



**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:	Curraghboy and West Waterford
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	31 October 2025
Centre ID:	OSV-0005773
Fieldwork ID:	MON-0045199

About the designated centre

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

Curraghboy and West Waterford consists of four detached houses located a short distance away from a town. Each house can provide full-time residential support for four residents so in total the centre can support a maximum of 16 residents of both genders over the age of 18 with intellectual disability and/or autism. Each resident has their own bedroom and other rooms in the four houses include kitchens, living rooms, utility rooms and bathrooms. Residents are supported by the person in charge, a clinical nurse manager, staff nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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 31 October 2025	08:55hrs to 17:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents met during this inspection generally appeared content in their home with a calm and quiet atmosphere encountered. Staff on duty were heard and seen to interact pleasantly with residents. Such staff also supported residents to leave their home.

This designated centre was made up of four separate houses located within a short driving distance of one another. Each house had a capacity for four residents giving the centre an overall capacity of 16 residents. On the day of this inspection 14 residents were living in the four houses with two of these houses visited by the inspector who spent most of his time in the first house visited. While in this house the inspector had an opportunity to meet all four residents living there and observe them in their home environment. The inspector also got to speak with a member of centre management and two staff members working in this house.

Upon arrival to the first house, the inspector was let in by a staff member who then went to support a resident. The inspector was then quickly greeted by another resident who shook the inspector's hand before bringing him into the kitchen-dining area. This resident indicated that they were getting on well and were looking forward to Halloween when asked by the inspector. The resident seemed quite happy at this time and was seen smiling by the inspector. It was observed by the inspector that this resident was wearing a personalised GAA top at the time.

Soon after the inspector met two other residents who both greeted the inspector. One of the staff members on duty at this time was heard to ask the residents how they were and what they wanted for breakfast. The atmosphere in the house at this time was quiet. One of the residents the inspector had met then left the centre to attend day services. A second resident ordinarily went to day services but the inspector was informed that their day services was closed on the day of inspection. This resident did indicate though that they would be going out to get a haircut and a pint later in the day. Both of these happened before the inspector left this house.

Another resident spent some time in the house's lounge reading a newspaper. The resident pointed out some of the headings and advertisements in this paper to the inspector. This included notice of a house for sale, which the resident described as a nice house. When the inspector asked the resident if the house where they lived was a nice house, the resident responded by saying "yeah". One of the staff members on duty was later heard talking to this resident about the same newspaper with a member of centre management also heard to chat to this resident.

Other than the resident who attended day services on the day of inspection, two other residents left the house during the morning of inspection with staff. All residents were back in the house for dinner which was prepared in the house. When all residents were back in the house, the inspector met the fourth resident who lived in this house. This resident did not engage with the inspector but was seen listening

to music and moving freely throughout the house. Another resident was seen to spend time during the day using a peg board with a staff member overheard to compliment the resident on this at one stage.

At certain points during the inspection residents were seen to spend time together in communal areas with staff present also. The general atmosphere at such times, and throughout the inspector's time in the first house visited, was quiet and calm with residents generally appearing content in their home environment. As the inspector left this house in the mid-afternoon, he said goodbye to three residents that were present in the communal areas of this house. Two of these residents responded by shaking the inspector's hand before he left. The inspector then went to the second house visited as part of this inspection.

While the second house visited had a capacity for four residents, only two residents lived in this house. As such, there were two vacancies in this house which were the only vacancies in the centre. When the inspector arrived at this house, neither of the two residents living there nor the staff rostered there were present as residents were being supported away from the house on an outing. These residents had not returned to the house before the end of the inspection. As a result, the inspector did not meet either of these residents nor observe any resident interactions while in this house. The inspector used his time in this house to review documentation and aspects of the premises provided for this house.

Some of the premises observations in this house contributed to regulatory actions in areas such as fire safety, the premises generally and medicines as will be discussed later in this report. The premises which made up the second house visited consisted of that house's ground floor. This house did have a first floor but that floor was not registered as part of the designated centre Curraghboy and West Waterford. The second house though was located right beside a separate apartment-style dwelling which was part of another designated centre operated by the same provider. While in the second house visited, a staff member from this other centre was observed to use a living room of the second house visited to take a break. This will be returned to later in this report.

In summary, a total of four residents were met during this inspection with all met in the first house visited. These residents generally appeared content in their home with three of these residents seen to leave this house during the course of the inspection. One of the residents living in this house indicated that it was a nice house. The two residents living in the second house visited were away on an outing when the inspector visited their home.

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

A good level of compliance was found during this unannounced monitoring inspection. This provided assurances around the management of the centre and the supports provided to residents.

This centre was inspected twice in 2024 with the first inspection in February 2024 focusing on two houses of the centre and a further inspection in May 2024 focusing on the remaining two houses of the centre. While both inspections did find some regulatory actions, they also found evidence of good supports to residents. As a result, the Chief of Inspector of Social Services made the decision to renew the registration of the centre until September 2027 with no restrictive conditions. Given the length of time since the previous inspection, a decision was made to conduct the current inspection to assess compliance in more recent times. The current inspection found an overall good level of compliance with evidence of good supports being provided to residents. This indicated that the centre was being appropriately governed and managed. It was identified though that some staff were overdue refresher training in some areas.

Regulation 15: Staffing

This regulation requires staffing arrangements in a centre to be in accordance with the centre's statement of purpose and the needs of residents. The centre's statement of purpose outlined details of the staffing in whole-time equivalent (WTE) along with the staffing levels to be provided in each house of the centre. Such outlined staffing arrangements were intended to meet the needs of the residents. Staffing was primarily focused upon in the first house visited. Based on observations on the day of inspection and discussions with staff members present, the staffing levels as outlined in the centre's statement of purpose were being provided for in this house. For example, the inspector was informed that three staff were to be on duty in this house by day with three staff seen to be present on the day of inspection. This was also confirmed by staff rotas reviewed from 4 August 2025 with such rotas being maintained in a planned and actual format.

It was noted that the overall staffing WTE as outlined in the centre's current statement of purpose had increased by 6.4 WTE from a previous statement of purpose provided in June 2024. When queried on the current inspection, the inspector was informed that this increase was due to one house receiving a new admission since then with this resident having assigned 1:1 staffing day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Under this regulation, staff shall have access to appropriate training, including refresher training. A training matrix for all four houses was not available on the day of inspection but was provided in the days that followed. This training matrix listed 55 different staff members and outlined different training types in various areas to support residents and ensure their safety. Such training included areas such as fire safety, safeguarding, de-escalation and intervention, positive behaviour support and medicines administration. The training matrix provided following the inspection showed that the majority of staff had completed in-date training but some staff were overdue refresher training in certain areas. These included:

- Seven staff who were overdue refresher training in food safety.
- Three staff who were overdue refresher training in de-escalation and intervention.
- Two staff who were overdue refresher training in medicines administration.

It was acknowledged that the provision of some planned refresher training before the current inspection had been impacted by unforeseen circumstances.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The inspector reviewed the directory of residents that was present in the first house visited. This directory was found to be specific to that house and contained required information for the four residents living there at the time of this inspection. This included residents' names, residents' addresses and residents' dates of admission to the centre. The same directory of residents also included details of a former resident of that house and reflected that this resident had moved to another house of the centre in previous years.

Judgment: Compliant

Regulation 23: Governance and management

The documentation reviewed during this inspection confirmed that the provider was meeting specific requirements under this regulation since the previous inspection of this centre in May 2024. Such regulatory requirements provided for the monitoring of the quality and safety of care and support provided to residents. For example, provider unannounced visits should be conducted every six months and, based on written reports provided, a representative of the provider had conducted such visits in June 2024, December 2024 and May 2025. These unannounced visits considered areas relevant to residents' quality and safety of care and support such as safeguarding, healthcare and staffing with action plans put in place for identified

areas of improvement where required. An update on the action plan for the most recent provider unannounced visit indicated progress with identified actions.

In addition, two annual reviews for the centre had been completed, in September 2025 and September 2024, which were reflected in written reports. Such annual reviews are also required under this regulation. Upon reviewing both annual reviews reports, it was seen that they assessed the centre against relevant national standards while also providing for feedback from residents and their representatives. Both annual reviews suggested good progress in meeting such national standards while positive feedback was included in both annual review reports. The two annual review reports also contained improvement plans for the 12 months ahead.

The occurrence of provider unannounced visits and annual reviews provided assurance that the provider was adhering to its obligations under this regulation. Good compliance with other regulations was also found during this inspection as discussed further elsewhere in this report. This included areas such as safeguarding and healthcare. Such findings provided assurances that residents were in receipt of a good quality service which supported their needs. This further indicated that the centre was being appropriately managed and governed while staff spoken with commented positively on the management of the centre.

In addition, previous engagement with this provider and its designated centres in the same locality, including Curraghboy and West Waterford, prompted the provider to undertake a review of matters such as the provision of Internet access. A report of this review (which included three outlined recommendations) was provided to the Chief Inspector in December 2024. During the current inspection the inspector queried the status of the recommendations made. In response, a member of management indicated that these recommendations had been followed up on. This included Wi-Fi Internet now being provided to all houses, including to the houses of Curraghboy and West Waterford, with this being funded by the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

Under this regulation, a statement of purpose is required to be in place for a centre. Having such a document is important as it should describe the services and supports to be provided to residents while it also forms the basis for a condition of registration. This regulation also requires the statement of purpose to contain specific information and to be reviewed at intervals of not less than one year. During the current inspection, copies of the centre's statement of purpose were seen present in both houses visited. This statement of purpose was dated September 2025 and was found to contain all of the required information such as the admission criteria for the centre and details of the total staffing complement for the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Information about the centre's complaints processes was observed to be present in both houses visited during this inspection. This included details of the complaints officers assigned for the centre and how to contact them. Processes were also in operation for any complaints made to be recorded. Accordingly, the inspector was provided with a complaints log for the centre during the course of this inspection. This included details of five complaints that had been made since the previous inspection in May 2024. This complaints log outlined the nature of the complaints made, actions taken in response, the outcome of the complaints and whether or not complainants were satisfied with the outcome. The use of the complaints log in this way and the information on the display about the centre's complaints processes was consistent with the requirements of this regulation.

Judgment: Compliant

Quality and safety

Some regulatory actions were identified during this inspection relating to aspects of the premises and fire doors. Fire drills records reviewed indicated low evacuation times. Personal plans reviewed were found to have been recently reviewed.

The two houses visited during this inspection were mostly found to be presented in an appropriate and homely manner on the day of inspection. Some issues were observed though in both houses from a premises perspective. For example, some external window sills in one house needed cleaning or repainting. Aside from this, the two houses were found to be provided with fire safety systems such as fire alarms and fire extinguishers. While both houses were also equipped with fire doors, noticeable gaps were observed under some of these doors in one house. Despite this, low evacuation times were recorded in fire drills that had been conducted in the two houses. Other records reviewed included two residents' personal plans which were found to have been reviewed within recent months while also using a person-centred planning process to identify goals for residents. Evidence gathered during this inspection indicated that such goals were being progressed.

Regulation 11: Visits

Based on the observed layout and size of the two houses visited during this inspection, these two houses had sufficient space for residents to receive visitors in private in a room other than their bedrooms. This was consistent with the requirements of this regulation. Discussions with staff in one of these houses and documentation reviewed for one of the residents living there, confirmed that residents had received visitors to this house.

Judgment: Compliant

Regulation 17: Premises

The two houses visited during this inspection were, overall, seen to be presented in a clean, well-maintained and well-furnished manner. Communal areas were provided in both houses which were provided with couches and televisions while individual bedrooms were available for each resident. The bedrooms seen during this inspection were generally seen to be well-furnished and personalised. For example, one resident's bedroom had a scarf hung up that represented their county. Both houses were also seen to be presented in a homelike manner. This included one house having noticeable Halloween decorations on display while the two houses had photographs on display of the residents who lived in the respective houses.

While such features of the premises provided were positively noted, the following areas were observed to need some improvement on the day of inspection:

- In the first house visited, a noticeably musty smell was noted in a resident's en suite bathroom. It was suggested to the inspector that there was a leak in this bathroom which contributed to some paint flaking in another resident's bedroom that was adjoining the en suite bathroom. This flaking was also seen by the inspector who was informed that this was to be addressed shortly after the inspection.
- The flooring of two communal rooms in the second house visited was noticeably marked and worn.
- Some external window sills in the second house visited needed cleaning or were worn and needed repainting.

Judgment: Substantially compliant

Regulation 20: Information for residents

In keeping with this regulation's requirements, a guide for residents should be prepared about this centre with this guide also required to contain specific information. When in one house of the centre, the inspector read a copy of the centre's guide for residents. This guide was dated September 2025, was presented

in an easy-to-read format and was found to contain all of the required information. This included information about the terms and conditions relating to residency in the centre and details of the arrangements for visits.

Judgment: Compliant

Regulation 28: Fire precautions

Effective fire safety management systems must in place in a centre to comply with this regulation. During the current inspection, various fire safety systems were observed to be present in the two houses visited. These included fire alarms, emergency lighting, fire extinguishers and fire blankets. Such systems are important in detecting fires, extinguishing fires and providing means of escape if required. Documentation reviewed indicated that such fire safety systems were subject to monitoring by external contractors to ensure that they were in proper working order.

The evacuation procedures to be followed in the event of a fire were observed to be on display in both houses in an easy-to-read format. Based on documentation reviewed in one house, residents also had recently reviewed personal emergency evacuation plans (PEEPs) provided which outlined the supports they needed to evacuate if required. A staff member spoken with also demonstrated knowledge around such PEEPs. Fire drill records provided in both houses indicated that fire drills had been conducted on multiple occasions in both houses during 2025 with low evacuation times recorded.

In one house it was observed that since the May 2024 inspection of the centre, a lounge had an additional fire safety exit installed to support fire evacuation if required. The presence of this additional fire safety exit prevented this room from being an inner room. The same house had fire doors in place which are intended to prevent the spread of fire and smoke in event of a fire occurring. The other houses visited also had fire doors but the inspector noted that five of these doors, including, the door to the staff office where oxygen was stored, had noticeable gaps under them which could impact the intended purpose of this door. Such doors needed remedial works completed given that containing fires is a requirement under this regulation. During the feedback meeting for this inspection, it was indicated that an external company was being engaged to review fire doors in this centre and other centres operated by the provider in the same locality.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

This regulation required that medicines kept in a centre be securely stored. When in the second house visited during this inspection, the inspector noted that a fridge for storing medicines was present in the staff office. Although this fridge was lockable, the fridge was found to be unlocked when viewed by the inspector. Inside this fridge were two medicines that had been prescribed for one resident with both medicines indicated as needing to be discontinued six months after first being used. It was not indicated on either medicine when they had been first used and, in turn, when these medicines needed to be discontinued by. This was despite labels for recording of such information being located on the outside of the fridge and an unannounced visit by a representative of the provider in May 2025 highlighting that such information needed to be recorded. It was acknowledged though that, based on the labels on both medicines, these medicines had been in use for less than six months at the time of this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

To comply with this regulation, all residents living in a designated centre must have individualised personal plans which are intended to set out the health, personal and social needs of the residents. Such plans are intended to provide guidance for staff in how to meet these needs. The personal plans of two residents living in the first house visited were reviewed on the day of inspection. From this sample of personal plans, the following was noted:

- The contents of both residents' personal plans had been reviewed in the months leading up to this inspection while annual multidisciplinary reviews of the residents had taken place during August 2025.
- These personal plans outlined key information about residents such as personal information and information about their assessed needs.
- Within the personal plans there was information and guidance on how to support residents' needs in various areas such as residents' communication, their health needs, residents' eating and drinking and providing intimate personal care. The inspector did observe that one resident's guidance on providing intimate personal care was more detailed than the other resident's.
- A process of person-centred planning was used to identify goals for residents with time frames and responsibilities for supporting residents with these goals outlined. Examples of goals included hosting a Christmas party, eating out for breakfast once a month, going to see a show and going bowling. While goals for one resident had been recently identified, documentation reviewed for the other resident indicated that their goals were being progressed. Discussions with staff also indicated that goals for residents were being progressed.

Such findings were in keeping with this regulation which also requires that appropriate arrangements be in place to meet the assessed health, personal and

social needs of residents. Based on the overall findings of this inspection, the provider was also meeting this requirement.

Judgment: Compliant

Regulation 6: Health care

Based on two residents' personal plans reviewed, guidance on supporting these residents with their assessed health needs was contained within their personal plans. For example, one resident had guidance in their personal plan around how to support the resident with their diabetes. Further records reviewed in these residents' personal plans also confirmed that residents were subject to annual health checks and to monthly medical observations. These observations were used to monitor and record areas such as temperature, blood pressure and weight. The records reviewed for both residents indicated that such monthly observations had been conducted consistently throughout 2025, most recently on 4 October 2025.

Residents were supported to attend or avail of appointments or reviews with health and social care professionals as required such as a general practitioner (GP), a physiotherapist and a podiatrist. Health interventions, such as receiving vaccines, were also facilities for both residents reviewed based on the details in their personal plans. When reviewing records for one resident, it was noted that the resident had refused to participate in one particular health scan. In keeping with the requirements of this regulation, this refusal had been respected, documented and brought to the attention of the resident's GP.

Judgment: Compliant

Regulation 8: Protection

In accordance with this regulation, all residents must be protected from all forms of abuse. In the months leading up to this inspection, the Chief Inspector had received six notifications of a safeguarding nature from the first house visit during this inspection. Documentation provided during this inspection indicated that such matters had been subject to a preliminary screening with a safeguarding plan put in place where required. Such measures were in line with national safeguarding policy. At the time of this inspection, only one safeguarding plan was active for the first house visited. A copy of this safeguarding plan was provided to the inspector and it was read that this outlined measures intended to prevent a particular interaction between two residents re-occurring. Two staff members spoken with from this house were aware of the contents of this safeguarding plan which was observed to be followed on the day of inspection. This provided assurances that appropriate

safeguarding measures were being taken in this centre to protect residents from potential abuse in the first house visited.

Judgment: Compliant

Regulation 9: Residents' rights

In the first house visited, staff members on duty were observed and overheard to interact with residents in a respectful manner. For example, at one point a staff member was seen to offer a resident a hat to put on and did not put the hat on the resident's head until the resident made a head movement to indicate that they wanted this. Documentation reviewed in the same house indicated that residents were being consulted and given information through residents' meetings that took place on a weekly basis. The inspector reviewed notes of all such meetings in this house from 31 July 2025 up to the day before the inspection. These indicated that matters discussed with residents during these meetings included activities, meal planning, shopping and finances.

As mentioned in the opening section of this report, while in the second house visited during this inspection, the inspector observed a staff member from another centre using that house's living room to take a break. While neither of the two residents living in this house were present at time, given that this house was these residents' home, the inspector highlighted this during feedback for the inspection and requested further information about this. Communication received following this inspection indicated that on occasions some staff of the other centre did utilise this living room for breaks and that this was a longstanding arrangement. It was also indicated that the residents in this house did not use this living room and were not normally present when staff of the other centre would use it. Regarding consultation with residents on this matter, the post inspection communication received stated that a daily planning session took place with these two residents and during these staff would seek permission from both residents regarding the use of the living room. Neither resident was indicated as expressing any dissatisfaction with staff from the other centre using their living room.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Curraghboy and West Waterford OSV-0005773

Inspection ID: MON-0045199

Date of inspection: 31/10/2025

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Seven staff will complete Refresher training in Food Safety before 30/03/2026 – ensuring 100% staff completion. Crisis prevention de-escalation and intervention refresher training was completed by all three staff members as scheduled on the 18/11/2025 - ensuring 100% staff completion. 2 staff will complete Safe administration of medication refresher training before 30/03/2026 – ensuring 100% staff completion.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Remedial work to be completed for En-suite shower room and adjoining bedroom which will include paintwork by 30/01/2026. Repainting of external concrete window sills at one residence to be completed by 30/03/2026. Flooring noted to be worn and marked to be repaired by 30/03/2026.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

Fire doors have been examined, required parts have been ordered and on delivery will be fitted by an appropriately trained competent professional by 10/12/2025.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Communication to all front-line staff of importance of locking medication fridge after each use and application of medication discard label where appropriate has been completed and will continue to be reinforced at the scheduled staff team meetings. Frequency of monitoring by governance team of these measures has increased.

10/11/2025

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	30/03/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/01/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/03/2026
Regulation 28(3)(a)	The registered provider shall	Substantially Compliant	Yellow	10/12/2025

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	10/11/2025