehy	Lead
Thursday 11 September 2025	12:35hrs to 18:35hrs	Robert Hennessy	Support

What residents told us and what inspectors observed

Both houses of this centre were visited with 10 residents in total met. Staff members on duty interacted with and supported residents appropriately based on observations of the inspectors. Some residents were seen smiling during this inspection with feedback from residents spoken with being generally positive.

This designated centre was made up of two adjoining two-storey houses that were located on the same grounds of a day service operated by the same provider. Two inspectors conducted the current inspection with both inspectors visiting both houses. However, each house was mostly focused upon by one inspector each. Eleven residents were present during the course of the inspection, with 10 of these met by the inspectors on the inspection day. Some feedback was received from these residents although some residents did not interact with inspectors.

On arrival at the centre to commence the inspection, most of the residents were away from the houses attending the nearby day services. In one of the houses though a resident was present along with a staff member. This staff member informed an inspector that the resident had been at day services earlier in the day but had returned to their home. The inspector greeted the resident at this time who waved back at him but they did not interact significantly with the inspector. This resident mostly spent the afternoon in the house's sitting room but seemed content as they did so. Staff and management who arrived at this house as the day progressed were heard to warmly greet the resident.

As the inspection day moved into the late afternoon, other residents began to return to their homes from their day services. In one of the houses, one of these residents greeted an inspector in the kitchen-dining area and shook his hand. This resident had a football magazine with them at the time which they showed to the inspector. The resident then said "new bed" and pointed upwards. This resident had recently commenced living in the centre on a full-time basis and the inspector took this to mean that the resident was referring to their new bedroom.

When the inspector asked the resident if they liked their new bedroom, the resident indicated that they did. The resident also indicated that they had enjoyed their day. It was observed that the resident was wearing a Manchester United jersey at this time with staff present engaging jovially with the resident about supporting Liverpool. Soon after meeting this resident, three other residents returned to the same house and were warmly greeted by staff as they returned. Some of these residents greeted the inspector with one of these noted to have a certificate for completing a summer walking challenge. This resident showed this to staff who all congratulated the resident on their achievement. The resident also showed it to the inspector and was seen to smile as they did so.

Another resident approached the inspector in this house and asked how he was. The inspector responded to this with the resident then indicating that they had had a

busy day writing before informing the inspector that they had to get ready to go see a relative. A different resident was also overheard at times to comment about going to stay with some of their relatives with staff present reassuring the resident about this. Overall, the atmosphere in this house was relatively calm and quiet in the initial period after residents had returned from their day services.

However, a short time later, one of the residents came into the conservatory area where an inspector was reviewing some documentation, the resident started playing some cards and seemed content as they did so. Another resident then entered and sat on an armchair beside the first resident. The first resident said twice to the second resident that they wanted to be on their own before standing up, saying this a third time and going to their bedroom. After the first resident left, the second resident became a little teary and said that the first resident had been giving out to them with a staff member reassuring the resident. The inspector reported this observed interaction between residents to management.

After this, the same inspector spent some further time in the same house with the atmosphere again found to be calm and quiet. The resident who had gone to their bedroom was seen to return to the conservatory area to play cards. During this time, the resident with the certificate told the inspector that they would be going swimming next week before showing their certificate to another staff member. This staff member responded by giving the resident a high-five. Some residents were also seen sitting together in the house's kitchen-dining area having a meal together.

In the other house of the centre, four residents were also seen to sit together in that house's kitchen-dining area to have their tea time meal. An inspector sat with the residents for a time during which one resident spoke about their bedroom and where the inspector was from. Another resident spoke about a big local sports fixture that was taking place and the interest they had in it. A third resident spoke about how they were happy that they were going back to an event called the "club" that evening as it had not run during the summer months.

Later on the other inspector briefly visited the same house and also meet four residents as they were sat together in the house's kitchen-dining area. One of these residents greeted the inspector with a hello and hand shake while appearing happy as they did so. A second resident told the inspector that they used to live in the house next door but now lived in the other house and was happy with this. When asked by the inspector, this resident also indicated that they had a good day and was observed to be smiling during this interaction. The third resident greeted the inspector and remembered meeting him at the previous inspection of this centre in May 2025.

In doing so, the resident pointed out where both the inspector and the resident had sat in the same room when speaking during that inspection. The inspector asked this resident if they had attended a family wedding that they had mentioned during the May 2025 inspection. The resident said that they had gone to this and had enjoyed this wedding before indicating to the inspector that they were getting on well generally. The fourth resident present in the kitchen-dining area at this time also greeted the inspector before asking where they were from and about following

Kerry matches. A fifth resident was also present in the house's living room. This resident did not communicate verbally but waved at the inspector.

While inspectors were in this house, the atmosphere encountered was calm and quiet also. Staff and residents interacted with each other in a jovial, kind and respectful manner. For example, when residents were sat in the kitchen-dining room for their tea time meal, they were heard to be offered choice by staff of what they would have for this meal. When one of these residents changed their mind as to what they wanted to have for this meal, their new choice was provided by staff. It was also observed and overheard in this house that the residents appeared to be very comfortable in the company of the staff members on duty.

In summary, 10 of the 11 residents present during this inspection were met in the two houses visited. The atmosphere found in both houses visited was found to be calm and quiet overall although one interaction between two residents was reported to management by an inspector. Positive feedback was generally received from residents spoken with during the inspection. Staff members on duty interacted with residents in jovial, kind, respectful and warm manner.

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

This inspection found that the provider had implemented their stated actions in response to a notice of proposed decision (NOPD) to cancel the registration of the centre. These actions resulted in a better quality of life for residents and improved compliance across four specific regulations.

High levels of recurrent non-compliance were found across three inspections of this centre between January 2023 and July 2024. The measures taken by the provider during this time period did not bring about improved compliance levels nor did they improve the quality of service received by residents. Given such compliance history, the decision was made by the Chief Inspector of Social Services to propose the refusal of an application by the provider to renew the registration of the centre and to cancel the registration of this centre in October 2024 via NOPDs. The provider subsequently submitted a response to these proposals. Taking into account this response, the Chief Inspector made the decision to renew the registration of the centre until February 2028 but only with a restrictive condition. This restrictive conditions required the provider to comply with Regulation 8 Protection, Regulation 9 Residents' rights, Regulation 15 Staffing and Regulation 23 Governance and management by 30 April 2025.

These were considered the four regulations which had the most relevance to

residents' quality of life and supports provided. The centre was subsequently inspected in May 2025 to assess if the provider had complied with this restrictive condition and the four regulations. However, it was found that all four regulations remained non-compliant with negative impacts on residents' quality of life evident as a result. The overall findings of the May 2025 inspection did not provide assurance that the provider had taken sufficient action to improve compliance in key areas. The compliance plan response submitted by the provider also did not adequately assure the Chief Inspector that their stated actions would result in compliance. As a result the provider was issued with another NOPD to cancel the registration of this centre in June 2025 on the grounds of the provider being deemed unfit, the provider not complying with a condition of registration and not complying with the regulations.

The provider submitted a response to this NOPD in July 2025 which outlined a number of specific actions to improve compliance in this centre. A further update received from the provider in August 2025 suggested progress with such actions. Given the compliance and regulatory history of the centre, the decision was made to conduct the current inspection to assess if the provider's stated actions had been implemented. Overall, the current inspection found that the actions outlined by the provider in their July 2025 inspection had been implemented. Some of these measures had a significant impact on the operations of the centre. For example, weekend respite in the centre, which had been impacting residents' rights, had stopped. Based on the findings of the current inspection such actions noticeably improved compliance in the four regulations which formed the basis for the restrictive condition. This had positive impacts on residents' quality of life with the provider also having had applied to reduce the overall capacity of the centre from 13 to 11 related to their completed actions. This application was under consideration at the time of this inspection.

Regulation 15: Staffing

Under this regulation the provider must ensure that the number, qualifications and skill mix of staff in a centre is keeping with the assessed needs of residents in that centre and the centre's statement of purpose. The staffing arrangements for a centre are to be outlined in a statement of purpose in whole-time equivalent (WTE) figures. Issues relating to staffing had been raised in the centre going back to September 2018 and the provider had not achieved compliance in this regulation in six further inspections since then leading up to the current inspection. In addition, inspections of the centre in October 2023, July 2024 and May 2025 had all highlighted that the centre did not have sufficient staffing levels or the staffing skill mix in place to meet the assessed needs of residents. These inspections also highlighted that there was some uncertainty as what the WTE for this centre actually was with the May 2025 identifying that the staffing arrangements for the centre were impacting residents' ability to pursue certain community based activities.

Since the May 2025 inspection that there had some notable developments which impacted the provision of staffing in the centre. Some of these changes had been outlined in the July 2025 response to the NOPD to cancel registration and the subsequent August 2025 update. These changes included:

- During the May 2025 inspection it was identified that nursing staff assigned for West County Cork 1 were splitting their time between this centre and the nearby day services. On the current inspection it was indicated that nursing staff for this centre would be just supporting West County Cork 1 going forward.
- A resident who required increased staffing support and supervision compared to other residents on account of their assessed needs had moved away from the centre in the months leading up to this inspection.
- It was confirmed that a business case for additional one-to-one staff support for another resident (which had been highlighted in past inspections) had been closed as other supports for this resident were highlighted as working well.
- A staffing skill mix review had been completed for the centre in July 2025. This indicated that the centre needed a staffing skill mix of nurses, social care workers and care assistants. This staffing skill mix review indicated that funding was in place for the nurse and care assistant roles but not for the two social care workers role. A need for social care workers in this centre had been identified during the October 2023 of this centre.
- During the current inspection it was indicated that these two social care workers roles were not yet in place but that funding had been recently approved for same.

As such, the assessed staffing skill mix required to support the needs of residents for this centre was not yet in place while there also remained some uncertainty as what the WTE for the centre actually was. However, the information provided regarding the funding approval for the two social care workers was positively noted and during the inspection the centre's statement of purpose was updated to include reference to these roles. It was also highlighted though that the centre currently had one nursing vacancy while a rostered nursing shift on the day of inspection was not filled. In addition, two staff members spoken with did highlight that some challenges could be encountered in getting residents to do some activities on account of staffing. Other staff spoken with raised no similar concerns.

Judgment: Substantially compliant

Regulation 23: Governance and management

Four inspections of this centre between January 2023 and May 2025, along with the provider's failure to comply with the centre's restrictive condition, raised concerns around the management and monitoring systems in operation for this centre. The effectiveness of the provider's plans and the implementation of their actions was

also a concern given the recurrent non-compliance and negative impacts on residents' quality of life that had been evident during this time period. However, following the provider's response to the June 2025 NOPD to cancel the registration of the centre, it was found that the provider's stated actions in that response (as submitted in July 2025) had been implemented. These included:

- A provider six monthly unannounced visit and an annual review for the centre had both been completed in May 2025. In submitting the July 2025 response, the provider also committed to conducting three further provider unannounced visits in the following 12 months. No such visit had happened since July 2025 but an inspector was informed that these visits would still be taking place.
- A new person participating in management (PPIM) had been appointed for the centre who was present on the day of inspection. This person held the role of an area manager within the provider and was included with the centre's stated organisational structure as outlined in the centre's statement of purpose. There was some indications though that another area manager for the provider, who was not a current PPIM nor part of the stated organisational structure, was still involved in aspects of the centre's operations. During the inspection, it was indicated that a meeting was to take place the day after this inspection to clarify such matters.
- The current PPIM and the PIC and/or local management of the centre met regularly based on meeting notes reviewed. The PPIM also outlined how they met with a senior member of management weekly to discuss progress for the centre with tracking documents provided to record progress with identified actions.
- Residents' personal plans had been reviewed and compatibility assessments for all residents had been completed since the May 2025 inspection.
- The provision of weekend respite in the centre, a longstanding arrangement for the centre, had stopped since August 2025. In addition, one resident had moved away from the centre to address safeguarding concerns.
- A staffing skill mix review had been completed for the centre.

The impact of such completed actions is discussed in greater detail under other regulations, particularly Regulation 8 Protection and Regulation 9 Residents' rights. Overall though, it was evident that the actions completed by the provider had resulted in improved compliance and an improved quality of life for current residents. Staff members spoken with during this inspection also commented positively on the support they received from management. It was also particularly noticeable that there was a marked improvement in the clarity of communication received from management of the centre during this inspection compared to previous inspections. This provided assurances that the changes made by the provider since the May 2025 inspection had improved the management and monitoring systems for the centre. Given the compliance and regulatory history of this centre, it would be important that such systems would be kept in place going forward.

Judgment: Compliant

Regulation 31: Notification of incidents

In keeping with this regulation, the Chief Inspector must be notified within three working days of allegations or incidents of a safeguarding nature. When reviewing complaints records for the centre, an inspector identified two complaints from July 2025 whereby the presentation of one resident adversely impacted two other residents. The description of this impact was of a safeguarding nature but neither of these complaints had been notified to the Chief Inspector as safeguarding concerns when this inspection commenced. After these were queried during the inspection day with management of the centre, both of these matters were notified retrospectively before the inspection day ended. It was also acknowledged that the resident who adversely impacted their peers no longer availed of this centre. Despite this, the requirements of this regulation had not been met.

Judgment: Not compliant

Quality and safety

Improved compliance was found during this inspection relating to residents' rights and safeguarding. This improvement was directly related to a number of a significant changes that had taken place in recent months.

A number of significant changes in the operations of this centre had taken place since the May 2025 inspection. These included the stopping of weekend respite in the centre and one resident moving elsewhere. Such changes resulted in improved compliance in key areas such as residents' rights and safeguarding while also enhancing residents' quality of life. Another change that had occurred since the May 2025 inspection involved one resident moving from one house of the centre to the other house. This resident had a rollator and was at a higher risk falls. Despite the move that had taken place, the resident continued to have to use a stairs to access their bedroom on the first floor. Given their needs, this resident needed staff support in using the stairs with a doorbell installed at the top of this stairs for the resident to use to alert staff for this (a second resident also used this doorbell for similar reasons). During this inspection it was indicated that on account of their needs, the resident who used a rollator would be considered for admission to another designated centre operated by the provider. This was dependant on the services in the other designated centre increasing which the provider had indicated would happen by January 2026.

Regulation 8: Protection

Previous inspections of this centre had highlighted the negative impact that one resident was having on the peers they lived with in one of the centre's houses. This impact was reflected in a high number of safeguarding incidents involving this resident and other residents across 2024 and 2025 with such matters contributing significantly to previous judgments of non-compliance under this regulation. In line with the provider response submitted in July 2025 to the NOPD to cancel the registration of the centre, the relevant resident had moved elsewhere. This had led to a noticeable reduction in safeguarding incidents occurring in this house based on recent incident records reviewed. The house was also described by staff as being much quieter since this move.

The resident who had moved away from the centre had also previously shared a bedroom with another resident despite both residents being assessed as being unsuitable roommates for one another. Given the move away from the centre, this sharing of a bedroom had ceased. The previously shared bedroom was seen during this inspection and it was noted that it now only contained one bed while the remaining resident using that bedroom had gotten a new couch and television for their bedroom. Staff spoken with indicated that this remaining resident was happy with the changes that had been made with their bedroom. Ultimately, the move of the relevant resident away from the centre had a significant improvement on the provider's compliance with this regulation.

In line with the July 2025 response, the provider had indicated that compatibility assessments would be completed for all residents living in this centre. Documentation reviewed during this inspection indicated that this had been done with compatibility assessments for all residents of this centre reviewed by an inspector. When reviewing these, it was noted that a colour coded scoring system was used to assess compatibility of individual residents against other residents under specific criteria such as behaviours that challenges and sensitivities. The scoring system applied suggested some incompatibility with peers for all residents although narrative comments in the assessments indicated residents were compatible.

Some of these narrative comments did suggest that compatibility of residents, particularly, in one house would still need ongoing review. For example, one compatibility assessment described a resident's compatibility as "fragile" while another indicated that a resident's compatibility "depends heavily on the quality and consistency of support" they received. Given that the observations around the scoring system used, an inspector queried these compatibility assessments with management of the centre. In response it was indicated that these assessments deemed all residents to be compatible. An additional assessment had also been completed for one resident who had commenced living in the centre full-time since the May 2025 inspection having previously availed of the centre for weekend respite. This assessment also raised no compatibility concerns.

However, as referenced in the opening section of this report, an interaction was observed between this resident and another which an inspector reported to management of the centre. During the feedback meeting for this inspection, it was

confirmed that interaction was being managed through safeguarding processes. A subsequent notification and communication received in the days following this inspection, indicated that this matter had been referred to relevant safeguarding stakeholders while safeguarding measures had been implemented to prevent reoccurrence. Based on notifications previously submitted to the Chief Inspector, the observed interaction between the two residents on the day of inspection had been the first safeguarding incident between these two residents in recent years.

The vast majority of notified safeguarding incidents occurring in this centre in recent years had involved negative interactions between residents. In August 2025 a safeguarding notification of a different nature had been received from this centre which related to a concern raised around an aspect of care provided to one resident. The contents of this notification were queried at the time of submission and it was indicated that the resident involved "did not suffer any adverse long-term outcomes". It was also confirmed that this matter had been referred to a relevant statutory body and that learning had been made from this matter. During the current inspection, it found that staff were knowledgeable of about the August 2025 safeguarding notification and of processes to be followed in response to this.

Judgment: Compliant

Regulation 9: Residents' rights

Traditionally, this centre mainly provided full-time residential care. However, at the weekends some residents returned to their families while some residents from another of the provider's centres, which only operated from Monday to Friday, could then attend West County Cork 1 for weekend respite and use the beds and/or bedrooms of the residents who had returned to their families. The weekend respite arrangements for this centre had been ongoing for a number of years and significantly contributed to previous judgments of non-compliance under this regulation. These respite arrangements had been previously recognised by the provider as "a significant breach of human rights".

In response to the October 2024 NOPDs, the provider had indicated that the other centre would begin to operate on a seven basis early in 2025 which would result in respite arrangements for West County Cork 1 stopping then. This was found not to have happened during the May 2025 inspection with three residents from the other centre continuing to avail of weekend respite in West County Cork 1 at that time. Such findings contributed to this regulation again being found non-compliant and influenced the decision to issue another NOPD to cancel the registration of the centre in June 2025.

Since then a number of significant actions, as first committed to in the July 2025 response submitted by the provider, had taken place. These included:

- The other centre involved had begun to operate on a seven basis during

August 2025.

- Since this had happened, two of the residents who had been previously availing of weekend respite were no longer coming to West County Cork 1.
- Owing to a vacancy that had arisen in West County Cork 1, the remaining resident who had previously availed of weekend respite had transitioned into West County Cork 1 on a full-time basis. During this inspection it was indicated that once the services in the other designated centre increased further (which the provider had indicated would happen by January 2026), this resident would be offered the choice to return there if they wanted to do so.

As a result of the above, weekend respite was no longer taking place in this centre with the provider having updated its statement of purpose to reflect this and also applying to reduce its capacity. The reduction applied for was related to the stopping of weekend respite in the centre. As part of this one bedroom that previously had a bed for a residential resident and a separate bed for a respite resident, had a bed removed meaning that it was now just a single bedroom for the residential resident only. The stopping of weekends respite in this centre was a significant positive development for this centre and all residents involved. An inspector was informed that families of residents, who previously had to go home at weekends to facilities weekend respite, had been informed that West County Cork 1 was now available to these residents on a seven day basis.

Outside of this matter, during this inspection records were reviewed in one house of the centre which indicated that forums were taking place on a weekly basis with residents to given residents information in areas including policies that were relevant to the residents (such as complaints) and once off topics such as dealing with grief. In addition, records reviewed in the other house of the centre confirmed that residents living there had been informed about the move of one resident away from the house. Another resident who had lived in the same house had also transitioned into the other house of the centre since the May 2025 inspection. A further record provided during this inspection indicated that the resident had agreed to this transition.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for West County Cork 1 OSV-0003289

Inspection ID: MON-0048160

Date of inspection: 11/09/2025

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: As noted in the report the registered provider has addressed the staffing numbers and skill mix following approval from the funder to increase staffing levels. This includes the addition of social care worker posts.</p> <ul style="list-style-type: none">- The whole-time equivalent (WTE) for the centre will be added to the centre's Statement of Purpose consistent with the requirement of the Regulations- There are recruitment challenges arising from the national issues with regard to filling posts. Recruitment campaigns have been unsuccessful via usual recruitment campaigns. The registered provider is running a bespoke recruitment campaign for West Cork with an open recruitment day taking place in West Cork on October 18th. Adverts have been placed across all media sites to generate interest. Pending successful recruitment, it is envisaged that the posts will be filled no later than 31/01/2026. <p>In addition, the registered provider is exploring ways of addressing these ongoing challenges, for example by additional partnerships with educational institutions.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none">- Appropriate actions were taken to safeguard residents. The oversight of the submission of the allegations, which related to a person no longer residing in the centre, did not adversely impact residents. The administrative regulatory requirement was rectified on the day of the inspection.	

- A review of complaints received in the 6 months prior to the inspection was carried out to ensure this was a once off oversight and not a system issue. No other instances were identified.
- The person in charge will ensure that all allegations are notified to the Chief Inspector.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/01/2026
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	09/10/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse	Not Compliant	Orange	20/09/2025

	incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
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