

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

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Cork
Name of provider:	L'Arche Ireland
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 June 2025
Centre ID:	OSV-0003421
Fieldwork ID:	MON-0047268

About the designated centre

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

L'Arche Ireland - Cork is comprised of two detached houses located in the suburbs of Cork City. Combined the two houses have a total capacity for ten residents. The centre provides full-time residential accommodation for residents over the age of 18, both male and female, with intellectual disabilities. Each resident has their own individual bedroom and other rooms in the two houses include sitting or living rooms, laundry rooms, bathrooms, and staff offices. Support to residents is provided by the person in charge, staff and volunteers with residents also having access to a community nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
--	---

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 5 June 2025	10:30hrs to 19:05hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Most residents living in this centre were met during the course of the inspection. Feedback received from such residents about life in the centre was positive. Most residents who were asked, indicated that they felt safe living in the centre.

This centre was made up of two houses which provided a home for up to 10 residents. On the day of inspection seven residents were present in the centre, an eight resident was away from the centre staying with their family and there was two vacancies in the centre. Both houses were visited during the inspection with the inspector meeting all seven residents present. Some of the inspector's interactions with three residents were brief but he did get an opportunity to have a discussions with the four other residents.

Shortly after arrival in the first house, the inspector met one resident during a walk around of the premises with the person in charge. This resident extended their hand and greeted the inspector. The person in charge informed the inspector that the resident would be shortly leaving the centre to attend a family event. After this, the resident again extended their hand to the inspector and said goodbye to him. The inspector continued with his walk around. Soon after this resident left the centre and was not met again during the inspection.

The inspector spent most of the inspection in the first house but no other residents were present in this house for much of the inspection day with three other residents living in this house attending day services. These three residents returned to the house later in the afternoon. One of these residents was briefly met by the inspector initially in the presence of a relative of the resident. The resident told the inspector that they were well able to speak up for themselves and said that they had graduated from a project earlier in the day. The resident also mentioned doing a course in college that they had to study for.

A second resident was met as they were seated in the house's living room and mentioned seeing a television programme on RTÉ1 the previous night about nursing homes which the resident described as "awful". The inspector then asked the resident about living in this house with the resident indicating that they liked it because it was "a nice house". The resident said that they got on well with the other residents living in the house and felt safe. They mentioned that they went out with their peers for dinner and to go to the cinema. When asked what the resident generally did during the day, the resident responded by saying that they watched television or went to day services.

Staff and volunteers working in the house were also commented on positively by the resident with the resident appearing content during this discussion with the inspector. After speaking with this resident, the person in charge introduced the inspector to a third resident who smiled during this time. The person in charge asked the resident if they wanted to speak with the inspector but the resident said

no and walked on while still smiling. The inspector left this house shortly after with things observed to be quiet and calm as he did so but overall the inspector observed limited resident/staff/volunteer interactions while he was in this house.

Although the inspector was only present in the second house for a relatively short period, he did get to observe and overheard more resident/staff/volunteer interactions while there. The inspector also got to speak with the three residents who were living in this house. One of these residents greeted the inspector shortly after he entered the house before telling the inspector about attending day services and setting the table for the dinner. The resident then showed the inspector the table that they were in process of setting before engaging jokingly with the person in charge about an upcoming birthday.

Later on the inspector was able to sit down with this resident and have a further discussion. During this the resident indicated that they liked living in the house as it was quiet. In doing so, they said that they had previously lived in another house operated by the provider but found it too noisy with their current home offering a calmer environment. They went on to speak about the importance of self-care and was aware of their human rights. When asked by the inspector if they felt safe living in their current home and if they got on with their peers, the resident responded "sure" to both questions and also mentioned watching television with the other two residents in the house.

A second resident living in this house also gave positive responses around feeling safe and getting on with their peers. This resident told the inspector that they had lived in the house for 10 years and liked it because the food was nice. This resident had not initially been in the house when the inspector arrived but returned there after going on an outing with a relative. The resident said that during this outing they had gotten a big bag of chips which they enjoyed. This resident also indicated that staff and volunteers in the house were good to them. When asked if there was anything that they were unhappy with, the resident responded by saying "I like the house".

This resident and the first resident initially spoken with in this house both communicated verbally. The third resident also communicated verbally but the inspector had some difficulty in clearly making out what they were saying. As such, when the inspector spoke with this resident, assistance was provided by a member of staff who had a better understanding of the resident's communication. This staff member was able to provide the inspector with additional context and information on what the resident was saying in responses to the questions that were asked to the resident.

From this, it was indicated that the resident had been living in the house since the 1990s and saw their family every weekend. The resident also mentioned some of their relatives and pets that some of their relatives had. It was indicated by the resident that they liked living in the house but did not like a witch. The staff member told the inspector that this was related to the resident seeing a character in a show that they did not like during a previous trip to London. The resident then referenced watching certain comedy television shows. When asked by the inspector if they felt

safe in the house, the resident did not respond to this but later indicated that they got with their peers.

It was particularly noticeably during this time that the atmosphere in this house while the inspector was present was sociable and jovial. For example, it was noted that when one resident made amusing comments, volunteers and staff member present laughed with the resident then commencing to sing a song. It also appeared that residents were comfortable in the presence of the staff and volunteers. This was evidenced by one resident being seen to hug a staff member and then a volunteer while residents, staff and volunteers had a meal together. Such observations reflected a homely environment while it was also noted that the meal had been cooked in the house.

In summary, feedback from residents during this inspection was positive. During such feedback, residents indicated they liked their home and gave positive responses when asked about staff and volunteers. Residents also generally indicated that they felt safe in their homes.

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

No immediate or high safeguarding concerns were identified during this inspection. Some actions were identified though in areas such as the centre's annual review.

When this centre was last inspected on behalf of the Chief Inspector of Social Services in February 2024, the centre was made up of three houses and was registered for a maximum capacity of 14. However, owing to fire safety concerns in one of these house, the provider opted to only apply to renew the centre for two houses and a capacity for 10. Residents living in that house moved elsewhere and following the February 2024 inspection, the centre's registration was subsequently renewed until July 2027. However, it had been previously identified that the two remaining houses of the centre required fire safety improvement works. The provider had a plan to complete these works which they had kept the Chief Inspector informed of since the February 2024 inspection.

In the most recent update provided before this inspection, from March 2025, it was indicated that works would start in August 2025 and would be completed by May 2026. To facilitate such works, movement of residents between the two current houses was needed and it was indicated that the provider would submit an application to vary the centre's conditions of registration during May 2025 to reflect this. Such an application had not been submitted prior to the current inspection

which was conducted as part of a programme of inspections started by the Chief Inspector during 2024 focused on the area of safeguarding.

During this inspection, it was indicated by a member of management that the provider's plan for fire safety works remained on track but that planning permission had been sought. It was highlighted though that the time frames for this could change and that the intention remained for residents of this centre to move between both houses while works were ongoing. The inspector was also informed that pending completion of the works, the centre was not accepting any new admissions. Aside from this matter, regarding safeguarding practices, no immediate or high concerns were identified during this inspection although some actions were identified relating to the availability of certain documentation, the centre's annual review and the timeliness of safeguarding plans as will be discussed later in his report.

Regulation 16: Training and staff development

In keeping with the provider's model of care, the workforce for this centre was made up of staff and volunteers. Under this regulation, staff working in a centre must be appropriately supervised while Regulation 30 Volunteers also requires volunteers to receive supervision. In the first house visited the inspector requested supervision records but he was informed that these were unavailable. However, a staff member spoken with in that house confirmed that they were in receipt of formal supervision. In the second house visited, another staff member also told the inspector that they had been formally supervised. A supervision log was subsequently provided for this house which indicated that all staff and volunteers working in the house had received recent supervision.

Aside from supervision, Regulation 16, also requires that copies of certain documentation are made available to staff. In line with this the inspector requested copies of relevant regulations, the Health Act 2007, relevant national standards relating to disability services, national standards for adult safeguarding and relevant guidance documents for safeguarding. Only copies of the regulations and national standards relating to disability services were initially provided with the inspector informed that the other documents requested could not be located. Before the inspector left this house, it was seen that some of the outstanding documents were being put in place.

In the second house visited, the inspector was provided with a folder and informed that this folder contained all of the documents requested by the inspector. While this folder did contain a copy of the regulations and some guidance documents issued by the Chief Inspector, it was noted that most of these guidance were over 10 years old with some having been replaced. The folder did not contain copies of the relevant guidance and standards requested relating to safeguarding nor the Health Act 2007. The documents and information provided in both houses, did not provide

assurances that copies of all relevant documentation had been made available to staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

In keeping with the requirements of this regulation, unannounced visits to this centre were being conducted by representatives of the provider. Such visits were carried out in June 2024, December 2024 and April 2025 with reports of these visits provided to the inspector during the course of the inspection process. It was seen that these visits considered relevant areas impacting the quality and safety of care and support provided to residents including safeguarding. Where any areas for improvement were identified during such visits, an action plan was put in place to respond to these. While such matters were positively noted, following the fire safety issues that were highlighted during the February 2024 inspection, the provider indicated that they would be compliance with Regulation 28 Fire precautions by 31 March 2024.

As referenced earlier in this report, fire safety works in the centre's two current house had yet to commence. In addition, it was observed that the April 2025 provider unannounced visit identified actions related to fire safety works which were marked in the action plan seen by the inspector as being completed. This was not consistent with the status of the fire safety works at the time of this inspection. This indicated that some improvement was needed to ensure that the provider's stated time frames for compliance were adhered to and that action plans were accurately updated. It was acknowledged though that the provider had kept the Chief Inspector updated since the February 2024 inspection regarding progression with their plan for fire safety works.

The February 2024 inspection also identified that some improvement was needed around the recording of complaints in the centre. Following that inspection the provider also indicated that they would be in compliance with Regulation 34 Complaints procedure by 31 March 2024. Despite this, when reviewing complaints records in one house, it was noted that some complaints recorded after this date did not clearly record the outcome of the complaint nor complainants' satisfaction. Again, this indicated that some improvement was needed to ensure that the provider's stated time frames for compliance were adhered to.

Beyond such matters, another regulatory requirement under Regulation 23 Governance and management is to conduct an annual review of the centre to assess the centre against relevant national standards. A report of the most recent annual review for the centre, as completed during November 2024, was provided to the inspector. While it was noted that annual review focused on areas such as pursuing interests and growth opportunities, it did not explicitly assess the centre against national standards. Furthermore, while the annual review included positive resident

feedback, it did not contain feedback from residents' representatives. Such feedback is required under this regulation.

Judgment: Substantially compliant

Quality and safety

Residents asked by the inspector generally reported as feeling safe in the centre with some residents displaying a good awareness around their rights. Some resident incompatibility remained in one house and some safeguarding plans had not been put in place in a timely manner.

During discussions with residents during this inspection some residents reported as feeling safe in their homes and getting on with their peers. However, the February 2024 inspection had highlighted that there was resident incompatibility in one house. During the current inspection, it was indicated that this remained the case. Some safeguarding incidents between residents had occurred related to such incompatibility but only two notifications of a safeguarding nature between residents in this house had been received in 2025. Safeguarding plans had been put in place in response to such incidents from both 2025 and 2024 although it was noted that some of these had not been put in place in a timely manner. Other than explicit safeguarding matters, it was also noted that residents spoken with were aware of their rights.

Regulation 10: Communication

Based on observations and discussions during this inspections, residents had access to Internet and media such as televisions and tablet devices in both houses. The inspector was informed that no resident used assistive technology to communicate with residents met during this inspection heard to communicate verbally. However, the inspector did have difficulty in understanding what one resident was saying but a staff member on duty was found to have a good understanding of the resident's communication which provided assurances around staff awareness in this area.

Judgment: Compliant

Regulation 17: Premises

Both houses that made up this centre were visited with the two generally seen to be presented in a homely manner while also being well-furnished. No issues were

observed during the inspection relating to the communal space or bathroom facilities provided while all residents had their own individual bedrooms. However, it was apparent that the second house visited during this inspection was showing some signs of wear and tear. For example, the kitchen worktop was worn while one kitchen press was missing a door. In addition, in one resident's bedroom, which was otherwise seen to be well-presented, the inspector noted what appeared to be spots of mould on the bedroom's ceiling.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Under this regulations, all residents should have an individualised personal plan in place with such plans intended to set out the health, personal and social needs of residents. Such plans should also provide guidance for staff on how such needs are to be met. During this inspection the personal plans of two residents were reviewed in the first house visited. The contents of these personal plans were noted to have been reviewed within the previous 12 months and had been the subject of an annual review. Residents had been supported to identify goals through a person-centred planning process with documentation reviewed indicating progress with such goals.

During the previous inspection in February 2024, some resident incompatibility had been identified which was actioned under this regulation given that a designated centre must be suitable to be meet the needs of each resident. Communication received following that inspection indicated that the provider was seeking alternative accommodation for one particular resident. It was also indicated that six residents living in the house where that resident lived was too much. During the current inspection, it was highlighted that a different resident in that house had recently moved to another setting with a staff member commenting that the house worked better with lower numbers.

However, when the inspector asked, he was informed that the resident incompatibility previously identified remained while recent meeting notes for one of the remaining residents in this house referenced that they did not like another resident living there. There had been some safeguarding incidents between residents of this house since the February 2024 inspection but only two of these in 2025. The provider had previously advised of its intention to review all resident groupings in its Cork-based designated centres following the completion of planned renovation and building works. As mentioned elsewhere in this report, fire safety works in the two houses of the centre had yet to commence. In light of this and the ongoing resident incompatibility, the regulatory action identified from the February 2024 inspection remained. Such resident incompatibility would need to be carefully considered given the provider's intention to move residents between the two houses of the centre while fire safety works were being completed.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some restrictive practices were in use in this centre with documentation reviewed during this inspection in one house indicating that such restrictive practices had been recently reviewed and risk assessed. When reviewing one resident's personal plan in this house, a document was read which indicated that the resident had been informed about and consented to such restrictions. Where required guidance was also present in residents' personal plans related to positive behaviour support. A staff member was asked about such matters for one resident with the staff member displaying a good knowledge in this area. A training matrix provided during this inspection indicated that staff and volunteers had completed training in challenging behaviour.

Judgment: Compliant

Regulation 8: Protection

Taking into account documentation read, observations and discussions with staff and management, the following positive aspects were noted related to safeguarding practices in the centre:

- A safeguarding policy was in place for this centre and since the February 2024 inspection, the provider had introduced guidance to help distinguish between comments, complaints and safeguarding concerns.
- The provider had appointed two designated officers (specific people who review safeguarding concerns) with contact information for both seen to be on display in the centre's two houses.
- Staff members spoken with were aware of who both designated officers were.
- The notes of staff meetings for all of 2025 in one house were reviewed. These referenced safeguarding as being discussed at all meetings although the recorded entries for safeguarding in these notes were very similar and tended to focus on a specific safeguarding measure to follow in this house. When queried, it was suggested that additional safeguarding matters would be discussed at such meetings but might not necessarily be recorded in the meeting notes
- A training matrix provided indicated that all staff and volunteers had completed safeguarding training.
- Two members of staff spoken with demonstrated a good knowledge in the areas of safeguarding such as how to report any safeguarding concerns and the different types of abuse and their indicators.

- Where safeguarding incidents had occurred, documentation reviewed in one house indicated that such matters had been appropriately screened with safeguarding plans put in place. Such plans outlined measures which were intended to prevent reoccurrence with indications that such measures were followed. For example, it was indicated that the provision of one-to-one support for one particular resident in a house with some resident incompatibility helped in preventing incidents. This resident incompatibility is discussed further under Regulation 5 Individualised assessment and personal plan.

However, for two safeguarding incidents it was noted, based on the documentation provided, that the relevant safeguarding plans in response to the incident had not been put in place in a timely manner after the incident. For example, for one incident, the safeguarding plan was not put in place until two weeks after the incident had occurred.

In addition, despite the guidance that had been introduced, when reviewing complaints records in one house, the inspector read one complaint from June 2024 which initially appeared to be of a safeguarding nature given its content. The complaint record seen did not clearly indicate if this matter had been considered as a safeguarding concern or not at the time although it appeared that efforts had been made to black out a sentence which referenced a safeguarding plan. This was queried with management of the centre and following the inspection, it was confirmed that this complaint had been reviewed by one of the provider's designated officers and deemed not be of a safeguarding nature.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Based on discussions with residents during this inspection, they were aware of their rights. For example:

- One resident told the inspector that they could speak up for themselves.
- A second resident spoke of some of their rights such as dignity.
- When the inspector asked a third resident, if he could see the resident's bedroom, the resident indicated that they did not want this with this request respected by the inspector.

Documentation reviewed in one house also indicated that residents were consulted and given information through regular resident meetings that occurred in the house. The inspector reviewed notes of such meetings for all of 2025 in this house and noted that they referenced issues like day services and menus being discussed with residents. Residents were also given information about upcoming events such as being informed about an upcoming house holiday that was scheduled for July 2025. From a safeguarding perspective, the meeting notes indicated that residents were

asked at every meeting if they felt safe with yes indicated for all meetings. Notes of the most recent meeting before this inspection also referenced residents being informed of who the designated officers were.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for L'Arche Ireland - Cork OSV-0003421

Inspection ID: MON-0047268

Date of inspection: 05/06/2025

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: - Necessary documentation relating to regulations 16 (2) (a)/(b) and (c) are now in place in each of the houses of the Designated Centre	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - L'Arche Ireland Audit Team have ensured that the annual review of quality and safety is conducted in line with the standards as outlined in Regulation 23(1)(d). - L'Arche Ireland Audit Team have ensured family members are consulted as part of the annual review as per regulation 23(1)(e). - L'Arche Ireland Audit Team will ensure that when conducting unannounced inspections that previous inspection action plans are reviewed and monitored as part of the unannounced inspection process as per regulation 23(2)(a). - The above has been approved formally at a leadership meeting of the 27 June 2025. - Regarding Fire safety works- Please refer to actions in regulation 17 response plan - Regarding Complaints- Please refer to action in regulation 8 response plan	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - Planned upgrades to both houses in the Designated Centre are on track as per contractor update July 25, which addresses (regulation 17 (1) (b))/(c) - First house in Designated Centre will be completed by 20 December 2025 - The wear and tear issues identified in this house (kitchen worktop, kitchen doors, possible mould) will be rectified during the premises upgrades and completed by 20 December 2025 - Second house in Designated Centre will be completed by 30 July 2026 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> - Whilst building work will be going on in the two houses in the designated centre, personal plans will be updated to reflect additional staff supports to all of the residents in the designated centre, and will focus specifically on safeguarding plans - The renovation work in the designated centre will provide the opportunity to address incompatibility issues within one house as there will be extra bed capacity following completion of the work. Based on the needs of residents and their expressed wishes, this plan will be implemented by 1 September 2026 to allow for one month lead in time for any new arrangements to be put in place. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> - All safeguarding issues discussed at house team meetings to be minuted and follow up for review - All staff reminded of where to forward incident forms and complaints for within the agreed timeframe so as to assure prompt drawing up of safeguarding plans - The complaints form and incident form have been updated to link complaints/incidents with safeguarding concerns and for outcomes to be clearly recorded within an assigned time frame. 	

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(2)(a)	The person in charge shall ensure that copies of the following are made available to staff; the Act and any regulations made under it.	Substantially Compliant	Yellow	17/06/2025
Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	17/06/2025
Regulation 16(2)(c)	The person in charge shall ensure that copies of the following are made available	Substantially Compliant	Yellow	17/06/2025

	to staff; relevant guidance issued from time to time by statutory and professional bodies.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	27/06/2025
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in	Substantially Compliant	Yellow	27/06/2025

	accordance with standards.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	27/06/2025
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	01/09/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	10/06/2025