Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No. 2 Dewberry
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0005719
Fieldwork ID:	MON-0044092

About the designated centre

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

No. 2 Dewberry is a two-storey house located in a rural area but within close driving distance of a city. The existing centre comprises of three resident bedrooms, a living room, a lounge, a kitchen, a utility room, a staff office-bedroom and bathroom facilities. The centre has a maximum capacity three residents and can provide full-time residential care to adult male residents with intellectual disabilities and complex support needs. The staff team comprises of a person in charge/social care leader, social care workers and care assistants. Residents are supported through a social care model with staff present both by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 February 2026	09:40hrs to 17:15hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the provider's compliance with the regulations and to meet with residents living in the designated centre. This centre was previously inspected in January 2024 as part of the current registration cycle. There was evidence the provider had addressed the actions identified in that inspection which included improvements to the structure and finishes in the activity room and a specific evacuation plan for a resident to safely evacuate from a particular room in the house.

On arrival the inspector was greeted by all three residents in the hallway. The inspector explained the purpose of the inspection and all three residents welcomed the inspector into their home. One resident explained they had a sore foot and had an appointment to visit their general practitioner later in the morning. The inspector was informed as the inspection progressed that the same resident had been sent for further medical review to ensure no serious injury was present. The resident and staff supporting them had not returned by the time the inspection had finished. The person in charge had ensured the resident was provided with their prescribed medications before they continued on to the hospital to have an x-ray taken.

One resident was about to start their breakfast when the inspector arrived and the resident was afforded time to have their meal. The third resident was happy to speak with the inspector before they headed out to complete their scheduled work. The resident outlined how they were very happy in the designated centre. They knew all the staff very well and acknowledged there had been a number of changes to the staff team in the previous 12 months. The resident felt they were being supported very well by the staff team. The resident enjoyed the company of one of the other residents and outlined how they watched television programmes together in the evening time in one of the sitting rooms. The resident also listened to music in their bedroom and spoke about their favourite football team. The resident spoke proudly about their paid employment. They also showed the inspector their bank card with which they used to pay for items. The resident explained they found this a better way to manage their finances rather than having cash. The resident was aware of the cost of a number of items they bought frequently and was getting support from the staff team to budget their finances each week.

The resident was very involved in a number of clubs and groups including the local tidy towns. The resident had commenced a fitness programme in January 2026 and were monitoring their steps each day. They loved meeting people and enjoyed social events. The resident had also requested to become a member of an advocacy group. The resident had successfully attended a pottery class in a college and was given responsibility to check with a staff member each week the emergency lights in the designated centre. This role was very important to them and they had their own checklist developed by the staff team to assist them with the checks that were being carried out. The resident was looking forward to improvements in the weather and

longer days which would enable them to link more frequently with community groups in the evenings.

The inspector was invited to meet with the remaining resident later in the morning when they had completed their morning routine. They spoke with the inspector in their large sitting room and stated they were happy with everything. They spoke about their interests in films, sports and purchasing items of their choice. The resident had gone on short breaks with a relative during 2025 and was excited about a planned event that they were scheduled to attend in the city where a speaker from their favourite football team would be in attendance. The resident informed the inspector they had a question ready to ask the speaker during the event. The resident also informed the inspector of arrangements made by the person in charge to ensure sufficient transport vehicles were available when one of the cars required maintenance. A rental vehicle was available on the day of the inspection to support planned activities, which included the resident going bowling later in the evening time.

The inspector spoke with five staff members during the inspection. This included the person in charge, the person participating in management and three staff directly supporting the residents. Each resident was being supported by one staff member during the day. All interactions were observed to be friendly, respectful while also professional in nature. For example, one resident sought assistance from the person in charge to explain to the inspector about a recent misunderstanding that had arisen with a relative regarding a planned social meeting. The person in charge outlined how the misunderstanding had occurred and the actions taken to ensure the resident would be informed if there were any change of plans going forward by their relative. The resident smiled and appeared to agree with what the person in charge was telling the inspector.

Staff also informed the inspector of consultation taking place with the three residents regarding a neurodivergent word project that was being undertaken by the provider's psychology team. The provider is seeking to get feedback from residents regarding the language used for example when offering choice and rights based approaches. The person in charge had explained to the residents what would be required of them to give their opinions and input in to the project and all three were reported to be happy to engage in the process. In order to effectively support the residents in the project the person in charge would be leading out in the designated centre with guidance provided by the psychology team. The project was described to the inspector "as a way to learn as we go through each meeting".

In summary, the three residents were being supported by a consistent staff team, familiar with individual preferences and routines. Residents were in receipt of person centred care while being supported in-line with their assessed needs. Residents were being supported to make decisions and choices in their everyday lives which included budgeting and saving for holidays. The staff had developed social stories for one resident to aid their understanding of the impact for their health and wellbeing if they did not adhere to medical advice regarding a medical condition they had. The provider had ensured the Schedule 5 policies that had been identified for review during the previous HIQA inspection in January 2024 had been

addressed. However, the provider had not ensured all Schedule 5 policies were reviewed within the required three year time line at the time of this inspection.

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 the residents were in receipt of care and support from a consistent staff team. The provider had systems in place to monitor the services being provided which included a schedule of regular audits being completed in the designated centre. The person in charge worked full time and the provider had addressed the actions identified in the previous Health Information and Quality Authority (HIQA) inspection that took place in January 2024.

However, it was noted that as identified in the previous HIQA inspection not all of the provider's policies relating to Regulation 4: Policies and procedures has been subject to review within the previous three years. The inspector noted eight of the provider's policies had not been reviewed within the time lines documented on the current policies. Not all of these were part of the regulation Schedule 5 policies but had a review date documented by the provider that had already expired at the time of this inspection. The inspector acknowledges that the policies that required review differed from those identified in the previous inspection. For example, the provider's policy on open disclosures was due for review in March 2025 and the national guidelines on end of life care was due to be reviewed in May 2025. In addition, not all policies contained within the Schedule 5 policies and procedures had been reviewed within the last three years. This included the national policy and guidelines on the use of CCTV which was to be reviewed in July 2025.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months. Internal provider-led audits had taken place in February and August 2025 and in February 2026. Where actions had been identified these had been tracked and updated when completed by the person in charge. For example, the provider had identified a trend of errors were occurring in relation to the safe administration of medications during 2024 and 2025. A review of the cause of each error and recommendations for learning were shared with the staff team. Most of the incidents related to staff not correctly signing/documenting when medications had been administered. The person in charge outlined the actions taken and supports provided to the staff team to eliminate such errors occurring. This included discussions at staff meetings to ensure focus and avoid distractions while completing the administration of medications. The inspector observed staff on duty to complete the process of safe

administration of medications during the inspection, during which they ensured they were able to focus and complete the process.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role.

- They demonstrated their ability to effectively manage the designated centre.
- They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.
- Their remit was over this designated centre.
- The person in charge also worked with the residents in this designated centre to provide additional support as required. This included changing their planned hours of work.

Judgment: Compliant

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 and in line with the statement of purpose. There was a consistent core group of staff working in the designated centre.

- The staff team comprised of the person in charge, four social care workers and care assistants. The inspector was informed the provider had successfully recruited a person to the role of social care worker and were awaiting for them to be released from their current role in another location with the same provider. There were regular relief staff available to support the core staff team that were familiar to the residents.
- There was an actual and planned rota in place which reflected changes required to be made due to unforeseen events such as illness. The inspector reviewed a selection of dates from 5 January 2026 to 1 March 2026, eight weeks. The start and end times of each shift was included in each rota. Staff training and protected time for administration purposes were also clearly reflected on the rosters reviewed.
- Residents had been informed in advance of planned changes to the staff team in recent months, this included one staff working in another location with the provider and one staff completing night time shifts as an interim measure in the weeks after this inspection to ensure a familiar staff was on

duty where a gap in the regular staff supporting residents had been identified.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of ten members.

- The person in charge had ensured all of the staff team had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support the resident. These included training in areas such as fire evacuation, positive behaviour support and safeguarding. All staff were required to complete all mandatory training during their induction period. The person in charge had records to reflect this had occurred.
- Staff supervisions were progressing in -line with the provider's protocols. Three staff were currently progressing through the probationary phase of their roles. The person in charge had scheduled supervisions for 2026.
- The person in charge had developed a centre specific system to alert them of the training requirements of each staff member in advance. A review of the staff training needs had been completed in September 2025 and in January 2026 in the designated centre.
- One staff member was required to complete refresher training in fire safety as their previous training had expired on 13 February 2026. The person in charge had submitted a request to the provider's training department prior to this inspection for this staff member and four others to attend the next scheduled/available training. No dates had been made available/confirmed at the time of this inspection.
- Not all staff had up-to date training in medication management at the time of this inspection. The inspector was informed by the person participating in management of the provider's processes that were in place when staff were required to complete this refresher training. This process required the staff to complete the refresher training within three months of the expiration of their previous training. If the refresher training was not completed within that time frame the staff would be required to attend for two day training course in medication management. At the time of this inspection two staff members had expired training since 15 and 18 January 2026. Both were booked to attend for refresher training in March 2026. The provider had internal trainers to provide this training but difficulties had been encountered to ensure staff were available to attend on the training dates provided.
- In addition, the provider had identified additional training which all staff were required to complete. These included on-line training courses in areas such as cyber security and human rights. All of the staff team except one staff member had completed these required courses at the time of this inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had ensured that a directory of residents had been maintained and included all of the required information as specified in paragraph (3) of Schedule 3 of the regulations.

The provider had ensured the actions from the previous HIQA inspection had been addressed and the required information updated for each resident.

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 care of the residents living in the designated centre. There was a management structure in place, with staff members reporting to the person in charge.

The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose. The person in charge ensured completion of regular audits as outlined by the provider's audit schedule. Updates on the progress of actions were clearly documented. Provider led internal audits had taken place in February and August 2025 as well as February 2026. The most recent internal audit had identified a number of actions that were resolved/completed by the person in charge prior to this inspection. The inspector did observe all three of the audits had identified the requirement to ensure new staff were supported to attend safe medication management training.

The provider had ensured an annual report had been completed for the designated centre which outlined the achievements and positive outcomes for residents in the previous 12 months as well as considering compliance with the relevant national standards. Where actions had been identified these had been documented as progressing or completed. The views of the residents and their relatives were also included.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations. The provider had ensured the action from the previous HIQA inspection had been addressed.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their responsibility to give notice in writing to the Chief Inspector within three working days in the event of adverse events occurring as specified by the regulations. The inspector reviewed notifications and incidents that had occurred since January 2024 in the designated centre.

The Chief Inspector had been provided with a written report at the end of each quarter of the calendar year as required by the regulations. The information provided in these reports were found to be consistent with the findings of this inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy relating to complaints in place which was due to be reviewed in January 2026. The inspector acknowledges due to the re-branding of the provider's name some delays were encountered.

The inspector reviewed complaints made since the last HIQA inspection. Four complaints had been made in 2024, two in 2025 and none to date in 2026. There was documented evidence of follow up and engagement with the complainants on each occasion. The satisfaction of the complainant was documented where possible. Where difficulties had been encountered in contacting a complainant this was documented and arrangements had been made to ensure the correspondence was made available to the complainant if they chose to access this.

The staff team ensured the safety, will and preference of each resident mentioned in any of the complaints that were logged was central to resolving the issue being raised.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had ensured policies as set out in Schedule 5 of the regulations had been developed. However, not all of these policies had been subject to review in the last three years as required. For example, the national policy and guidelines on the use of CCTV was due for review in July 2025. In addition, two other Schedule 5 policies had been due for review in January 2026 which included the provider's policy on handling and investigation of complaints. The inspector acknowledges that the provider was progressing nationally with a name change to the organisation and this may have impacted the revised policies being issued in January 2026.

Judgment: Substantially compliant

Quality and safety

Overall, residents were being supported to receive care in-line with their assessed needs. This included supporting one resident who was retired to avail of flexible supports each day. Another resident was supported to attend their employment during the week and had enjoyed holidays abroad. The third resident was supported by staff to re-engage in meaningful ways with a relative which included some over night breaks away. This was described by both the resident and staff team as a positive outcome in the previous 12 months. Residents were able to self-direct their planned activities and routines. This included linking with community groups such as social football and tidy towns. The three residents had access to transport as required and were supported to make decisions, change plans and organise activities of their choice with the flexible approach of the staff team.

Residents' rights were respected and upheld in the centre. Residents had goals for the year created and these goals were reflective of the individual interests and subject to regular review with each resident. Where changes had to be made to a specific goal this was discussed with a resident and an alternative agreeable to the resident was progressed. Risk was well managed in the centre and measures were in place for safeguarding of residents.

The premises was well maintained and was providing residents with sufficient communal and private space. Upgrade works including internal painting had been completed since the previous HIQA inspection. External painting and a planned sensory garden were to progress once the weather improved. The fire safety

equipment in the designated centre was subject to the required servicing and checks and was maintained in good working order.

The inspector reviewed some documentation relating to two of the three residents during the inspection. One resident had clearly stated they did not wish the inspector to visit their bedroom or review any of their personal documentation. This was respected. It was evident through conversations with residents, staff and reviewing a variety of documents that each resident had ongoing input and supports from the multi-disciplinary team and allied healthcare professionals as required. This included a recent review by an anaesthetist of one resident who was required to undergo a planned procedure. The person in charge had provided a copy of the resident's hospital and communication passport to the team in advance to assist with effective communication with the resident to keep them informed when the planned procedure was taking place. Other allied healthcare professionals such as the speech and language therapist and occupational therapist has been consulted to support the changing healthcare needs of the same resident.

Regulation 13: General welfare and development

The residents in the designated centre were involved in decision making regarding their care and support. The residents actively contributed to their personal plans. Residents meetings were occurring monthly in the designated centre where topics such as residents rights, complaints, safeguarding, social outings were discussed. The residents were seen undertaking activities of interest during the inspection with the support of staff. From reviewing documentation and discussions with staff and residents, residents were being supported to attend sporting fixtures, organise short breaks away and maintain their engagement in a number of community groups. One resident was retired and was supported daily to engage in a routine and activities of their choice. Another resident enjoyed the routine of their employment each week which allowed them to meet many people and gave them a sense of purpose. This also provided the resident with income to help them save and finance holidays which they enjoyed.

One resident had expressed an interest in joining an advocacy group being run by the provider in one of the day services which the resident did not usually attend. The inspector was informed there had been barriers identified initially. However, the staff team in conjunction with the day service had completed an assessment where it was deemed possible for the supporting staff to step back while such meetings were taking place. This was actively progressing at the time of the inspection.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable.

- Residents had access to large communal kitchen and two sitting rooms. Two residents used one sitting room and the third resident spent time in the other sitting room.
- All residents had access to the detached activity room which had undergone upgrade and maintenance works since the previous inspection. This space had also been offered to residents and their visitors to use for a private space to meet with their relative if they wished to do so.
- There were advanced plans to develop a sensory garden which had been identified as a goal for one of the residents during 2025. The person in charge outlined a number of barriers including the poor weather in recent weeks which had delayed the commencement of the project.
- Internal painting had been completed and there were plans for external painting to be completed once the weather improved. The inspector was informed the person in charge was tracking this action to ensure it was completed as soon as possible.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register and individual residents' risk assessments had been subject to regular review with the most recent reviews taking place in January 2026. The register and individual risk assessments identified hazards, assessed risks and put measures and actions in place to control these risks.

The person in charge had ensured updating of risks had been documented which included the dates risks were closed when no longer required. Thirteen centre specific risks were documented as being monitored at the time of this inspection. Rationale was also provided where risks had been identified as remaining in place and the control measures that were required to reduce the risk of potential harm to residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems which included a requirement for weekly, monthly, quarterly and annual checks being completed. This included a resident consistently engaging with a staff member

each week to check the emergency lighting was working as intended. These checks were signed by both the resident and staff member.

- All residents had a personal emergency evacuation plan (PEEP) in place. These were subject to regular review and were reflective of the supports and prompts that may be required for each individual. In addition, a individualised evacuation plan from a particular part of the house had been developed in consultation with one of the resident's to ensure they were aware of how to safely evacuate from the room in the event of the fire in the kitchen. This had been identified as an action in the previous HIQA inspection and the resident informed the inspector of the process during their conversation.
- No exits were observed to be obstructed during the inspection.
- A centre specific fire evacuation plan for both day and night had been reviewed in July 2025 and contained information regarding the responsibilities of both the waking staff member and sleep over staff member.
- Regular fire drills were taking place with residents during 2024, 2025 and to date in 2026. This included a simulated night time drill in January 2024 and March 2025 where all of the residents had been in their bedrooms. All drills completed had evacuation times of less than one minute, details of a senario and the exits used to evacuate were all documented in the drills reviewed during the inspection.
- The provider had ensured effective fire safety equipment was in place in the activity room with one fire drill taking place from this location. This had been identified as an issue in the previous HIQA inspection.
- All staff had completed up-to-date training in fire evacuation in the designated centre which was required to be completed annually. One staff required to attend for refresher training in fire safety as their training had expired. This will be actioned under Regulation 16: Training and staff development.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were being well addressed in the designated centre. Individual health assessments had been completed for each of the residents. Residents had an annual medical completed. The residents in the designated centre had access to a General Practitioner (GP) and also had access to allied health care professionals such as an occupational therapist, psychiatrist and psychologist.

The inspector was informed by the person in charge that each residents' health care assessments had been completed to meet their various health care needs. The small selection of health care documentation that was reviewed by the inspector contained information on how to support the resident with their health care conditions such low sodium levels and fluid intake. This was subject to ongoing

review to ensure the resident was being effectively supported as their needs changed.

On the day of the inspection one resident had reported to staff they had a sore leg and this was being investigated by medical staff. The resident had been supported to attend an appointment with their GP and had been referred onwards for xray and further review.

Judgment: Compliant

Regulation 8: Protection

All staff had completed up-to-date 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 was one safeguarding plan in place since October 2025. There had been no further similar incidents occurring in the designated centre and the monitoring of this plan was documented to remain in place until April 2026, in-line with the provider's processes. The provider's clinical risk team has also reviewed the safeguarding plan.
- Residents had intimate care plans in place, which explained what varying degrees of support residents needed in this area. Where a resident required minimal or no supports this was clearly outlined. These plans had been reviewed regularly with one subject to recent review due to the changing needs of the resident and increased supports being provided by the staff team to ensure their safety due to an increased risk of falls in recent months.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for No. 2 Dewberry OSV-0005719

Inspection ID: MON-0044092

Date of inspection: 19/02/2026

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: The person in charge will ensure that all trainings will be kept updated and outstanding training will be completed as follows : • Staff member highlighted for fire safety training will complete this training [03/03/2026] • Two staff due medication management training will have this training complete [24/03/2026] • The service designated HSEland training for one Staff will be completed [01/04/2026]	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Provider will ensure that all Schedule 5 Policies and Procedures are reviewed, updated and circulated by 30 April 2026. This will include updates to reflect the name change for the Services.	

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	01/04/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2026