



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 3
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 March 2025
Centre ID:	OSV-0003314
Fieldwork ID:	MON-0045773

About the designated centre

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

The designated centre was a purpose-built house to accommodate four residents. It was located adjacent to a large town and in close proximity to a day service facility. Each resident had a single bedroom with en-suite facilities. Three bedrooms were located on the first floor in proximity to a staff sleepover room. One bedroom was wheelchair accessible and located on the ground floor. The ground floor also comprised of an office, sitting room, dining room and sun room. There was a large kitchen, two toilets and a laundry room. The house was decorated and maintained to a very high standard. The centre provided short-breaks and respite to adult male and female residents. The centre was open for three nights on alternate weeks. This included weekend nights.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 March 2025	08:15hrs to 16:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre North County Cork 3. The centre was registered with a maximum capacity of four adults attending for short breaks/respite. On the day of this inspection, there were three residents availing of a short break in the designated centre. The inspector met with these residents in the morning and when two of the same residents returned in the afternoon from their day service.

This centre had been registered as a designated centre since June 2017. The designated centre had subsequently been inspected on three occasions since January 2020 with the most recent inspection taking place in February 2023. The inspector acknowledges that the actions outlined by the provider in the compliance plan response to the Chief Inspector following the February 2023 inspection had been addressed.

The inspector was aware that scheduled short breaks occurred in sequence on alternate weeks in this designated centre, in-line with the service provision outlined in the statement of purpose. To ensure residents attending for planned short breaks were met by the inspector the inspection commenced at a time when residents were finishing their breakfast. On arrival the inspector was greeted by the staff member on duty and introduced to the three residents in the dining room.

The residents greeted the inspector and spoke of their enjoyment being in the designated centre. They looked forward to their planned short breaks. One resident was due to be collected by a member of the staff team in their day service and went to complete their morning routine. Prior to leaving they spoke again to the inspector outlining their plans for the day with their peers and the planned activities for the evening on their return to the designated centre. This included having their evening meal and watching some movies with the other two residents.

Another resident who was quietly spoken outlined where they attended their day service in another town. They stated they liked the bedroom that they were using during the short break and liked being with peers in the house. The third resident was afforded time to complete their breakfast. The staff member outlined the usual routine and preferences of this resident regarding their meals and this was observed as being supported. The resident liked their fashion and accessories and smiled when this was commented on by the inspector.

In the afternoon, two of the residents spoke with the inspector while watching a film in the sitting room. They both stated they had enjoyed attending their respective day services and were looking forward to their planned movie night. Neither resident had any concerns and were happy to be supported by a familiar staff in the designated centre.

The inspector met with two staff working in this designated centre, which included

the person in charge during the inspection. It was evident staff spoken too during the inspection were familiar with the assessed needs of the residents. The inspector was informed by one staff member they had worked for a number of years in the designated centre and would have previously worked in another location with some of the residents attending for short breaks. It was evident residents were relaxed in the company of the staff supporting them during the inspection. For example, residents were observed to converse at ease with the staff member about plans for later in the day, meal planning and additional plans for the next day.

It was evident residents were being afforded the opportunities to have their voice heard in the designated centre. Regular forum meetings were taking place at the beginning of each respite stay. These meetings documented evidence of each resident having their say on planned activities and discussions regarding how residents would like support, if any, with their finances during their respite stay. Choices were offered relating to meal planning and household chores allocated at the beginning of a respite stay. The advocacy officer employed by the provider had visited the designated centre the day before this inspection and met with the person in charge. The inspector was informed there was a plan in progress to design an advocacy template which captures the rights of the residents availing of respite services. In addition, the person in charge was planning on linking with residents day services to see if there were opportunities for the residents to be part of advocacy meetings that take place in these locations.

The inspector was informed a total of 28 adults availed of short breaks regularly in the designated centre. The person in charge and the short breaks co-ordinator employed by the provider scheduled the short breaks. At the time of this inspection the planned breaks were organised approximately three months in advance. The inspector was informed that some relatives had expressed preferences for an increased notice period to facilitate planning family events and activities. The person in charge had passed this information onto the short breaks co-ordinator.

There was evidence of consistency in supports being provided and sharing of information between staff teams. The residents day service teams linked closely with the team in the designated centre. On the day of the inspection, the staff member in the designated centre was assisting the day service team to bring two of the residents to their day service and collect them in the afternoon. In addition, this staff also spoke of assisting residents to attain independence in some activities of daily living and managing their finances in line with plans developed by the residents key workers in their day services.

The designated centre was warm, bright and decorated to reflect a homely environment. There was documented evidence that maintenance issues that were logged by the staff were being addressed where possible in a timely manner. For example, a shower head required to be replaced and this was resolved the following day. Other issues identified were resolved within two weeks of being logged which included adjusting the closing mechanism on a bedroom door which was closing with a loud bang and high cleaning inside the designated centre. There was evidence of ongoing review of maintenance issues which included ensuring paths were clear of debris and moss. These areas had been recently power hosed clean.

Where delays were encountered outside of the provider's control these were documented. One of these issues related to a mal-functioning electric blind on a bedroom window. The person in charge was informed on the day of the inspection that the required replacement part had been acquired. The blind was in a roof section of the bedroom and was in the closed position so did not affect the privacy of residents using this room or impact on daylight as there was another window in the bedroom.

During the walk around of the premises the inspector observed a window in the dining room appeared to be overlooked directly by a neighbouring property. While there was a boundary hedge, this was without foliage at the time of the inspection. The residents dining table was located near this window and the inspector was not assured that residents privacy was being ensured at the time of the inspection. In addition, the use of external fixed cameras used to monitor the exterior of the building for safety and security purposes required further review. There was no signage as required by the provider's policy to inform residents and their families that the cameras were in place. In addition, the presence of these cameras were not discussed with residents. This will be further discussed in the quality and safety section of the report.

In summary, residents were being supported by a dedicated staff team to participate in activities and routines that suited their individual preferences. Person centred care was being provided to ensure each resident was been supported in – line with their assessed needs. Residents were being provided with opportunities to gain confidence and learn skills to aid their personal development, independence and enjoy meaningful activities. Residents were being supported to maintain links with relatives and friends. Staff demonstrated throughout the inspection how each resident's human rights were being supported which included ensuring each resident's personal living space was respected by others. However, further review of the privacy for residents in their dining room was required. The provision of information to all residents regarding the presence and purpose of external monitoring cameras on the building also required review.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of care and support from a dedicated staff team at the time of this inspection. The person in charge worked full time and their remit was over two designated centres approximately 50 kilometers apart.

During this inspection the person in charge demonstrated how the provider had

systems in place to ensure the staff team were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. This included ensuring both staff had up-to-date knowledge on the effective safeguarding of residents while supporting their human rights. Residents were being supported by a team of two consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident was observed clarifying with the staff member plans for later in the day before they left to attend their day service. Another resident was supported with their personal grooming and appearance before they left the designated centre.

The inspector was informed in the event that a resident may decide not to engage in a planned group activity with their peers, a support staff could be organised for that resident. This would require advance planning by the person in charge. While the inspector was informed such a situation had not arisen to date in the designated centre, future planning of resources was taking such a situation arising into consideration. In addition, the designated centre currently did not operate when the staff member was on planned leave. Training for the staff member was usually scheduled at times when the designated centre was closed. As the services being provided was over three nights each week the minimal staffing resources were effectively supporting the residents attending for respite breaks at the time of this inspection.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents availing of respite breaks.

- The front line staff member was familiar to the residents working in the designated centre.
- The person in charge worked full time and their remit was over a total of two designated centres.
- There was evidence of ongoing review by the provider to ensure adequate staffing resources were available to support the assessed needs of each resident.
- The inspector reviewed the actual and planned rosters from 5 January 2025 until 23 March 2025, (11 weeks). These were reflective of changes made due to unplanned events such as adverse weather during January 2025. Alternative dates for respite were offered to residents who were unable to attend as planned due to such weather events. For example, four residents were supported to attend mid -week at the end of January 2025 when the designated centre had to remain closed during a storm on 24 January 2025.
- While details in the rosters identified when staff were present, the hours for the sleep over shift were not evident on the rosters reviewed. This was

- discussed during the feedback meeting at the end of the inspection.
- The inspector did not request to review the staff files during this inspection as they were held in a central location by the provider.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection 2 staff members including the person in charge worked regularly in the designated centre.

- The inspector reviewed the training matrix which indicated both staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents while ensuring their safety and safeguarding them from all forms of abuse. These included training in mandatory areas such as safeguarding.
- Monthly training audits were being completed to assess the training needs to ensure the assessed needs of residents availing of short breaks were being met. For example, training was scheduled for both staff members in safety intervention training in March and May 2025.
- The person in charge demonstrated how they had ensured staff supervision was taking place which included regular staff meetings and a schedule of meetings for 2025 was planned. These dates were accessible to the inspector in the staff office on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre at the time of this inspection. There was a management structure in place, with the staff member reporting to the person in charge. The remit of the person in charge who worked full time was over two designated centres. The person in charge was also supported in their role by a senior managers within the organisation.

- The person in charge outlined the progress made to address the actions identified in the previous Health Information and Quality Authority (HIQA) inspection which took place in February 2023. These included the de-activation of all electronic locks on external doors which were not required by residents availing of services in the designated centre.

- The provider and staff team were actively progressing with a review of all documentation to ensure it was reflective of the recent name change by the provider. There was a checklist in place to support the staff to address this and there was evidence of progress being made at the time of this inspection.
- The provider had implemented an organisation wide audit schedule which was being adhered to in this designated centre. The person in charge and person participating in management had oversight of these audit findings as well as senior management within the organisation.
- The provider's internal auditors had completed two six monthly unannounced audits during 2024. These took place in February and August 2024. A finding in both of these audits highlighted that an annual report for 2023 had not been completed in the designated centre. The person participating in management outlined to the inspector that they now had a system in place to reduce the risk of a similar situation arising again in the future. The person participating in management will get an alert four weeks in advance of the annual report being required to be completed to ensure the timely review of the report as required by the provider and outlined in the actions of the August 2024 internal audit.
- An annual review of the designated centre for 2024 had been completed, with progress on actions documented and time lines for completion as well as the person responsible documented.

Judgment: Compliant

Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

Overall, residents availing of respite in this designated centre were supported to be independent in many aspects of their lives. This included actively engaging in social activities such as shopping locally and eating in restaurants. Also, residents enjoyed a variety of activities in line with personal preferences while in the designated centre. This included spending time with peers or on their own if they wished. There were a number of communal spaces where residents could spend time which included a large sun room and sitting room. The provider had addressed an issue regarding accessing Wifi and residents were reported to be happy with this outcome.

The inspector was aware the provider was progressing with the implementation throughout the organisation of an electronic system for residents personal plans. The inspector was informed this had been implemented and was working well in the day services that the residents in this designated centre attended. The inspector was informed the introduction of such electronic records was planned to be

implemented in this designated centre. It is envisaged that the staff team in the designated centre will be able to link with the day service team more seamlessly, with up-to-date information relevant to the staff team in the designated centre available on the system. For example, communication notes on how the resident's day went, how they were feeling and other relevant information. The inspector was informed privacy measures and access to information pertaining to the residents will be specific to the designated centre to ensure each resident's right to privacy relating to their personal information.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats and visual signage were available for a range of topics including safeguarding, advocacy, management of finances and consent.

Residents also had access to telephone, television and Internet services.

There was a visual meal planner which reflected choices made by the residents availing of respite at the time of the inspection.

Residents spoken with during the inspection were aware of the process of how to make a complaint and who they would speak with if they had any concerns. There were information leaflets located around the designated centre which included who the complaints officer was.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. Communal areas were large and spacious including hallways. Bedrooms had minimal decor but had furniture and storage to support residents during their respite breaks. The provider had adequately addressed issues identified in the March 2023 inspection.

In addition, on the day of the inspection planned painting was taking place in some areas of the designated centre while residents were attending their day services. Additional evidence of ongoing review of maintenance included recent external window and path cleaning had been completed as requested by the staff team.

There was documented evidence of logging maintenance issues within the designated centre, timely responses and details of when issues were addressed or

progress to date. For example, the mal -functioning window blind was expected to be repaired and working again as the required replacement part had been acquired from the manufacturer.

The inspector observed some excess stock of items such as paper towels located in boxes under the stairs. This was discussed with the person in charge and a solution identified on the day of the inspection to address the issue.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured a risk management policy was in place and subject to regular review. The current policy had been reviewed in October 2023 and was available to staff.

There were processes and procedures in place to identify and assess centre specific and individual risks. The person participating in management had reviewed the risk register for the designated centre in January 2025. Actions that had been identified were documented as being addressed on the day of the inspection. For example, the inclusion of the risks associated with the use of the stairs for some residents.

A centre specific risk relating to environmental safety which included the external areas did not list the fixed cameras that were in operation and monitoring the areas as one of the control measures, which was explained to the inspector as the purpose of the equipment. This was discussed during the feedback meeting relating to the possible impact on residents rights. This will be further discussed under Regulation 7: Positive behaviour support.

Residents risk assessments were also subject to regular review and were reflective of individual assessed needs such as risks from hot liquids and control measures in place to reduce the risk of harm to the resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of four personal plans over the course of the inspection. Two of these plans had been developed in the residents day services with their key workers. These plans were subject to regular review and updating. This included the progression of goals. The inspector was informed that the provider had progressed with an electronic system in the organisation's day services which would result in better information sharing between the designated centre and the day services regarding residents personal plans. There were some technical issues

encountered that remained to be resolved at the time of this inspection, but the provider expected the personal information of residents availing of respite services in this designated centre to also be available in an electronic format within a short time frame after this inspection.

The provider had also developed a template to streamline residents information availing of respite services. A short breaks passport was in operation in the other designated centre where the person in charge had remit. The inspector was informed there was a schedule in place to transfer all relevant personal information for the 28 residents availing of services in this designated centre into the same format in the months after this inspection. This would result in a more streamlined plan containing relevant information for residents, enhancing oversight and timely reviews as required for each resident.

The inspector reviewed sections of two other personal plans/respice folders which held information relevant to the designated centre. The personal goals were reflective of links with the day service which the residents attended. The residents were being supported to enhance life skills such as money management and increasing their independence while attending for respice breaks.

Multi-disciplinary team meetings were planned to take place for all residents attending for respice on two dates in April 2025. These were being co-ordinated according to which day service the residents attended and the person in charge would be attending.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health while attending for their respice breaks. The compatibility of the groups attending was considered and subject to review by the staff team to ensure a positive experience for each resident.

There were no active behaviour support plans in place at the time of this inspection.

A review of the restrictive practice log had taken place in January 2025. Two restrictions were listed on the log reviewed by the inspector. These included the storage of hazardous materials to ensure the health and safety of residents attending and residents access to their finances. The person in charge detailed when the restrictions were not in place and updated the records to reflect this, such as during October 2024 when the centre was closed for three weeks due to the planned leave of the staff member.

Details of the restrictions relating to residents having access to their finances were provided to the inspector to review. The details outlined the name of the resident for whom the restriction was in place for, the duration and when the restriction was

no longer needed at the end of their respite stay. The person in charge reviewed the rights restriction log after each short break has ended. On review of this documentation it was noted such restrictions were in place only for the specific time a resident who required support with their finances was in the designated centre. For example, on 18 January 2025 two residents required staff support to manage their finances. On 21 and 31 January 2025 only one resident in the groups attending for respite required support from staff to manage their finances. The consent of each resident regarding staff supporting them with their finances was also documented on each short break.

However, the use of fixed external cameras as part of environmental security measures had not been discussed with the provider's rights restrictions oversight committee at the time of this inspection. While the purpose of the cameras were stated as being for security reasons, on the day of the inspection, it was unclear if the cameras were recording images. There was no signage as outlined in the provider's policy on the use of such cameras to inform residents, staff and visitors on the presence of the cameras. The inspector acknowledges that additional information was provided after the inspection by the person in charge and a recommendation by a member of the rights committee that the use of the cameras were to be added to the restrictive practice log for the designated centre.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were no open safeguarding plans at the time of this inspection.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. These plans evidenced consultation and review occurring with the resident for whom the plan was devised for.
- Staff spoken too during the inspection demonstrated their awareness of safeguarding and the processes in place if any issues arose.
- Staff outlined how the compatibility of groups attending was subject to frequent review, seeking residents input and in conjunction with the person in charge and short breaks co-ordinator.
- The person in charge ensured they completed regular review of incident records and there was documented evidence that there had been no safeguarding concerns during 2023 or 2024 in this designated centre. Also, no issues/concerns were identified up to the to date of the inspection in 2025.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

- Residents were supported in line with their expressed wishes to manage their personal finances.
- Residents were supported to attend activities in which they had an interest such as festivals.
- Residents were afforded the opportunity to discuss various options /activities /preferences during their respite stay.
- The staff team worked closely with residents day services to support residents to attain goals such as going to local services like the hairdresser.
- The advocacy officer was developing a meaningful template for residents attending respite breaks to support the discussion of advocacy.

However, further review was required to ensure residents right to privacy was consistently supported.

- On the day of the inspection, a completed short breaks passport containing personal information for a resident not availing of services in this designated centre was in the staff office. This was addressed by the person in charge once brought to their attention by the inspector.
- The inspector was not assured that the privacy for residents in the dining room was consistently being maintained. At the time of the inspection there was a risk of overlooking into the dining room from a ground floor window in a neighbouring property close to the boundary. While the inspector acknowledges that there was a boundary hedge in place, it did not have foliage on it and there was a direct line of sight from the designated centre into the room in the neighbouring property.
- Residents had not been informed about the presence and purpose of external fixed cameras on the property.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for North County Cork 3 OSV-0003314

Inspection ID: MON-0045773

Date of inspection: 05/03/2025

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none">• Since the inspection the Person in Charge has put signage in place in the centre, in adherence to organizational policy, to ensure that all residents, staff and visitors are aware of the presence of external CCTV cameras for safety and security purposes.• The use of CCTV cameras will be discussed at resident forums also to ensure that all residents are aware of their presence when they come to the centre for respite.• The use of CCTV cameras will be included on the centre's rights restriction log and submitted to HIQA on a quarterly basis from April 2025 (Q1) onwards.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none">• The Person in Charge will ensure that any records pertaining to individuals who do not reside in the centre will not be stored onsite.• The Person in Charge has arranged for a solar guard assessment to be completed regarding the dining room window. Once a quote is received a formal requisition will be made to install solar guard panels on the dining room window to ensure residents privacy and dignity whilst availing of respite in the centre.• All residents will be informed of the presence of external CCTV cameras at residents forum when they come for their respite stay. Signage has also been put in place since the inspection.	

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 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/04/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and	Substantially Compliant	Yellow	30/09/2025

	personal information.			
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