Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	East County Cork 2
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	04 June 2025
Centre ID:	OSV-0003290
Fieldwork ID:	MON-0045515

About the designated centre

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

This is an adult short break / respite service for people in receipt of full-time day services operated by the same provider. Residents availing of short breaks have a diagnosis of an intellectual disability and / or autism. The designated centre can accommodate up to six adult residents at any one time, both male and female. The premises is located in a large coastal town adjacent to facilities and amenities. The premises comprises two semi-detached houses over two floors, which presents as one large house. There is a kitchen / dining room and two living room spaces. There are five bedrooms upstairs, and one wheelchair-accessible bedroom downstairs. Toilet and bathroom facilities are located on both floors. There is also a staff office on the ground floor. There is a secure garden space to the rear of the property and parking for transport vehicles at the front. The residents are supported by a staff team both by day and waking staff at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 4 June 2025	08:00hrs to 15:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused unannounced risk inspection to follow up on the issues identified and actions outlined in the compliance plan following the last inspection by an inspector of social services on behalf of the Chief Inspector on 2 October 2024. Following that inspection the provider was required to address non compliance issues relating to five regulations including Regulation 23: Governance and management, Regulation 29: Medicines and pharmaceutical services and Regulation 26: Risk management procedures. An additional five regulations had also been identified as being sub compliant at the time which included Regulation 16: Staff training and Regulation 5: Individual assessment and personal plans.

On arrival at the designated centre the staff handover was taking place from the night staff to the day staff that were commencing their shift. The inspector introduced themselves and showed their identification to the staff present. The inspector was informed there were three residents in receipt of short breaks at the time. One staff introduced the inspector to two residents who were in the sitting room while the handover was taking place in the office.

One resident was observed to be using their tablet device and engaging independently in a interactive literacy based programme. The inspector observed the resident to respond to the actions that were required to be taken by them to complete the activity. The resident greeted the inspector when introduced by the staff member and sought assurance regarding particular items of food that held importance to them. The staff member explained the plan for the day which included referencing the food items. The resident was re-assured multiple times by the staff member that they would be supported in their day service and the staff in the day service knew the routine for the day ahead.

The inspector was greeted by the second resident who was watching a film while waiting to go to their day service. The resident posed many questions to the inspector relating to particular items or situations and sought a response on each question from the inspector. The staff team explained the purpose of the resident seeking these responses. Once the initial questions were adequately responded to the resident answered some questions from the inspector. The resident told the inspector they were looking forward to going home to family members after attending their day service that day. They had been on a short break for one week in the designated centre. The resident spoke of how they had enjoyed their stay which included visiting local amenities and social outings. Staff also outlined how the provision of a new Wifi service in the designated centre assisted residents to be able to watch more programmes of their choice which was of particular benefit to this resident.

The inspector was informed that the third resident liked to spend time in their bedroom while in the designated centre. The inspector was introduced to this resident shortly before they left to go to their day service. The staff member

supporting the resident explained the preferred routines of the resident and the resident was observed to be singing and humming to themselves as they sat in the sitting room. The staff explained this indicated that the resident was happy.

All three residents attended the same day service and the inspector was informed the reduced numbers assisted in providing a better experience for these three residents. The staff described the group as getting on well together and could engage in individual or group activities as per individual preferences. The inspector did request an update during the feedback meeting on how the residents journey to their day service went following a review of one of the resident's short breaks documentation. It was documented that one of the resident's preferred their own space at the back of the transport vehicle. On the day of the inspection the larger vehicle was not available to the staff team and all three residents and the two accompanying staff went in a regular car. The inspector was informed that the journey to the city went well and the resident was observed to be smiling.

The inspector met with four staff during the inspection. This included both long term and new team members. One staff member had worked in the designated centre for a number of years and another other staff had been appointed into a permanent role in the weeks prior to this inspection. Both were found to be familiar with the assessed needs and supports required by each resident. For example, one of the resident's needed support before leaving the designated centre. The resident was indicating they had an issue with the television. The staff patiently responded to the resident's repeated requests to resolve the issue, the resident was holding the remote control and referred to a dvd. The staff member identified that the resident wanted to take the dvd with them, so the staff member located the case for the dvd and removed the disc from the machine so the resident could take it with them. The resident also had a routine to check the downstairs windows were closed. The resident came into the office to close the window before they left to go to their day service. During the inspection the inspector reviewed the personal plan for the resident which outlined the importance of these routines for the resident.

All staff spoken to during the inspection were aware of their roles and responsibilities and spoke of training that had been provided since the previous inspection in October 2024. Staff outlined some changes that had occurred which included cleaning duties and documentation responsibilities that were required to be completed by the night staff following a review of processes within the designated centre. The staff team had assisted with the implementation of a new document for all residents which provided up-to-date information and was reflective of the assessed needs of each individual. This was referred to as the short breaks passport. However, the inspector observed some gaps in the information contained in this document for a number of residents on the day of the inspection. In addition, while gaps in other documentation had been identified there were delays noted in the follow up with staff members to address the issue that required review. The inspector was also informed that staff who were unable to attend staff meetings had not been provided with meeting notes to review. This will be further discussed in the capacity and capability section of this report.

The inspector completed a walk around of the designated centre. It was evident the provider had addressed the issues identified in the October 2024 inspection. This included all works on the internal fire doors had been completed and subject to review by the provider's facilities manager and internal painting had been completed. Cleaning of the external garden area had also been completed in November 2024. The person in charge had logged a request for further garden maintenance in May 2025. However, it was noted that some maintenance works that had been identified as been required within the designated centre since August 2023 had not been adequately addressed at the time of this inspection. The person in charge outlined that the facilities department were aware and had been in the designated centre in May 2025 to review the works that remained outstanding. During the inspection the inspector was informed that the remaining works would be completed in the weeks following this inspection.

In summary, there was evidence of progress being made by the provider to address the issues identified in the October 2024 inspection. On the day of the inspection, the residents appeared to be happy and enjoying their short break. Staff were familiar with the preferences and preferred routines of each of the individuals and this was observed to be supported throughout the inspection. The provider had ensured all staff were informed of protocols relating to specific medications and safe practices were evidenced to have been consistently in place to ensure the ongoing safety of residents since the previous inspection. Following a review of centre specific documentation, there were some improvements required in the completion of documents relating to residents and the centre specific process that was in place for staff to review incomplete documents.

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

During the current registration cycle this designated centre had been previously inspected in January 2023 and October 2024. The findings of both of these inspections identified repeated non-compliances in Regulation 23: Governance and management, Regulation 24: Admissions and the contract of provision of services and Regulation 26: Risk management procedures. As part of the ongoing monitoring of this designated centre this inspection focused on the actions being taken by the provider as outlined in the compliance plan response to the Chief Inspector in November 2024.

There was evidence of progress being made by the provider to address the issues previously identified in relation to a number of regulations. This included staff supervisions taking place in 2024 and scheduled for 2025. All residents had

contracts of care in place and a centre specific medication protocol had been developed to support the assessed needs of residents attending for short breaks.

However, while staff meetings had taken place on five occasions since October 2025 only meeting notes from 4 October 2024 and 23 January 2025 were available for staff to review on the day of the inspection. The meeting notes from the other three meetings had not been compiled in the same documented format or provided to the staff team. The inspector was not assured all staff were aware of the issues discussed during these three meetings and actions were not clearly identified. The provider had given an undertaking to the Chief Inspector in the November 2024 compliance plan that the person in charge would ensure monthly meetings were held as per the schedule with minutes and clear actions identified.

The inspector was informed that there had been some changes to the staff team since the October 2024 inspection. A vacancy in a social care leader role was being recruited for at the time of the inspection. New care staff had commenced in recent weeks and additional support was also being provided from relief staff familiar with residents assessed needs where required.

The inspector spoke with staff members during the inspection which included members of the team working the day shift, the night shift as well as the person in charge. It was evident responsibilities regarding duties and the completion of documentation had been reviewed since the October 2024 inspection and shared between both day and night staff. Staff spoken too outlined their responsibilities during the shift they were working and most staff worked both the day and night shifts in rotation. All staff were met with by the person in charge regularly.

Regulation 16: Training and staff development

The provider had given assurance in the compliance plan submitted in November 2024 that actions would be taken to ensure compliance with this regulation by 30 June 2025. The inspector acknowledges that this inspection took place before the end of June 2025. While there was evidence of actions being taken to address issues further improvements were still required. At the time of this inspection there were 12 staff which included the person in charge, a social care worker, seven care staff and three regular relief care staff.

- The person in charge had ensured training had been scheduled for core staff members and new staff in a number of areas since the previous inspection. This included all staff had completed and had up-to-date training in safeguarding and positive behaviour support.
- One new staff member had issues with accessing the link to complete their fire safety training on the day of the inspection, this was reported to the person in charge. All other staff members had up-to-date training in fire safety.

- Nine staff had completed training in safety intervention with one other staff booked to attend in September 2025.
- All core team staff members had completed training in the safe administration of medications. Two new staff were booked to attend this training in June 2025 and the inspector was informed no relief staff administered medications in the designated centre.
- On the day of the inspection one staff was attending training in the administration of emergency medications, all other staff members had up-to-date training in this area.
- The person in charge had ensured there was 24/7 cover in the designated centre for the administration of medications and emergency medications.
- In addition, nine staff had completed training in incident reporting, 11 had completed training in cyber security, and five had completed training in safe food handling.
- An audit of staff training in the designated centre had taken place in May 2025. The auditor had identified an action to ensure all staff training certificates were to be available for review. One staff member's emergency medication certificate was not available at the time of the audit and was still awaited to be submitted on the day of the inspection by the staff member.
- The person in charge had completed staff supervisions during November and December 2024. The dates these meetings had taken place were documented and signed. A schedule of planned supervisions had been developed and were to take place by the end of June 2025 by the person in charge.
- The provider had outlined in the November 2024 compliance plan response to the Chief Inspector to ensure staff were appropriately supervised that the person in charge would develop a schedule of monthly team meetings. In addition, the person in charge was to ensure meeting notes were maintained with clear actions identified and evidence of follow up at subsequent meetings. While a schedule of staff team meetings had been developed, monthly meetings had not consistently taken place since the previous inspection. The inspector acknowledges changes to the planned May 2025 staff meeting resulted in staff training being provided and the next staff meeting was scheduled to take place on 12 of June 2025. The inspector reviewed meeting notes from 4 October 2024, which the person participating in management chaired. Six staff signed that they had read the meeting notes and while six actions were documented only two actions were updated and stated to have been completed.
- Another staff meeting held on 23 January 2025 included a presentation on the topic of consent. However, while actions had been documented no person responsible had been identified and no update on the progress to date had been documented. For example, the short breaks document required more information and there was an email shared with all staff but no details of who was the person responsible to follow up on the action.
- On the day of this inspection the person in charge had outlined while they had taken meeting notes at the three other staff meetings that had been held since November 2024, these notes had not been documented or maintained as outlined by the provider to the Chief Inspector in the providers compliance plan. Staff who had not been able to attend these meetings had not been

afforded the opportunity to read what was discussed and actions arising from these meetings.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured a review of the directory of residents had taken place following the October 2024 inspection. The actions outlined in the compliance plan response to the Chief Inspector had been adequately addressed. This included a review by the person in charge in January and April 2025. There was a checklist in place to ensure the information contained within the directory was up-to-date and complete.

The provider had ensured that the details of the current residents availing of short breaks which totalled 53 at the time of this inspection were stored in an organised manner for ease of review.

Judgment: Compliant

Regulation 21: Records

The provider had ensured all residents availing of respite services had a short breaks passport in place to enable staff to support the assessed needs of the resident while attending the service. The short break passport was the working file which staff consulted to inform themselves of the assessed needs of each resident and was to include up-to-date information regarding the resident during their current respite break.

The provider had a system in place for weekly review of admission and discharge documents to take place which included oversight that all relevant sections were being completed by the staff team. However, gaps were evident in three of short break passports reviewed on the day of the inspection. There was no details provided for one resident regarding their emergency contact details, another resident did not have the consent and permissions form completed.

In addition, gaps were also evident in a number of relevant appendices for the same three residents which included risk assessments not being completed/ blank.

The provider had implemented a system of regular review of all incident reports to ensure forms were being completed in full. Nine of the current staff team had completed training. A weekly review of incidents was delegated to a staff member

with the oversight of the person in charge. While these reviews were taking place the process for follow up with the staff member who had completed the form required further review. At the time of the inspection, incomplete forms were left in a dedicated location with a note for the staff member to review and complete the document. However, an incident form that had been completed on 18 March 2025 was identified to be incomplete and the issue had not been addressed/resolved at the time of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider demonstrated there were management systems in place to maintain oversight to ensure the service was safe. There was evidence of improvements being made at the time of this inspection. This included staff supervisions had taken place in 2024 and were planned for 2025. Systems were put in place to ensure regular review of documentation including contracts of care and staff were able to access all necessary documents relating to residents. Delegation of duties among the staff team was also taking place which included auditing.

The provider had completed an annual report for 2024 and a six monthly audit was completed in January 2025. Consultation with residents and family representatives was included. Actions identified were documented as being in progress or completed. This included scheduling staff training during 2025. A medication management audit had also been completed by an assistant director of nursing on 18 February 2025 with all actions documented as being completed by 30 April 2025.

Most of the actions outlined by the provider in the compliance plan submitted to the Chief Inspector had been adequately addressed at the time of this inspection. However some issues remained to be fully resolved at the time of this inspection in relation to staff meetings and this has been actioned under Regulation 16: Staff training.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had been provided with a written agreement outlining the services being provided in the designated centre. The inspector was informed that residents who had recently commenced using the service had been provided with updated agreements which contained the provider's new name. The

person in charge planned to send revised agreements out to the remaining residents in June 2025 with the provider's up-to-date details.

One resident was in the process of possibly transitioning to full time residential services and the person in charge outlined the supports being provided to them. Another individual had been identified to commence respite breaks in this designated centre. This person had specific medical needs and the resources required were under review to ensure their assessed needs could be met in the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were being promoted, encouraged to build their confidence and independence, and to explore different activities and experiences.

There was evidence of progress being by the provider to address the issues identified in the October 2024 inspection. This included ensuring centre specific information was available to the staff team to better support the assessed needs of each resident. For example, the introduction of the short breaks passport and the review of the format of residents meetings to make the process more meaningful to reflect respite breaks. Residents were being supported to learn skills such as cooking in -line with expressed wishes and protocols were in place to reflect individual wishes regarding the management of their finances while in the designated centre.

Regulation 17: Premises

The provider had ensured all works on the fire doors in the designated centre had been completed. Internal painting had also taken place. These works were reviewed by the provider's facilities manager once completed.

The external garden area had been subject to cleaning and maintenance in November 2024 and a request for further maintenance had been submitted by the person in charge in May 2025.

However, the inspector reviewed documentation relating to outstanding works that had been identified originally in August 2023 that had yet to be completed. This included ironmongery work and other works required to be completed by an external contractor. The inspector was informed during the inspection an update

had been provided and these works were expected to be completed in the weeks after this inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had systems in place for the review and assessment of centre specific risks in the designated centre. These risks were scheduled to be reviewed by the person in charge at the time of this inspection.

There were no escalated risks in this designated centre. Measures had been put in place to reduce /avoid occurrence of situations that had previously taken place which included a centre specific medication management protocol. All staff had been informed of the protocol and demonstrated their awareness of it during the inspection.

However, further review of some individual risk assessments were required. This included seating arrangements on transport for one resident and the use of electrical equipment to make hot drinks as outlined in recommendations made by an occupational therapist for another resident. These risks had not been identified in their individual risk assessments. The inspector acknowledges that the person in charge had updated the risks for one resident on the day of the inspection.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had ensured the actions outlined in the November 2024 compliance plan response had been addressed and were being consistently adhered to.

A streamlined cleaning checklist was in place and documented consistently by staff when duties had been completed.

Weekly checks were taking place in line with the provider's protocol for legionella

A social care worker completed weekly audits of all infection prevention control checklists to ensure staff were completing the required duties.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured the actions outlined in the November 2024 compliance plan response had been addressed and were being consistently adhered to.

- The person in charge had ensured the designated centre had 24/7 cover for the administration of medications. This included linking with clinical nurse managers where required.
- Staff training in medication management had taken place. Two new staff members were scheduled to complete this training in June 2025.
- All staff had completed training in the administration of emergency medicines. This included one staff attending this training on the day of the inspection.
- A centre specific controlled medication protocol had been implemented and adhered to since the October 2024 inspection.
- A medication management audit had been completed in February 2025 and all actions addressed by 30 April 2025

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was evidence of progress being made with the streamlining of documentation being used in the designated centre to document the assessed needs of residents and the information available to staff supporting them.

All of the current 53 residents had up-to-date short break passports completed. This work involved consultation with the resident and their family representatives. This document provided details such as likes, dislikes, preferred sleeping routines, personal safety and supervision needs, health assessments, intimate care and medication information. There were five appendices attached to the document which included personal emergency evacuation plan, consent and permissions and emergency contact details.

However, gaps were evident in three of short break passports reviewed on the day of the inspection. There was no details provided for one resident regarding their emergency contact details , another resident did not have the consent and permissions form completed. This will be actioned under regulation 21: Records

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 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for East County Cork 2 OSV-0003290

Inspection ID: MON-0045515

Date of inspection: 04/06/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The PIC will ensure that copies of all training certificates are onsite to correspond with the current training matrix for the centre. The staff training certificate that could not be located on the day of inspection is now in place. • A schedule of monthly team meetings is in place and a new team meeting protocol and template document has been developed by the organisation's Quality and Continuous Improvement Programme. This has been implemented in the centre since July 2025. The PIC will ensure to adhere to this protocol and provide minutes of meetings for staff to review. In addition, actions arising from meetings will be clearly outlined with identified person(s) responsible for follow up. As per the protocol, hard copies of minutes will be available for staff to review in the centre and the PIC / delegate minute taker will also email copies of the minutes each month to all team members.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • The PIC and Social Care Worker will review all short breaks passports and ensure that any missing information is included e.g. emergency contact details, consent and permissions forms etc. • The PIC and Social Care worker will ensure that all risk assessments are completed to align with each individual's short breaks passport.	

• The PIC and Social Care Worker will ensure that incident forms are completed appropriately and follow up with any staff directly in the event of errors in documentation. The PIC and Social Care Worker will continue to review all incident records on a weekly basis and ensure that staff correct any errors in a timely manner.
• The incident form completed on 18th March 2025 has now been completed.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The PIC and PPIM have discussed outstanding maintenance works with facilities manager and assurances have been provided that all outstanding maintenance works will be completed by the end of September 2025.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• The PIC and Social Care worker will ensure that all risk assessments are completed, reviewed and updated to align with each individual's short breaks passport and identified support needs and associated risks.

• A risk assessment regarding seating in transport for one resident has been completed since the inspection and is now part of the resident's short breaks passport.

• A risk assessment regarding use of electrical items to make hot drinks for one resident has been completed since the inspection and is now part of the resident's short breaks passport.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2025
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	30/09/2025
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/09/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	30/09/2025

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			