



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

## Issued by the Chief Inspector

Name of designated centre:	Kingfisher 3
Name of provider:	Corlann
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	06 February 2026
Centre ID:	OSV-0004840
Fieldwork ID:	MON-0045825

## About the designated centre

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

Kingfisher 3 consists of a semi-detached two-storey house and two semi-detached three-storey houses located in the same area in housing estates on the outskirts of a city. The centre can provide full time residential care for up to seven residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the three houses of the centre include kitchen-dining rooms, living or sitting rooms, bathrooms and staff rooms. The residents are supported by the person in charge, a team leader, social care workers, health care assistants/support workers and instructors.

**The following information outlines some additional data on this centre.**

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

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
Friday 6 February 2026	09:00hrs to 17:15hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

This inspection was a monitoring inspection following this centre's previous inspection in September 2024 where a number of regulatory actions were identified. Overall, the current inspection found improvement from the previous inspection in areas such as staff supervision, fire safety and personal plans. However, it was highlighted that the environment provided for one resident was not suited to their needs while some other regulatory actions were identified relating to notifications and personal care for one resident.

Kingfisher 3 was made up of three separate houses located nearby one another. Seven residents were living in the three houses. Two of these houses were visited during this inspection with the inspector meeting all five of the residents who were living in those two houses. These residents did not significantly interact with the inspector during his time in these house so no direct feedback from these five residents on what it was like to live in this centre was obtained. The inspector did have opportunities to observe some interactions in the houses as well as speak with members of centre management and three members of staff.

On arrival at the first house visited, two staff were present and were supporting residents with personal care and breakfast. While this was ongoing the inspector sat in the house's living room area when a resident entered. The resident was seen to be smartly dressed and shook the inspector's hand when the inspector greeted them. The resident then sat down beside the inspector before handing him a television remote. The inspector took this to mean that the resident wanted the living room's television to be turned on which the inspector did. This resident then spent time watching television in the living room while another resident was watching television in their bedroom.

Soon after this, two residents left the house using one of the house's assigned two vehicles with a staff member. One of these residents was attending day services while the other was being brought for a drive. The resident who left for day services was briefly met by the inspector before they went but they did not interact with the inspector. This resident had not returned from day services by the time the inspector left the first house visited and so was not met again. The resident who went out for the drive returned to the house later in the morning.

While the inspector was having an introduction meeting for the inspection, the third resident living in this house was supported to leave the centre for a period with a staff member in the house's other vehicle before returning to the house later in the morning also. After this, this resident was then collected at the house by a relative to visit their family away from the house. The resident had not returned to the house by the time the inspector left there and so was not met again. One resident

was present in this house for much of the time while the inspector was present and was seen to move between communal areas and their bedroom.

The atmosphere while the inspector was present in the first house visited was quiet throughout his time in this house. While the two staff members on duty had helped residents with personal care, meals and to leave the house, limited interaction and engagement from staff towards the residents living in this house was observed and overheard while the inspector was present. This observation was highlighted to management of the centre. Some suggestions as why there had been limited interaction and engagement was put forward in response such as some residents requiring a low stimulus environment.

After leaving the first house visited, the inspector went to second house which was located close by. Two residents were living in this house, both of who were met by the inspector in the house's sitting room shortly after he entered. Neither of these residents interacted with the inspector at this time. Later while the inspector was in the house's kitchen-dining room, one of these resident came into the hall area of the house and was warmly greeted by the staff member on duty. The resident then walked into the kitchen with the staff member indicating that the resident wanted a cup of tea which the staff then made for the resident. This staff later supported both residents to leave the house for a period before returning by the end of inspection.

In summary, two of the three houses that made up this centre were visited during this inspection. All five residents living in these two houses were met but no direct feedback from these residents was received during this inspection. All five residents left the houses where they lived during the inspection with staff support. The atmosphere in one of the houses visited was noticeably quiet with limited staff interaction and engagement with residents observed and overheard there while the inspector was present. Regulatory actions identified during this inspection will be discussed later in this report.

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

Improvement was found during this inspection in areas such as staff supervision. Some actions were identified though in areas such as notifications and the centre's statement of purpose.

During the previous inspection of this centre in September 2024, a number of regulatory actions and areas of concerns were identified in areas including oversight, staff supervision, personal plans, fire safety and notifications. The provider

submitted a compliance plan response following that inspection which outlined the measures it was going to take to come back into compliance. This compliance plan response was largely accepted but not the provider's response for Regulation 31 Notification of incidents. The centre subsequently had its registration renewed until December 2027. Further concerns around oversight of the centre and safeguarding were raised during November 2024 which resulted in a provider assurance report (PAR) being issued to the provider. The provider's response to this, as submitted in December 2024, offered sufficient assurances in key areas.

Since that time the provider had applied to vary a condition of its registration to reflect an increase in the footprint of one of the centre's houses and a change in the location of one bedroom in the same house. This application was granted while a new person in charge was appointed for the centre in August 2025. Given the length of time since the September 2024 inspection, the decision was made to conduct the current inspection as a monitoring inspection to assess compliance in more recent times. Overall, this inspection found improvement in areas such as staff supervision, fire safety and personal planning. Oversight was also being provided by the provider through unannounced visits to the centre. It was noted though that the centre's organisational and reporting structure was not accurately reflected in the centre's statement of purpose while some quarterly notifications had not been submitted.

### Regulation 15: Staffing

Staffing in a centre must be in keeping with the needs of residents and the centre's statement of purpose. The centre's statement of purpose, which had been reviewed in September 2025, outlined specific staffing levels that were to be in place in all three houses by day and night. Staff rotas reviewed for one house of the centre from 28 December 2025 on indicated that the staffing was being provided for in this house in a manner that was consistent with the statement of purpose. Such outlined staffing arrangements were also observed to be present in the two houses visited during this inspection. Staff and management spoken with during inspection raised no concerns around the provision of staffing in the centre and indicated that appropriate staffing levels were being maintained in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

This regulation requires that staff working in a centre are appropriately supervised. During the September 2024 inspection it was indicated that formal staff supervision was to be done quarterly but this frequency was not being met at that time. On the current inspection, management of the centre again indicated that formal staff supervision was to be done quarterly. A supervision log provided during this

inspection indicated that 12 of 14 staff working in this centre had received formal supervision in the three months leading up to this inspection. Of the other two staff members, one had last received supervision in September 2025 while the other had last received supervision in May 2025. A member of management informed the inspector that the former staff was due to be supervised the week following this inspection and that the former staff rarely worked in the centre. Overall, the provision of staff supervision had improved from the September 2024 inspection.

In addition to staff supervision, an updated training matrix provided in the days following inspection indicated that the majority of staff working in the centre had completed in-date training in areas such as fire safety and safeguarding. However, some training gaps were noted from the documentation reviewed. These included:

- One staff had not completed safeguarding training while another staff was overdue refresher training in this area since January 2025.
- One staff member was indicated as not having completed fire safety training.
- Three staff were indicated as not having completed manual handling training (which was indicated as being a mandatory training for the centre).

Aside from training when in one house of the centre, the inspector observed copies of the Health Act 2007 along with relevant regulations and standards also being present. Under this regulation, the person in charge must ensure that copies of such documents are made available to staff.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The findings of the September 2024 inspection raised concerns around aspects of oversight of this centre with some similar concerns prompting a PAR to be issued in November 2024. The PAR response received in December 2024 had indicated that an area manager for the centre was to visit the centre on a fortnightly basis. While it was acknowledged that the role of area manager for this centre had changed since the PAR response, the inspector received different information as to the frequency of the current area manager's visits to the centre. For example, one member of centre management indicated that the area manager did visit for some audits and staff meetings but did not visit fortnightly while another member of centre management suggested that the area manager did visit fortnightly but did not record such visits. The person identified as the area manager for the centre was not present on the day of inspection.

During the current inspection, the inspector reviewed report from three unannounced visits to the centre as conducted by representatives of the provider in December 2024, June 2025 and December 2025. When reviewing these reports, it was seen that they considered matters relevant to the quality and safety of care and

support provided to residents such as safeguarding, incidents and complaints. It was also found that there was improvement overall on this inspection compared to the September 2024 inspection. This was particularly relevant in terms of staff supervision, fire safety and personal planning which contributed to improved compliance levels. This did provide some assurance that the management and monitoring systems in operation were ensuring that previous areas of concerns had been followed up on. This regulation also requires that the management systems in operation ensure that the services provided are appropriate to residents' needs and safe. As will be discussed later in this report, the environment provided for one resident was not suited to their needs while three other residents were under consideration for possible admission to other designated centres. Some actions were also found during inspection in areas such as personal care for one resident which indicated that aspects of the monitoring systems in place did need some improvement to identify and address relevant issues in a timely manner.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose is an important governance document as it describes the services to be provided in a centre and also forms the basis for a condition of registration. Under this regulation a statement of purpose is required to be reviewed at intervals of not more than one year. On the current inspection, the statement of purpose provided was marked as having been reviewed during September 2025. It was also found to contain required information such as details of the staffing arrangements for the centre the details of the arrangements for visiting. It was highlighted though that that the stated organisational structure and that the staffing whole-time equivalent were not accurately stated. Under this regulation, such information should be included in the statement of purpose.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Under this regulation the Chief Inspector of Social Services must be notified of certain events at specific time frames. During the September 2024 inspection, it was found that some matters which required notification within three working days had not been notified. This regulation also requires that any injuries which are not deemed to be serious injuries, must both be notified on a quarterly basis. When reviewing the centre's incident recording system, the inspector observed a number of incident records which involved a resident engaging in self-injurious behaviour. While management of the centre indicated that these incidents were not considered injuries, they were classed as being injuries on the provider's incident recording

system. None of these had been notified to the Chief Inspector with no quarterly notification of any injury having been submitted from the centre since the September 2024 inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

During this inspection it was observed that information about the complaints process to be followed was on display. In addition, when reviewing notes of residents' meetings in one house from January 2026, it was noted that complaints was indicated as being discussed with residents by the staff facilitating these meetings. The inspector reviewed complaints logs for both house visited for 2025 and 2026. It was noted that these logs included details of any complaints made, how these complaints had been followed up and whether or not the complainant was satisfied with the outcome. The recording of such information was consistent with the requirements of this regulation.

Judgment: Compliant

### Quality and safety

One resident was recommended as needed a different premises to live in. Residents' personal plans had improved since the previous inspection. During the inspection a concern was raised around the provision of personal care for one resident.

Improvement overall was found during this inspection relating the content of residents' personal plans and person-centred planning. Such person-centred planning resulted in priority outcomes being identified for residents with residents supported to progress with such outcome. While this as positively noted, during the inspection it was highlighted how four residents (who lived across the three houses of this centre) were under consideration for an admission to other designated centres. This was being considered for three residents related to their current and future needs with an occupational therapist (OT) specifically recommending for one of these residents needed a different living environment. Aside from the OT, residents had been supported to avail of other health and social care professionals such as general practitioners (GPs). A designated officer (person who reviews safeguarding concerns) was also in place with staff aware of them. During the inspection, one staff member raised a concern with the inspector around the provision of personal care for one resident. This was highlighted to management of the centre on the day of inspection.

## Regulation 13: General welfare and development

Based on documents reviewed within three residents' personal plans, priority outcomes for residents had been identified for these residents within the previous 12 months. This was done through person-centred planning and involved a process of information gathering with residents' families involved in this. Some of these priority outcomes had a focus on availing of the local community. Examples of such priorities included a resident going to a show in the local area, a resident going to a local barber and a resident using the local bus network to access the community. Review records for such priority outcomes indicated progress with these with the overall person-centred planning processes found to have been improved since the September 2024 inspection.

In addition, further documentation within residents' personal plans along with discussions with staff and management indicated that residents had been supported to avail of other activities. These included social farming, going swimming, pet therapy and music sessions. Support was also provided for residents to maintain contact with their relatives. For example, log entries for one resident indicated that they were supported to meet a relative away from the centre throughout 2025.

Judgment: Compliant

## Regulation 17: Premises

This regulation requires that the premises provided for residents to live in is appropriate to meet their needs and is clean, suitably decorated, kept in a good state of repair and promotes accessibility. The two houses visited during this inspection were of a similar size and layout. These two houses consisted of three storeys each and both were seen to be clean, well-furnished and well-maintained on the day of inspection. Both houses also had lifts that operated between the ground and first floors. The five residents living in these houses each had their own bedrooms with four residents' bedrooms on the first storeys.

One of these residents was under consideration for potential admission to another designated centre on account of future planning relating to their aging needs. Another resident had their bedroom on the ground floor of the house where they lived to better suit their mobility needs. However, the inspector was also informed that this resident was under consideration for potential admission to another designated centre given their increasing needs. It was also highlighted that, given this resident's mobility needs, they had issues with steps. Despite this, the shower which the resident used in their current home required a step up while accessing the rear yard area of this house required a step down. The inspector was informed that a handle was to be installed at the rear exit of the house to support this resident to

help with the latter. However, it was unknown when this handle was to be installed. In addition, an external body had previously recommended in May 2025 that one wall of a resident's bedroom be painted differently to support their vision needs. This bedroom was seen during this inspection and all walls were noted to be painted the same colour.

In addition to the two residents already referenced under this regulation, a further two residents were also under similar consideration for potential admission to other designated centres. One of these residents had requested to live in an individualised setting and their request was being actively considered. For the other resident, it was highlighted that the current environment where they lived was adversely impacting their presentation and resulting in the resident engaging in self-injurious behaviour which was reflected in incident reports reviewed. This related to the amount of internal and external space provided by the house where they currently lived with an OT report from December 2025 recommending that the resident move to an alternative living accommodation. In light of this, at the time of this inspection, the environment offered by the house where this resident currently lived was not appropriate to their needs. This was not in keeping with the requirements of this regulation.

Judgment: Not compliant

### Regulation 20: Information for residents

A copy of the centre's residents' guide was seen during this inspection. This was noted to include all information required by this regulation including a summary of the services and facilities provided in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The September 2024 inspection highlighted some concerns around the provision of fire doors in two houses of the centre. Such fire doors play an important role in containing fire and smoke while also providing for a protected fire evacuation route if required. The same two houses were visited during this inspection and it was found that measures that had been taken to address issues with the fire doors. For example, gaps under these fire doors were no longer present. Such fire doors were just one of the fire safety measures present in both houses with other such measures including fire alarms, emergency lighting, fire blankets and fire extinguishers. Documentation provided confirmed that these fire safety systems had

been the subject of maintenance checks by external contractors during 2025 to ensure that they were in proper working order.

Fire drills records reviewed for both houses since the start of 2025 confirmed that fire drills had been conducted regularly in both houses with low evacuation times recorded. However, for one of the houses, based on the drill records provided, no fire drill had been conducted to reflect a night-time situation when staffing levels in the house would be at the lowest. In the other house, the drill records maintained indicated that fire drills had been carried out when staffing was at its lowest but some drill records did not record the scenario for the fire drill carried out. As such, it was unclear if a drill to reflect a night-time situation had been conducted in that house either. Where fire drills scenarios were recorded in fire drills records for the same house, it was noted the same fire exit was indicated as being used only.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

While in one house, the inspector reviewed the medicines storage facilities provided there. From this it was noted that arrangements were in place for medicines to be stored securely in this house. The inside of the medicines storage was also seen to be neatly organised with a sample of medicines reviewed from this found to be appropriately labelled and in-date. The inspector also reviewed medicines documentation relating to one resident living in the same house. Such documentation was found to contain key information relating to the resident's prescribed medicines such as how and when they were to be administered. Medicines administration records reviewed for the resident for 2026 confirmed that the resident had received their medicines as prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The September 2024 inspection of the centre raised issues with aspects of the personal plans provided. Such issues included some documents within personal plans not being reviewed for over 12 months and parts of personal plans not being completed in full. During the current inspection the inspector reviewed personal plans relating to three residents. From these it was found that the majority of the contents of these personal plans had been reviewed within the previous 12 months and all parts of the personal plans had been completed in full. This was a noted improvement from the previous inspection. As a result, guidance was in place within residents' personal plans around how to support residents' needs. It was noted though that two of the residents' personal plans contained behaviour support plans.

These had not been reviewed since August 2024 and September 2024 respectively. When queried with a member of centre management it was indicated that a request had been made to get these reviewed.

Judgment: Substantially compliant

## Regulation 6: Health care

When reviewing residents' personal plans, it was noted that they contained recently reviewed guidance on how to support residents' assessed health needs in areas such as epilepsy. Further records reviewed also confirmed that residents were supported to avail of appointments or reviews with various health and social care professionals such as GPs, opticians, dentists and chiropodists. Logs were being maintained to keep track of residents who were eligible to avail of national screening services. When reviewing one log for a resident, it was indicated that the resident had been invited to participate in such a screening service in December 2025 but it was unclear from the documentation provided if this invitation had been followed up. This was queried with management of the centre and following the inspection it was indicated that a request had been made for the resident to avail of this screening service during by January 2026 and a similar request was made following the inspection on 10 February 2026.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Some restrictive practices were in use in this centre but based on documentation reviewed in residents' personal plans, the use of these had been reviewed and approved for continued use by a multidisciplinary team in December 2025. A training matrix provided indicated that all staff working in the centre had completed relevant training in de-escalation and intervention. Residents' personal plans were also found to contain guidance on how to support residents to engage in positive behaviour through behaviour support plans. Such plans did outline different strategies to be used with residents depending on their presentation. It was noted though that two residents' behaviour support plans were overdue a review at the time of this inspection. This is addressed under Regulation 5 Individual assessment and personal plan.

Judgment: Compliant

## Regulation 8: Protection

The September 2024 inspection of this centre had raised some concerns around the potential impact of one resident on another resident in one house of the centre. A safeguarding notification received in November 2024 raised similar concerns and contributed to the provider being issued with a PAR that month. In December 2025 another similar notification was received by the Chief Inspector. The inspector reviewed documentation during the current inspection relating to both the November 2024 and December 2025 notifications. Such documentation confirmed that the two notifications had been appropriately screened which included the involvement of the provider's designated officer. Following review of both notifications, it was ultimately determined that there was no grounds for concerns. Incidents records reviewed and staff spoken with from the same house during the current inspection raised no further concerns related to this matter.

Information relating to the provider's designated officer was seen to be on display during this inspection. Staff spoken with also demonstrated a knowledge of who the designated officer was. However, during the current inspection, one staff member raised a concern with the inspector around an aspect of intimate personal care allegedly not being delivered "regularly" to a resident at night in keeping with the resident's personal plan. Based on a sample of relevant records reviewed from November 2025 on it was not being recorded to confirm that the relevant personal care was being delivered as per the direction in the resident's personal plan.

The concern raised by the staff member was highlighted by the inspector to management of the centre on the day of the inspection. Following the inspection it was indicated that the resident's personal plan was to be reviewed and that a new recording chart was to be introduced for the resident's personal care at night.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Kingfisher 3 OSV-0004840

Inspection ID: MON-0045825

Date of inspection: 06/02/2026

## 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: <ul style="list-style-type: none"> <li>• One staff is due to complete Safeguarding training on HSEland by 28.02.2026, and is booked to attend in person Safeguarding Guidance Training on 23.03.2026.</li> <li>• One staff is booked for Fire Safety Training on 30.03.2026</li> <li>• Three staff indicated as not having Manual Handling completed – two have retired and one is on long term sick leave.</li> <li>• One staff who commenced working in Kingfisher 3 in December 2025 is booked for Manual Handling Practical Training on 18.03.2026.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Area Manager will visit designated centre on a fortnightly basis. Visits will be recorded on a tracking document going forward.</li> <li>• Quarterly meetings will take place with the Director of Service and Head of Community services to oversee governance and management of the designated centre. Meetings will be recorded on a tracking document going forward. The first meeting took place on 27th February 2026.</li> <li>• One resident continues to be discussed at AMT in relation to identifying an environment which is more suited to their needs.</li> <li>• One resident is also discussed at AMT meeting as they have requested to live on their</li> </ul>	

own.	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> <li>• Statement of Purpose has been updated to reflect the current management structure of the designated centre by 28.02.2026</li> <li>• Statement of purpose has been updated to reflect current staffing compliment by 28.02.2026</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• Any injury to a resident which does not meet the requirement of a three-day notification will be notified quarterly.</li> <li>• Discussion around injury reporting took place at staff meeting on 25.02.2026 with clear guidance given to staff to ensure they record the level of injury correctly.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• L662 remains on the agenda for AMT and is considered for every vacancy that becomes available within the service.</li> <li>• Given the presentation of resident and support needs we need to assure ourselves that vacancy will meet the needs of resident.</li> <li>• There is currently no escalated safety or safeguarding risk in terms of current placement that would indicate the requirement to relocate resident immediately. If this were the case we would escalate to our funder for an alternative residential service.</li> <li>• While no vacancy is available at present we are mindful of a possible opportunity that</li> </ul>	

<p>may arise that could provide the resident with a suitable home. This potential move will be considered by AMT as well as MDT when it arises.</p> <ul style="list-style-type: none"> <li>• Painting of bedroom door is completed to support L662's vision needs. However additional painting is now indicated and this will be followed up by 31st March 2026.</li> <li>• Handrail to be installed outside the rear entrance of the house by 16/04/2026 to support to L768 navigate outside step to make back garden accessible.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Nighttime fire drills were completed for both houses on the 11/2/26. A night time fire drill will be scheduled for third house by the end 31/3/2026</li> <li>• Fire drills will continue quarterly and night time fire drills will be completed annually in all houses in the Designated Centre.</li> <li>• Going forward fire exits will be alternated to ensure different scenarios are part of the fire drills.</li> </ul>	
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"> <li>• A review of Behaviour Support plans has been requested from CNS in Behaviour Support.</li> <li>• CNS in Behaviour Support has ongoing involvement and provides review for Kingfisher 3 residents as part of the MDT oversight.</li> <li>• A training day will be provided by CNS in Behaviour Support on 26/03/2026 to Kingfisher staff to create awareness around the needs of people who can present with behaviours that can challenge.</li> </ul>	
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"> <li>• Team Leader is based within the designated centre, and is available to meet staff to discuss any issues, which may arise.</li> <li>• Team Leader will designate a day each week to go through care notes/recording charts</li> </ul>	

to identify any issues in relation to Persons Supported, which have not been brought to her attention.

- L656 bedtime routine and continence care is currently under review by CNS in aged related care. Bedtime routine and continence care plan will be reviewed following the recommendations of the CNS.
- A recording chart is used to ensure that personal care is completed at night with L656.
- An easy read will be developed to support the residents understanding and consent of the his bedtime routine and care plan.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(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.	Substantially Compliant	Yellow	31/03/2026
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/12/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting	Substantially Compliant	Yellow	30/04/2026

	accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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	31/12/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing	Substantially Compliant	Yellow	28/02/2026

	the information set out in Schedule 1.			
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	30/04/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/12/2026
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that	Substantially Compliant	Yellow	30/04/2026

	respects the resident's dignity and bodily integrity.			
--	---	--	--	--