Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 3
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	28 August 2025
Centre ID:	OSV-0003311
Fieldwork ID:	MON-0047905

About the designated centre

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

A residential service for adults with an intellectual, physical disability and/or autism is provided in this designated centre. The centre comprises three detached buildings located beside each other in a housing development. The centre is located close to Cork City and other large suburbs. One building is a single-storey building divided into two houses with an interconnecting keypad door. The remaining two buildings are two-storeys. All three buildings are of a similar design and layout. Each building has two kitchens with adjoining dining and sitting areas, and two smaller sitting rooms. Combined, the three buildings include 31 resident bedrooms. Staff facilities such as offices are also included. The majority of residents live in the centre on a full-time basis. A respite service is provided in one bedroom and another resident lives in the centre on a shared care basis. The designated centre is open and staffed on a full-time basis. The staff team is comprised of nursing and care staff led by a nurse manager and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

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 28 August 2025	10:30hrs to 19:45hrs	Lisa Redmond	Lead
Thursday 28 August 2025	10:30hrs to 19:45hrs	Robert Hennessy	Support

What residents told us and what inspectors observed

This was a short term announced inspection for the inspectors to monitor compliance levels of plans submitted to the chief inspector's office and in relation to an application to vary the registration conditions of the centre. The previous inspection had taken place on the 05 July 2023 with many of the regulations being not compliant. These regulations were reviewed as part of this inspection. The designated centre had a non standard condition on the registration of the centre to address this non compliance by 31 December 2025. The registered provider had a service improvement plan in place and this included dividing the designated centre into two different designated centres.

The two inspectors were met by the management of the centre including the person in charge and the person participating in management. The inspectors undertook a discussion with the management team in one part of the centre. The designated centre is located in a residential area in the outskirts of a city. The designated centre is a purpose built complex which can accommodate up to 31 residents. The centre compromises of three buildings located beside each other. The first building is a single storey building and contains two separate residences separated by an internal door with a keypad lock. Four residents live in each of these houses. The other two buildings are two storey buildings and have a similar layout. 12 residents may live in one of these houses with 11 in the other. There was a bedroom that was used for respite and another was used for a share care resident that spent some of the week with their family.

All residents that interacted with one the inspector said they were happy in the centre. Staff were seen to interact kindly with the residents and singing along during activities with the residents. Staff appeared to know the residents needs well. One resident showed the inspector around their home and were getting ready to go out on an activity with staff.

A resident that previously had to move to another part of the designated centre, during the day, because they did not attend day centre was now able to stay in their own home during the day. This resident was relaxing in the day room and they discussed how much they loved knitting and how they were knitting a scarf. Another resident spoke with one of the inspectors about attending art classes on the day of the inspection.

Residents spoke with the inspector about being out for coffee that morning and what they had purchased on this outing. One resident returned during the day and informed the inspector that they had been practicing tennis in the morning for a competition. In the afternoon a resident from one part of the centre visited another house in the centre and played music for the residents there. This was a lively music session with residents and staff getting involved. The residents appeared to enjoy the chat and musical interaction during this time. Residents were seen going for

walks in the outside area throughout the inspection. Residents needed to be assisted with staff to access community walks which were not always available to support them. One resident did tell one of the inspectors that they needed more staff to bring "them to town" and to "go to concerts". Staff had reported that for many residents there was now more opportunity for them to access activities.

Staff spoken with identified that the use of agency staff was a challenge in the designated centre. They reported that this had improved recently. New staff in the centre reported that they had received a good induction and introduction to the designated centre before working with residents independently in the designated centre. One inspector observed two houses of the centre which were very busy. There were two staff members working with ten residents. Staff spoke about how busy this part of the centre was. A staff also spoke about not having familiar staff working with the residents because of the use of agency staff, this increased the workload of the long term staff.

The residents' bedrooms that were viewed were personalised and well maintained. Residents had accessible equipment such as hoists and adapted seating. There were also accessible bathrooms available to them when required. The residents had well-furnished outdoor areas to use. Personalised pictures of residents undertaking activities and resident artwork were used to decorate the centre throughout. Two residents were attending art classes during the day of the inspection. Some residents bedroom and bathroom doors had a clear marking on them to assist residents in finding their way around the centre. Padding had been incorporated into one area of the centre to assist a resident in their mobility and their risk of falls. This was done in a method that minimally impacted on the decoration of the designated centre. The premises of the designated centre is further discussed under regulation 17.

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

The designated centre was operating with a non standard condition to address previous non compliance, with representation made on the 12 October 2023 to come into compliance no later than the 31 December 2025. Staffing levels had improved in the centre and residents had been able to undertake more activities. It was still felt by some staff and residents that staffing levels could be improved and in particular more regular staff to work with the residents and less reliance on agency staff.

Training of staff in the designated centre was not up to date. There were many deficits observed in the training required and this was identified in the registered provider's own six monthly unannounced visit.

The annual review and the six monthly unannounced provider audits were taking place as required. There was a plan from the management team in the centre to recruit more staff for the designated centre, in line with the assessed needs of residents. Although there was increased staffing in the centre since the inspection completed in July 2023, the staffing levels continued to impact on the supports provided to residents.

There were instances seen in incident reports and complaints that were not identified as an allegation, suspected or confirmed, of abuse of any resident. These instances were not reported in line with the registered provider's safeguarding policy. Complaints were managed in line with the registered provider's complaints policy, however one of the complaints was not recognised as an allegation, suspected or confirmed, of abuse of any resident, and not reported to the organisation's designated safeguarding officer in line with the provider's safeguarding policy.

Regulation 15: Staffing

Levels of staffing had improved in the designated centre. This included the addition of one whole time equivalent (WTE) manager, four WTE social care workers and six WTE health-care assistants. The registered provider had a plan for further recruitment before the end of the year as required by the registration conditions of the centre. There were plans to recruit nursing staff, social care workers and care assistants to meet the assessed needs of the residents living in the centre. It was also noted that the registered provider had underwent a number of rounds of recruitment which had been unsuccessful. As a result, the provider was planning to advertise a number of previously part-time roles as full-time posts to attract potential staff.

There was a planned and actual staff rota made available to the inspectors. This included the staff on duty and their hours of work.

From reviewing the staff rota it was evident that were high levels of agency staff used in the centre in the months before the inspection. For example, in one week there were 17 different agency staff members working in the designated centre. During this week, there were also two relief staff members supporting residents in the centre, in contrast to 29 regular staff members. The staff team spoken with identified the use of agency staff as an issue as it impacted the support available for the residents. It was also noted that an inspector asked an agency staff member about an assessed need of a resident they were providing support to in the centre and they were unaware of this assessed need and the reporting mechanisms in place in the centre for recording this support need.

It was noted that two staff were rostered to support 10 residents in one area of the designated centre. It was proposed by the registered provider that this would become a part of the new designated centre, with the provider submitting an application to register this centre to the Chief Inspector. It was noted by the registered provider in the statement of purpose submitted to register this as a new designated centre, and an application to vary the conditions of the existing centre that the allocated WTE of staffing allocated to the centre limited the community activities that residents could participate in. Staff spoken with noted that they would be unable to support these residents to access their local community due to the current staffing levels in the centre. After this inspection had taken place, the provider had outlined they intended to change the new designated centre to the area of the centre where staffing levels had been increased more significantly than another. The provider also advised that they may apply to vary their non standard condition to request more time to recruit staff required to meet the assessed needs of all residents. This is actioned under Regulation 13.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Mandatory training as set out in the designated centre's statement of purpose included fire safety and evacuation, safeguarding, children's first, manual handling, safety intervention, positive behaviour support and infection prevention and control. There were deficits in staff training and this had been identified in the registered provider's six monthly unannounced audit for the 33 staff working in the designated centre. This included:

- 12 staff required fire safety and evacuation training
- 14 staff required manual handling (future dates had been identified for this training)
- 11 staff required once off positive behaviour support training (all schedule for October 2025)
- 10 staff required infection prevention and control training
- Nine staff required training in safety intervention (eight of these had schedule dates for future training).

A letter of assurance had been provided regarding the agency staff that worked in the centre that they had completed training required for their roles working in the designated centre.

Judgment: Not compliant

Regulation 23: Governance and management

Monthly residents' forums were taking place with a notice of same on the notice board in the designated centre where topics such as advocacy, consent and complaints were discussed. Staff meetings taking place regularly with evidence of management in the centre meeting with the person participating in management also.

There was a governance plan in place regarding the recruitment of staff. Staffing in the centre was currently reliant on agency staff, and some residents identified this as a concern. It was evident that this recruitment was underway and had identified the skill mix of staff required for the designated centre. There was a plan to split the designated centre into two different designated centres and this would mean an increase in governance and management for the designated centres.

Six monthly unannounced registered provider visits were taking place and identified areas of action for the designated centre such as staff training. The registered provider had completed the annual review for the centre.

As part of the designated centre's annual review, resident's families and representatives were sent a survey on the quality of care and support residents received in their home. One of these surveys raised a concern that there was not enough staff in the centre to attend to the residents and that their family member was often wearing dirty clothing. Management in the centre were aware of this complaint and noted that the source of the concern was unknown. Management in the centre had not acted upon this information to ensure the service provided to residents was effectively monitored. This was not in line with the provider's policy which stated that complaints that suggest neglectful practices should receive particular attention, and that allegations of abuse must be assessed regardless of the source.

Otherwise, complaints were managed well and as required by the registered provider's policy.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were being managed in line with the registered provider's policy. The registered providers complaints policy was in place and this was made available to the residents in an easy to read format. One complaint received was not identified as safeguarding concern although did relate to an allegation of neglect of a resident. This is discussed under regulation 8 protection.

Judgment: Compliant

Quality and safety

The designated centre provided the residents with adequate communal and private space. Concerns regarding the premises are listed under regulation 17.

Fire precautions and risk were well managed in the centre. Fire safety equipment was serviced as required. Risks in the centre had been escalated when required and residents had suitable risk assessments in place.

Residents had suitable personal plans and assessments in place. Some of the personal plans of residents required review in particular in relation to the residents' person centred goals for the year.

Staff supporting residents had undergone training in safeguarding. Some incidents in the designated centre were not identified as safeguarding incidents and had not been notified in line with the registered provider's safeguarding policy.

Residents had regular meetings to discuss the running of the centre and the registered provider had created a group called the 'expert panel' which allowed residents to share their voice in the running of the overall registered provider's organisation.

Regulation 13: General welfare and development

The centre's annual review completed for 2024 noted that residents had expressed dissatisfaction with limited opportunities for meaningful activities due to staffing constraints. The six-monthly unannounced visit report completed in June 2025 noted that staffing levels had improved, however there were still difficulties faced in providing external activation to residents. For example, it was reported by staff and residents that staffing levels in the centre were still impacting residents' ability to undertake social activities. In particular one resident identifying that they would like more staff support to go to concerts and to go into town.

The impacts of staffing on external activation of residents was particularly evident in the area of the centre that the provider had proposed to register as a new designated centre. However, it was also acknowledged that when inspectors spoke with some of the residents living in this area of the centre, they expressed that they liked to relax in their home on weekday evenings after a busy day in day services. However, it was noted as a challenge in the personal plans of residents who had expressed a wish to have an overnight stay in a hotel as part of their personal centred planning meeting.

Despite the impacts of the centre's staffing levels, efforts had been made to provide residents with opportunities to engage in employment and community activities. One resident was due to begin paid employment in a hair salon after the inspection had taken place. The resident told inspectors that they were looking forward to starting their new job. A second resident worked in a canteen, while another resident's employment in a local hotel had recently ended. It was hoped that this resident would find new employment.

Two residents spoke with inspectors about their attendance at an art gallery regularly for art classes which they enjoyed. Residents told inspectors that a mobile library also visited the centre where they could borrow books of interest. These residents showed the inspector books they were currently reading and they told the inspector that they often swapped books with each other too.

Judgment: Substantially compliant

Regulation 17: Premises

The majority of the buildings of the designated centre were modern and well maintained. Residents had adequate space to undertake activities in private and had adequate communal space.

It was identified by management in the centre that the premises was not suitable for one resident as they did not have access to a secure outdoor area that they felt the resident required.

Actions were required to maintain the premises, this were identified and escalated by management in the centre. These actions included:

- areas of flooring throughout the centre needed repair or replacement as it had become frayed
- one fire door between two houses of the centre was not operating correctly
- one shower room in an upstairs bathroom was not currently in use due to a leak
- there was evidence of leaks in the ceilings of the designated centre which required attention.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The risk register and individual residents' risks had been reviewed in the previous 12 months. Certain risks were appropriately escalated to the registered provider level.

There was suitable risk management policy put in place by the registered provider which contained and identified the control measures for specified risks required under the regulation.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Residents had Personal Emergency Evacuation Plans (PEEPs) in place, these had been reviewed in the last 12 months. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The registered provider had undertaken a number of fire safety drills regularly in the centre including night time evacuations.

One fire door in the centre required attention, which was identified by the management of the centre. This is discussed under regulation 17. Fire safety training of staff is discussed under regulation 16.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed six residents plans. It was evidenced that residents had been supported to receive a comprehensive assessment of their health, personal and social care needs. There was evidence of support from members of the multi-disciplinary team and allied health professionals.

Residents had goals created for the year. These goals were created at person centred planning meetings with the involvement of the residents. Some of the residents' goals were reviewed throughout the year, with pictures taken as evidence of these goals being undertaken. However, it was not evident that all residents had their goals reviewed or documented how these goals were being progressed. For example, one resident had expressed that they would like to reduce their attendance at an external day service. There was no evidence of the actions taken to progress this expressed wish by the resident since their personal planning meeting had been completed in December 2025.

Judgment: Substantially compliant

Regulation 8: Protection

Staff in the centre had received training in relation to the safeguarding of residents. The personal plans of residents contained information on how they needed and wanted to be supported with intimate care.

A log to record concerning statements made by a resident was in use for one resident living in the designated centre. This was in place to document and monitor statements made by the resident that raised concerns in relation to the safeguarding of the resident. A document outlining the process and follow-up where a concerning statements log was in place was submitted to inspectors after the inspection had taken place. This document outlined that staff members have the knowledge and skills to acknowledge the resident's concerning statements and to offer emotional support following a concerning statement being made by the resident. Inspectors spoke with the two staff members on duty to support this resident on the inspection day. When asked by an inspector, one staff member was not aware of the concern statement log in place for this resident.

A protocol regarding the concerning statements made by this resident was located in their personal plan. This stated that 'serious allegations' should be reported to the designated officer immediately. Inspectors reviewed the records of four concerning statements made by the resident. It was noted that one of these was dated as being made in July 2025 outlining alleged physical abuse of the resident. It was not evident that this allegation had been reported to the designated officer at the time of this inspection. It was also not clearly outlined what was considered a serious allegation to ensure staff members responded appropriately, in line with the resident's assessed needs.

The complaints log identified one complaint which was an allegation of abuse of a resident. This was not notified to the organisation's designated officer for review as a potential safeguarding concern. This required review.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents meetings were taking place in centre regularly to ensure residents' involvement regarding their care and support. An "expert panel" of residents had been created by the registered provider as part of their quality improvement program. This aim of this strategy was to enhance the voice of the residents throughout the service by giving residents a voice in how the provider operates. This group had published it's first newsletter in the weeks preceding the inspection, introducing members of the expert panel which included two of the residents living in this designated centre. Inspectors spoke with one of these residents during the inspection and it was evident that they were very proud of their involvement in this panel.

The staff team were seen to have positive and respectful interaction with the residents during the inspection.
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 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City South 3 OSV-0003311

Inspection ID: MON-0047905

Date of inspection: 28/08/2025

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

Outline how you are going to come into compliance with Regulation 15: Staffing:
- The registered provider acknowledges there are challenges in recruitment at present. This is a national issue and is not exclusive to the disability sector. The registered provider employs agency staff where necessary. Recruitment is ongoing for the centre and posts will be filled as quickly as possible.

- Staffing and skill mix for the centre is being reviewed by a person with the required skills and expertise on secondment from the HSE. The requirement for additional staffing has already been identified to the HSE for 2026 Estimates Process for the Decongregation Funding Stream. The staffing business case is part of an overall service improvement plan for the center which is ongoing.
Time frame for submission of the business case: 20/02/2026

- The registered provider has reviewed the issue raised in respect of one agency staff member. It is noted the staff member found the inspection process difficult and, as such, stated they forgot the mechanisms for raising any issues with other staff on duty should they be unclear. Notwithstanding this the registered provider has ensured all staff are aware of all systems and mechanisms and will ensure this is ongoing. A staff induction checklist has been developed to support this process. In addition, staff unfamiliar with the centre are assigned when there are staff familiar with the centre on duty.
Timeframe: Completed.

- The registered provider is submitting an application to vary for this centre with reference to extending the timeframe for condition 4 to 31/12/2026. This will allow the creation of two centres with one centre retaining the restrictive condition. The application will include a request to extend the timeframe for the restrictive condition to 31/12/2026 for the existing centre. An increase in overall staffing levels for the centre is under discussion with the funder (HSE).
Time frame for completion: 20/02/2026

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- A review of all training records is being carried out and training has been scheduled to be delivered across all areas required.
In order to support and address training deficits the registered provider is recruiting a Training & Development Manager to develop an overall strategy for the delivery of training. Time frame for completion: 31/12/2026

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
This issue relates to staffing levels. The registered provider has provided the actions being taken in the response to Regulation 15, 8 & 16.

In respect of the complaint noted by the inspector as not being followed up by management, the issue related to management not documenting that they had followed up. This was clarified for the inspector and the provider will endeavor to ensure all follow ups are documented.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

This issue relates to staffing levels. The registered provider has provided the actions being taken in the response to Regulation 15, 5 & 8.

In regard to opportunities for residents to access activities efforts are ongoing to source volunteers and assign relief staff where possible. This will be kept under review.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
- The registered provider acknowledges that some aspects of the premises had not been attended to with the expedience it would like. This is due to the challenges in identifying the required tradespeople. The registered provider is aware this is a national issue. The registered provider is obliged to prioritise the requests which are submitted to the Maintenance Dept while efforts to identify tradespeople is ongoing. The fire door has been prioritised and addressed. Other issues outlined in the report are scheduled to be completed by 31/12/2025 and 31/03/2026 based on levels of priority. Time frame for completion: 31/03/2026

- The registered provider is reviewing the outdoor space for one resident to identify solutions. Time frame for completion: 30/06/26

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
- It is noted that the documentation in residents' personal plans did not document actions taken and did not document where a resident had identified they wished not to proceed with a goal or another need prevented progress at the time. The documentation issue and management systems have been improved.
To further enhance this a new PCP and tracking system is being developed for trial in 2026.
Timeframe for completion: 30/04/2026

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
- The registered provider has reviewed the issue raised in respect of one agency staff member. It is noted the staff member found the inspection process difficult and, as such, stated they forgot the mechanisms for raising any issues with other staff on duty should they be unclear. The registered provider has ensured all staff are aware of all systems and mechanisms including the use of concerning statements logs. Timeframe: Completed.

- Concerning statements are managed consistent with the registered provider's process and is overseen by the organisation's Designated Officer (DO). The DO is working with the person in charge to ensure the appropriate guidance is in place for staff. Any concerning statement which requires further escalation will be reviewed by the DO to ascertain if further escalation is required. Timeframe for completion: 30/11/2025

- The allegation referred to in the report relates to an allegation that a resident was not wearing clean clothing. The allegation had been responded to albeit it should have been processed via safeguarding processes. This has been addressed and staff provided with further support to understand how these scenarios may also be safeguarding referrals. Timeframe: Completed

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/11/2026
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	30/11/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the	Substantially Compliant	Yellow	31/12/2026

	number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/06/2026
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	30/06/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	05/01/2027
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	30/06/2026

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/04/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/01/2026
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	30/01/2026