



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

Issued by the Chief Inspector

Name of designated centre:	Harbour View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	08 September 2025
Centre ID:	OSV-0007753
Fieldwork ID:	MON-0039708

About the designated centre

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

Harbour View is a centre run by the Health Service Executive located on the outskirts of a town in Co. Sligo. The centre provides residential care for up to eleven male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of three houses which are located in close proximity to each other, where residents have access to their own bedroom, shared bathrooms, communal and garden spaces. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 8 September 2025	09:45hrs to 18:45hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service that promoted and respected their human rights. Residents were supported by staff who were very familiar with their needs and who respected their choices. Residents led busy lives and engaged in activities that they enjoyed. They had good connections with their family, friends and the wider community. The provider had good governance and management arrangements in place that ensured that the service was person-centred. As a result, the culture within the centre was one that respected the rights of the residents. Some improvement was required to provider-led audits and the identification of service improvement goals to ensure that all areas for service improvement were progressed.

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge.

The centre consisted of three separate houses located on the edge of a large town. All houses were located within housing estates and were near to each other. They were all two-storey houses. Each resident had their own bedroom. In two of the houses, there was one bedroom located on the ground floor. All other bedrooms were located upstairs. Each house had a kitchen-dining room and a separate sitting room. Outside, the gardens were well-maintained and planted with flowers and shrubs. The houses were accessible via ramps.

The houses were clean, tidy and comfortable. They were in a good state of repair. All of the furniture in the houses was new and comfortable. The houses were decorated with photographs, ornaments and some of the residents' beautiful artwork. One resident chose to show the inspector their bedroom. It was beautifully decorated with furnishings and items that the resident had chosen. Some minor adaptations had been made to the houses in light of the needs of the residents. For example, brightly coloured strips of tape had been added to saddle boards and steps to support residents with visual impairments.

On the day of inspection, there were 10 residents living in the centre. Two residents were away on the day of inspection staying with relatives. The inspector had the opportunity to meet the other eight residents at different times throughout the day. In each house, the inspector was greeted by one of the residents upon arrival. The inspector spent time chatting with the residents about their lives in Harbour View. All residents said that they were very happy in their home. They said that they were very fond of the staff and they had high praise for staff. When residents spoke about the staff they said that they were "lovely".

Residents also said that they were very fond of the other residents in their house. They spoke about their close friendships and relationships. One resident said that

the residents were like a 'family'. They enjoyed each other's company and chose to go on outings and holidays together. Residents showed the inspector photographs of their activities, events and holidays. These photographs showed residents spending time together. Residents shared stories and fond memories of these events that they had enjoyed together. Residents knew the names of each other's family members. The inspector observed the comfortable interactions between residents. Residents sat together in the sitting room to watch a film or television programme. On one occasion, when a resident became upset, they were comforted by a fellow resident.

Residents spoke about the activities that they enjoyed in the centre and in the community. The residents in this centre were supported to engage in many activities. These included sporting activities like swimming, horse-riding and basketball. Residents also attended sporting events as spectators. One resident spoke about regularly attending soccer matches and a recent trip horse racing. Residents were involved with local groups and organisations and some completed volunteer work on a weekly basis. The residents in the centre also enjoyed regular trips out to pubs, restaurants and cafés. They went on overnight trips and longer holidays in Ireland and abroad. Some residents had trips abroad planned and booked for later in the year. They told the inspector that they were very excited about their upcoming holidays. Some residents had a keen interest in music. They spoke about their favourite singers and concerts that they had attended. Some residents' hobbies included singing, dancing and playing music. The inspector had the opportunity to observe these talents during the inspection.

Residents in this centre were very well-informed of their rights. Some residents were members of an advocacy group that met regularly. They told the inspector about the work that the group had undertaken to promote the human rights of residents. They spoke about human rights projects, both locally and nationally, where they had shared their expertise and experiences. Residents were aware of the centre's complaints procedure. They said that they would be happy to make a complaint if an issue arose. Residents were actively involved in the running of the centre. They made decisions about day-to-day events in the centre, for example, meal choices and parking arrangements. The residents' autonomy and choices were respected through positive risk-taking. Residents were given information and support so that they could complete tasks as independently as possible. For example, the inspector noted that a resident was supported to take their medication independently with supervision from staff. The resident knew the process to follow and how to make sure that they maintained their safety when swallowing tablets.

As part of the announced inspection, questionnaires were sent to residents in advance. These questionnaires asked the residents' opinions on the centre and the service they received. Ten questionnaires were completed by residents and were viewed by the inspector. All questionnaires indicated that residents were happy in their home and with the service provided. Some residents added comments to their questionnaires. These comments reflected the residents' positivity about their home. For example, 'All staff are nice', 'I get good help in the house' and 'I decorated my bedroom. I chose the colours. I love my bedroom'. One resident noted a way that the service could be improved and highlighted that they would like a vehicle for their

house.

In addition to the person in charge, the inspector met eight members of staff at different points throughout the day. Staff spoke about residents in a respectful way. They gave clear examples of how information was presented to residents to ensure that they could make choices and informed decisions. Staff were knowledgeable on the needs of residents and the supports required to meet those needs. Staff were aware of the residents' preferred topics of conversation and daily routines. Staff were observed interacting with residents in a friendly and caring way. They responded to residents' questions and requests for help. Staff were observed chatting, laughing and dancing with residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how this impacts the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had systems in place that were effective at monitoring the quality of the service. Improvement was required to ensure that provider-led audits were completed in line with the regulations. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation to the Chief Inspector in line with the regulations. There was an effective complaints procedure in place.

The provider maintained oversight of the service through routine audits that were completed by staff in the centre and by inspections of the service by provider representatives. However, the provider-led inspections were not always unannounced, as required by the regulations. Actions from these audits were recorded on the centre's quality improvement plan. However, not all goals identified through this process were sufficiently specific. This meant that it was difficult to monitor the progress towards service improvement goals in all cases. Residents and family members could provide input on the quality of the service through an effective complaints procedure. Residents were familiar with the complaints procedure and there was evidence that the provider implemented the procedure effectively.

The staff in the centre were very familiar with the needs of residents and the supports required to meet those needs. They had received training in areas that were mandatory for all staff. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary knowledge, qualifications and experience for the role.

As a routine part of the application to renew the registration of the centre, documentation in relation to the person in charge was submitted to the Chief Inspector of Social Services. This was reviewed by the inspector and found to be complete and in line with the regulations.

The person in charge was employed full-time in the centre and maintained a good oversight of the service through regular audit and team meetings. The person in charge had a very good knowledge of the needs of residents and the service that should be put in place to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre were suited to meet the needs of residents.

The inspector reviewed the staff rosters for the centre from 11 August 2025 to the day of the inspection. This showed that the required number of staff with the correct skill mix was on duty at all times. The person in charge outlined that there was a significant number of staff vacancies in the centre. There were two vacancies for staff nurses and five for healthcare assistants. However, the review of rosters indicated that these roles were filled with consistent agency staff who were familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had up-to-date training in modules that were relevant to the care

and support of residents.

The staff training records in the centre were reviewed by the inspector. These showed that staff had up-to-date training in over 30 modules that the provider had identified as mandatory. In addition, the provider had identified a number of modules that were specific to the needs of the residents in this centre. Again, staff training in these areas was largely up to date. This meant that the provider had ensured that staff had the necessary knowledge and skills to support residents with their identified needs.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted details of their insurance arrangements as part of the application to renew the registration of the centre. This was reviewed by the inspector and found to include all of the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good systems of governance and oversight in the service. The quality of the service was continually monitored. However, the six-monthly provider-led visits had not been unannounced as outlined in the regulations. In addition, goals for service improvement were not sufficiently specific in all cases. This meant that it was not always possible to monitor progress towards the achievement of these goals.

The provider had identified a schedule of routine audits that were due to be completed in the centre at specific intervals. The inspector reviewed the audits that had been completed in one house in 2025. This showed that audits were completed regularly. However, the audits were not all completed in line with the provider's schedule. For example, the provider had identified that staff knowledge of fire safety arrangements should be audited monthly. On the day of inspection, it was noted that these audits had not been completed in the first few months of the year.

The inspector reviewed the two most recent six-monthly provider led audits. These were completed in May 2025 and November 2024. Improvement was required in order to ensure that these audits were in keeping with the regulations and that they identified areas for service improvement. The report from May 2025 stated that the visit had been announced. This was not in keeping with the regulations which states that these visits should be unannounced. Further, though the report gave a

comprehensive overview of the service, it did not identify specific goals for service improvement. The goals identified in these audits were broad. For example, one goal stated 'continue to document residents' person centred goals at intervals throughout the 6 months'. As the goal was not specific, it was not possible to measure progress or determine if the actions had been achieved.

The provider had devised an annual report into the quality and safety of care and support in line with the regulations. Again this report was comprehensive but not all goals were specific and measurable to monitor service improvement.

The provider maintained overview of the actions taken to improve the quality of the service through a quality improvement plan. This collated the actions identified through routine audit, provider-led audit, self-assessment and other reviews. The plan was updated regularly by the person in charge. The inspector reviewed the most recent plan that had been updated on 2 September 2025. It showed that the provider had addressed issues for service improvement in a timely manner.

Information was shared with staff through monthly team meetings. The inspector reviewed the minutes for the three most recent meetings. These meetings ensured that staff were kept up-to-date on developments within the service.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure and implemented it effectively. This meant that systems were in place so that residents could report areas for service improvement and that these issues could be resolved. There was a culture in the centre that welcomed residents' feedback. This meant that residents had a role in the running of the centre and that their input was respected.

Residents were aware of the complaints procedure. They told the inspector that they would be very comfortable raising any issues with staff and management. One resident commented in their questionnaire 'If I don't like something, I am well able to tell staff'.

The inspector reviewed the provider's complaints procedure. It outlined the steps that would be followed should a resident make a complaint. The contact details of the provider's complaints officers were on display in the centre. The inspector reviewed the record of complaints for 2025 that were held in one house. A resident had brought a complaint to the provider and it was processed in line with the complaints procedure. The outcome was satisfactory to the resident.

Judgment: Compliant

Quality and safety

The service in this centre was of a very good quality. The health, social and personal care needs of residents were assessed and the appropriate supports had been put in place to meet those needs. The ethos of promoting the rights of residents was apparent in the day-to-day running of the centre. Residents were supported to engage in activities that they enjoyed and that were important to them. They were supported to maintain friendships and relationships. Residents were involved in the running of the centre. They told the inspector that they were happy with the quality of the service they received.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. There was evidence that the provider implemented safeguarding procedures appropriately. Risks to the residents had been assessed and control measures to reduce risks had been implemented. This had been achieved while promoting the residents' rights to autonomy.

Regulation 10: Communication

The provider had ensured that residents were supported to communicate their needs, wishes, choices and opinions.

The inspector reviewed the communication profiles of three residents. These gave clear information on the residents' communication strengths and the supports that they needed. There was clear information on how to present information to residents, particularly complex information. This meant that residents were given information in ways that ensured that they could make informed decisions.

The inspector noted that staff used many different methods to support residents with their communication. For example, one resident showed the inspector a folder of information about a birthday party that they had organised recently. The folder contained written information and photographs that ensured that the resident was supported to plan and choose all of the elements of the party including the venue,

food, decorations, cake, guest list and outfit.
Judgment: Compliant
Regulation 13: General welfare and development
<p>Residents in this centre were supported to engage in activities and events that were in line with their interests.</p> <p>Residents told the inspector about the numerous activities and events that they enjoyed. This included activities within the centre like cooking, baking, music, art, and watching television. They also spoke about the community activities that they enjoyed. These included volunteer work, sports, concerts, advocacy work, and participating in community groups. Residents were also supported to go on regular day trips, outings and holidays. Residents spoke about meeting friends and family. This ensured that they maintained personal relationships and links with the wider community.</p> <p>The supports required for residents to engage in these activities were outlined in the residents' personal plans. The inspector reviewed the personal plans of four residents. These outlined the residents' goals for engaging in activities and events and the supports required to meet those goals.</p>
Judgment: Compliant
Regulation 17: Premises
<p>The premises were suited to the needs of the residents.</p> <p>The inspector had the opportunity to visit all three houses in the centre. As outlined in the opening section of the report, the houses were clean, tidy and in a good state of general repair. Residents reported that they were happy in their home. Minor alterations had been made to the house to meet the needs of the residents.</p>
Judgment: Compliant
Regulation 18: Food and nutrition
<p>The nutritional needs of residents were well-managed in this centre. This meant that residents received nutritious meals that were prepared in line with their needs. It also meant that residents' choices and preferences were considered so that meals</p>

were enjoyable for residents.

Residents told the inspector that they were happy with the food in the centre. They spoke about choosing and preparing meals. Residents were heard chatting with staff about their favourite foods and meals. The inspector had the opportunity to spend time with some residents at breakfast, lunch and dinner time. The inspector noted that residents enjoyed wholesome, nutritious meals that were in line with their dietary needs. Staff were observed offering choices to residents about their meals and snacks. In one house, residents chose to sit together and have the same meal. In another house, residents chose to eat at different times and had different main meals in line with their own preferences and needs.

The inspector reviewed the care plans of three residents. These indicated that residents had access to relevant healthcare professionals in relation to their nutritional needs. Recommendations from these professionals were clearly documented. Staff gave clear examples to the inspector of the steps that needed to be taken to ensure that foods and beverages were prepared in line with these recommendations.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good arrangements in place for the identification, assessment and control of risk.

The inspector reviewed the risk assessments that had been developed for three residents. These had been developed within the previous 12 months and were kept under regular review. The assessments were comprehensive and gave guidance to staff on how to reduce risks to residents. The importance of respecting the resident's right to privacy and autonomy were highlighted throughout the assessments. This led to positive risk-taking for the residents that promoted their independence with support available from staff, when required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the health, social and personal care needs of residents. This meant that the resident's care needs were clearly identified and the appropriate supports could be put in place to meet those needs.

The inspector reviewed the assessments of needs that had been completed with three residents. These showed that the assessment had been completed within the previous 12 months. The assessments were comprehensive. Where a need was identified, a corresponding care plan had been developed. These care plans were regularly reviewed and updated by staff.

The inspector read the annual review reports that had been completed with three residents. These had been completed within the previous 12 months and included a review of the previous year's goals. The reports included input from the resident and their family, where appropriate. New goals for the year ahead were set. Personal plans that outlined the residents' personal goals were developed. The inspector reviewed four of these plans and noted that they outlined the supports needed by the resident to meet their goals. There was evidence of progress towards the achievement of the goals.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre. This meant that residents had access to relevant medical and healthcare services and that they received the necessary supports from staff to meet their healthcare needs.

The inspector reviewed the care plans and files of three residents. These showed that residents had access to relevant healthcare professionals when needed. Each resident had a named general practitioner (GP). There was evidence that residents were supported to attend medical and healthcare appointments. Information from these appointments were added as updates to existing care plans. A detailed medical history for each resident was maintained in their files. Staff demonstrated good knowledge of the medical supports needed by residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents received the necessary supports to manage their behaviour.

The inspector reviewed the files of three residents. This showed that, where required, residents had behaviour support plans. These had been developed by appropriately qualified professionals and gave clear guidance to staff on how to support residents. The plans were kept under regular review and routinely updated. The inspector observed staff effectively implementing some of the strategies outlined in one resident's behaviour support plan during the inspection.

There were no restrictive practices in the centre on the day of inspection. This was kept under regular review by the provider. An audit of restrictive practices was due to be completed in the centre every three months. The most recent audit was reviewed by the inspector.

Judgment: Compliant

Regulation 8: Protection

The provider had good systems in place to promote the safety of residents and protect them from abuse.

The inspector's review of staff training records found that all staff had up-to-date training in safeguarding vulnerable adults. Staff knowledge of safeguarding procedures was assessed regularly by the provider through routine audit. The inspector reviewed the 2025 audits that had been completed in one house in the centre. These showed that staff knew what to do should a safeguarding incident occur. Safeguarding and incident reviews was included as a standing agenda item on all staff meeting. This meant that staff were kept up to date on any supports that needed to be implemented to avoid safeguarding incidents.

There were no open safeguarding plans in the centre on the day of inspection. The inspector reviewed a safeguarding plan that had been closed in the months prior to the inspection. This related to negative interactions between residents. The safeguarding plan showed that the provider had responded appropriately to the incident and had adhered to their safeguarding policy. The support of members of the multidisciplinary team had been sought to ensure that residents received the necessary supports to keep them safe from abuse and avoid any further incidents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre. The inspector noted that there

was a culture of human-rights based care and support. This meant that the respect and promotion of the residents' rights was an inherent part of the day-to-day running of the centre.

As discussed previously, residents in this centre were very well-informed about their rights. They were strong self-advocates in relation to their own lives. They were also involved with organisations that promoted the rights of people with disabilities. Residents discussed recent political developments that related to the rights of people with disabilities. They spoke about voting in the upcoming presidential election.

Throughout the inspection, the inspector observed residents making choices about their daily routines and the running of the centre. These choices were respected by staff.

The inspector reviewed the files of three residents. These showed that residents were routinely consulted about their health, social and personal care needs. Residents' choices in these matters were respected. For example, one resident said that they did not want staff to check them at night when they were sleeping. This was respected by staff and the practice was discontinued.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Harbour View OSV-0007753

Inspection ID: MON-0039708

Date of inspection: 08/09/2025

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 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">• All six monthly and annual visits are now unannounced and a written report on the safety and quality of care and support is developed and issued to all persons involved in the management of the centre. A plan to address any identified concerns in relation to standard of care and support is implemented and completed with agreed timeframes in line with the regulations. Completed 10/09/2025.• The Person in Charge has developed a progress and monitoring tool for specific actions to examine their progress as set out in the six monthly and provider annual reports. Completed 10/09/2025• The Person in Charge has now completed all audits in line with the providers schedule including the Fire Audit. Completed 10/09/2025.	

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 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	10/09/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Substantially Compliant	Yellow	10/09/2025

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
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