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:	East County Cork 3
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	15 October 2025
Centre ID:	OSV-0008579
Fieldwork ID:	MON-0048457

About the designated centre

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

East County Cork 3 is a designated centre operated by the registered provider Cope Foundation. The centre provides full residential services to three adults over the age of 18 years presenting with an intellectual disability. The centre is a newly built bungalow consisting of 3 single occupancy bedrooms, a living room, a kitchen dining room and a utility room. The centre also has an enclosed garden to the rear. The centre is staff at all times with oversight from an appointed person in charge.

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
Wednesday 15 October 2025	09:35hrs to 17:10hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

Following the receipt of a notification to the office of the Chief Inspector, this unannounced risk inspection was completed. This inspection was focused on regulations that related to the operation of the designated centre and the quality of residents lives. The Office of the Chief inspector received a notification on the 10 September 2025 from the registered provider which informed a new person in charge had commenced their role on the 8 September 2025. On the 22 September 2025 the provider confirmed that the last person in charge had departed their role on the 17 November 2024. This will be discussed later in the report under the relevant regulations. This designated centre was last inspected in June 2024.

On arrival to the centre the inspector was greeted by the person in charge who was on duty on the morning of the inspection. The inspector was asked to sign into the designated centres visitors book. The inspector held an introductory meeting with the person in charge. Residents were being supported by staff members to get ready for the day ahead. Once resident were ready they were introduced to the inspector during a walk-through of the premises facilitated by the person in charge. The inspector had the opportunity to meet all three residents. Throughout the day residents appeared to be very comfortable in their home, relaxing, watching programmes of interest, knitting and completing crosswords. Residents interaction with the inspector varied as some residents had a short chat while others enjoyed spending more time in the company of the inspector. One resident meet with was watching some television and completing some knitting, the resident appeared happy and relaxed. Staff expressed to the inspector that the resident enjoyed spending time in their living room relaxing and knitting. Staff were seen to offer drinks to the resident has they continued with their hobby.

Another resident greeted the inspector in the hallway of the centre, the resident welcomed the inspector and also appeared very happy. The inspector asked them if they liked their home to which they responded yes. Later in the inspection day the resident was supported to go for a rest which they had requested. One resident enjoyed spending time in the kitchen area of the centre completing crosswords and talking to the inspector for a longer period of time. While talking to the inspector the resident expressed how they are unhappy with the toilet facilities in the centre and would like to have access to an additional toilet. The inspector asked the resident if they were supported to make a complaint using the providers complaint process to which the resident responded yes. The person in charge discussed supports they have in place to support residents with this. The resident said they were happy with everything else in their home.

The centre comprised of a detached bungalow house located in a housing estate. Each resident had their own bedroom which was decorated with their own personal belongings. Residents had a kitchen, dining area, utility room and living room. The centre had one bathroom which was equipped with toilet, hand wash basin,

enclosed shower and a walk in shower area. The inspector observed that three commodes were stored in the residents walk in shower. The inspector was informed that the three commodes in place were to support residents with toilet facilities during times when another resident may be using this room. This will be highlighted later in the report.

Residents living in the centre had access to local amenities such as shops, church and transport. The centre had one transport vehicle available to it which was shared with another designated centre located nearby. The residents in this centre were supported to access their local community and activities and outing of interest. For example, one resident enjoyed attending the local church on a regular basis. While one resident informed the inspector that they had attended a party the evening prior to the inspection which they had enjoyed.

The inspector had the opportunity to meet two staff members on duty, the community nurse that supports residents in the centre, the person in charge and the person participating in management. The inspector also meet three other staff members who attended the centre for a team meeting on the morning of the inspection. During this staff were supported by a competent person who attended the centre to provide training and support in the operation of the centres fire panel. Staff spoken with were knowledgeable of the residents and their support needs. Staff discussed resident's likes and dislikes, along with activities and goals they had completed or were aiming to achieve in the future.

The next two sections of the report present the findings of this inspection about 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

While management systems had been put in place to ensure residents received a good quality of service in their home, some improvements were required to ensure the operation of the designated centre met the requirements of the regulations.

The registered provider had not notified the Office of the Chief Inspector in a timely manner of the departure of the person in charge, as required by the regulations. Documents reviewed by the inspector on the day of the inspection identified the person participating in management as the person in charge. Documents reviewed included the centres roster, statement of purpose and residents guide.

The centre had a staff training matrix in place. All staff were provided with adequate training, and refresher training was highlighted where required. Not all staff in the centre had received supervision.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 7: Changes to information supplied for registration purposes

The registered provider did not give notice of the intended change to the identity of the person in charge of the designated centre in a timely manner. The Office of the Chief inspector received a notification on the 10 September 2025 from the registered provider which informed a new person in charge had commenced their role on the 8 September 2025. On the 22 September the provider confirmed that the last person in charge had departed their role on the 17 November 2024.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider had ensured that the staff team was appropriate to the number and assessed needs of the residents. Overall, staffing resources were in line with the statement of purpose. There was a consistent core group of staff, familiar to the residents working in the designated centre. The person in charge worked full time and their remit was over this designated centre and one other designated centre which was located in the same housing estate.

At the time of the inspection there was one vacancy in the centre for a social care worker. The person participating in management informed the inspector that this position was being actively recruited for.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for the designated centre. All staff had completed safeguarding, fire safety, manual handling and children's first training. Two staff were awaiting a date for upcoming training in verbal intervention and this had been identified in an action in the providers six monthly unannounced audit.

The inspector spoke with staff members who reported that they were supported by the local management and aware of how to report a concern they may have. Staff spoken with said they meet the person in charge on a regular basis. The inspector

reviewed the supervision records in place for the centre. The person in charge discussed with the inspector that not all staff working in the centre had supervision completed and it was planned that all staff would have formal supervision completed in 2025. On the day of the inspection two staff had completed supervision. There was six staff working in the centre and one person in charge at the time of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

At the time of the inspection, the registered provider had ensured that management systems were in place within the designated centre. However, the Office of the chief inspector had not been notified in a timely manner of the departure of the previous person in charge. This will be addressed under Regulation 7: Changes to information supplied for registration purposes.

Further improvements were required to ensure the service being provided to residents was safe and appropriate to meet the rights of the residents living in the centre. However, two incidents that occurred in the centre were not screened as safeguarding incidents and residents rights were being infringed on due to access to a toilet. This will be discussed further under Regulation 8: Protection and Regulation 9: Residents' rights.

The designated centre had systems in place to monitor the centre. The centre had an audit schedule for 2025 in place. A sample of these were reviewed by the inspector which were completed at different times throughout the year. These included communication audit, statement of purpose audit, residents guide audit and personal plan audit.

The provider had a system in place to complete six-monthly announced audits as required by the regulations. The inspector reviewed the audit in place October 2025.The provider audit had identified actions, such as plans for a second toilet or alternative plan to be put in place to support access for residents to have use of more than one toilet. The person in charge also discussed how the centre had been visited in August and October to plan an area for an additional toilet. Documentary evidence of a time line of these visits was given to the inspector. Time frames were identified for this action to be completed by May 2026.

An annual review of the service had also taken place from May 2024 to May 2025. In this residents and resident's families had been communicated with. Residents voiced that's they were happy, while families complimented the centre and the care their family members receive. The providers unannounced audit of October 2025 actioned the need for an additional toilet facility, which outlined that the person in charge would be linking with the providers facilities personal, this was to be done in accordance with the providers own time lines of December 2025.

Team meeting were taking place regularly. The designated centre had bi-monthly meetings. These meetings included review and discussion of safeguarding, incidents, fire training, rosters and governance. The last team meeting had taken place on the 16th August and some agenda items included on-call management, policies and a safeguarding plan.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre.

The statement of purpose had last been reviewed in July 2025. This identified the person participating in management as the person in charge and the current person in charge as the acting manager. This required review to ensure that the statement of purpose is updated to ensure the management of the centre is accurately reflected and organisational structure is updated.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the designated centre and this was reviewed by the inspector. The Office of the Chief Inspector had not been notified of the occurrence of all incidents in line with the requirement of the regulations. Two incident that had taken place in May and June 2025 had not been identified as a potential safeguarding concern, therefore they had not been notified. These incidents were of an allegation, suspected or confirmed, of abuse to a resident.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had arrangements in place for the management of complaints. There was a designated complaints officer nominated. The inspector reviewed the complaints record for the designated centre. There had been two complaints received since the centre opened. The complaint had been resolved with the

complainant in a timely manner in line with the provider's policy. It had been recorded that the complainant was satisfied with the outcome. There was no open complaints on the day of the inspection.

Judgment: Compliant

Quality and safety

Overall the residents in this centre appeared happy and content in their home. Residents spoken with complimented the staff saying they were nice to them and treated them well. The staff team appeared to be committed to delivering good care and support to the residents. Residents had identified goals in place and were being supported to achieve these, along with being a part of their community.

Although as mentioned earlier in the report the current facilities in the designated centre were not meeting the needs of the residents, this required review to ensure residents rights were being upheld.

The inspector also viewed some good care practices in the centre such as staff engaging with residents in conversations, supporting them with completing activities. Areas required improvement such as premises, risk management, protection and residents' rights, to ensure residents were receiving a high quality service.

Regulation 13: General welfare and development

Residents were supported with activities and items of interest both in their home and in their community. The inspector spoke to two staff members who discussed that's activities were lead by the residents in what they would like to do daily and weekly. The residents were supported to participate in the community by attending mass, meeting friends and family, attending parties and functions, going shopping and meals out. Residents also enjoyed planning holidays and going to shows. The residents activities were being recorded on an online system, the inspector reviewed a sample of these for each resident.

On the day of the inspection the residents were enjoying a day in their home. During this time the inspector had the opportunity to meet all the residents. One resident informed the inspector they had been to a party the night before which they enjoyed. Residents were seen to be relaxing, knitting, watching programme of interest. Staff were seen to support residents throughout the day in a respectful manner, offering resident's choice of snacks and meals.

Judgment: Compliant

Regulation 17: Premises

The property consisted of a detached bungalow. The bungalow comprised of three bedrooms for residents, a kitchen/dining room, living room, utility room and one bathroom. Residents has access to laundry facilities.

The premises was clean, homely and had items such as pictures displayed throughout the house. Residents living in the centre each had their own bedroom which was seen to be decorated with items of personal interest. Residents had access to an outdoor garden area to the rear of the property. The storage facilities in the designated centre will be further discussed under Regulation9: Residents' Rights.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents in the sitting room of the centre and included a summary of the services to be provided, terms and conditions of residency, arrangements in place for residents involvement in the running of the centre, how to access inspection reports, procedure for complaints and arrangements for visits.

This document required review to ensure it identified the correct management structure in place, on the day of the inspection the person participating in management was identified as the person in charge on this document.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, a fire alarm and fire blankets were provided and being serviced. For example, the fire alarm and emergency lighting had been serviced in September 2025.

Staff also conducted checks to ensure that effective fire systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to

ensure it was working and that fire doors were activated. A review of a sample of these records showed that staff were completed these checks as required. On the day of the inspection, staff were being supported with training by a competent person to ensure they were aware how to use the fire panel in the centre. This also included checking all fire doors.

All three residents in this centre had a personal emergency evacuation plan. These plans were clear and provided clear information on the supports required by each resident. The centre had an identified assembly point in place. These plans were also seen to be reviewed in July 2025.

Staff were provided with training/refresher training in fire safety.

The inspector reviewed four of the fire drills for 2025. Fire drills had been completed regularly and were conducted to ensure residents could be evacuated safety from the centre. The records reviewed showed that these were taking place in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The resident had personal plans in place that outlined their health and social needs. Where required support plans were in place as per the residents assessed needs.

The staff spoken with were very familiar with residents support needs. For example, a staff member discussed supports in place for one resident during mealtimes. The resident had a dysphagia health plan in place and a management plan in place to support mealtimes. This resident also had an eating, drinking screening tool which had been completed in June 2025. Staff were aware of the residents required needs. One resident had a recent hospital admission for a medical condition and the inspector seen a support plan in place for this to provide staff with information. The centre had the support of a community nurse employed by the provider. The inspector met this person during the inspection and they were very familiar with the residents support needs.

The inspector reviewed the personal plans of two residents. Each resident had completed an annual personal centred planning meetings. These meetings gave the opportunity for staff, residents and family members to review and plan for the year ahead. Goals and aspirations had been set for each of the residents. Residents had goals such as planning a holiday and attending a pantomime. Residents were also seen to have achieved goals such as one resident wanted to visit a friend, the inspector spoke to the resident about this and seen a picture which the resident appeared very happy about. Residents were supported regularly with key worker meetings to ensure goals were being progressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents in this designated centre had behaviour support plans in place. The inspector reviewed two of these plans in place. Both plans had been last reviewed in June 2024. The person in charge was aware that the behaviour support plans were overdue a review and discussed with the inspector the changing needs of one resident. One resident had received a diagnosis of dementia, their behavioural support plan had not been reviewed to reflect of the residents changing needs. The person in charge discussed with the inspector that review of this plan had been requested and they were awaiting a date for this to be completed.

The second plan reviewed contained guidance for staff in the management of behaviours and were individualised for the resident, taking into account their preferences and how they respond best. Behaviour support plans included identified behaviours of concern, triggers, and strategies both proactive and reactive.

The inspector spoke to a staff member regarding the behaviour support plans in place. The staff were knowledgeable on the resident's behaviour support plans in place. For example, staff spoke about different triggers or signs for a residents and how they support the residents through this.

The centre had identified one restrictive practice in the centre. These had been reviewed by the provider in August 2025.

Judgment: Compliant

Regulation 8: Protection

Since the last inspection the designated centre had safeguarding incidents. For the most part these incidents were reported in line with the requirements of the regulations. For example, notifications were received in October 2024 and June 2025 to the Office of the Chief Inspector. The inspector reviewed an interim safeguarding plan located in a resident's personal plan which had been developed in response to an incident to protect residents from abuse in October 2024. The safeguarding plan in place had not been reviewed within the dates outlined in the document. The plan identified a review date of November 2024, however no update or review status was recorded on this document. This was discussed with the person in charge who had a digital copy. The inspector reviewed the digital copy in place which identified review of actions was due in July 2025. Both the hard copy and digital copy of the document did not provide assurance that the plan had been reviewed within the time lines identified by the provider.

The inspector reviewed incidents for the designated centre for 2025. When reviewing the incidents for the centre, incidents which took place in May and June 2025 had not been reviewed by the provider with the view of safeguarding. One incident identified one resident as shouting, banging doors and the resident naming another during the escalated period. As the centre is not large with residents bedrooms and communal areas in close proximity it was unclear from the records that other residents were not affected by this incident. The other incident involved one resident walking in on another resident while using the toilet. These incidents had not been reviewed or identified by the provider as an alleged or suspicion of abuse, therefore had not been reported in line with statutory guidance for the protection of vulnerable adults.

The inspector reviewed two residents intimate care plans. These plans identified the use of a commode for residents, however required further review to ensure details were present on how to support the residents with their commode. The intimate care plans in place detailed the level of support required by residents to support them in areas of personal care such as staffing levels and support required for showering. However, the support required for the use of the commode for each resident was not detailed. This required review to ensure safeguarding measures are in place to support staff providing personal and intimate care to residents who require such assistance do so in line with the residents personal intimate care plan. The provider identified a risk area in residents intimate care plans for the use of a commode in bedrooms if the toilet in the designated centre was occupied. On the day of the inspection these risk assessments were not in place.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were supported to maintain contact with their families and friends. Visitors were also welcomed to the centre.

The person in charge described various ways in which they upheld the rights of residents and supported them in making their own decisions and choices. For example, residents had regular residents meetings. Topics discussed included upcoming social events, weekly menu plans, complaints and safeguarding. The inspector reviewed a sample meetings for September and October 2025.

Residents had access to easy read documents. Easy-to-read documents in place in the centre included, safeguarding and complaints. Residents in the centre had consent forms in place for voting which provided staff on details if residents would like to vote.

Care in this centre was provided in a manner which was person-centred ensuring residents aspirations and community activities were being met. However review was required to ensure each residents privacy and dignity is respected in relation to their

personal and living space, and intimate and personal care. Below are examples of this finding:

- Staff and management in the centre were aware of the need for an additional toilet facility. It had been identified in the providers own audit. Commodes had been put in place to elevate this and to support the residents. However, the use of the commodes for the residents living in the centre was in place due to the environment.
- One resident in particular discussed how they love their home but they do not like having to wait to use the toilet or only having access to one toilet. The lack of access to this facility was impacting the resident's privacy and dignity with their intimate and personal care.
- One complaint recorded on the 10th August 2025 was regarding an incident that had taken place on the 5th August in the centre. Here it was noted an action to resolve the complaint that the toilet in another designated centre located nearby could be used in a case of emergency, a commode was available and facilities for a second toilet were being looked at for the centre. The other designated centre which was documented that residents could use was located in the same housing estate but they were not located next to each other. This did not promote the choice and control residents have over their daily needs.
- It was also documented in an incident that occurred on 11th October 2025 a resident expressed they were unhappy and would like a second toilet. There was no documented evidence available if the resident had been offered the compliant procedure.
- The storage facilities in the designated centre did not promote the dignity of the residents and required review. During the inspection three commodes were seen to be stored in the walk in shower area of the centres bathroom. The inspector was informed by management of the centre that the commodes were removed to residents bedrooms when the shower was in use and were stored in the shower area as no other storage area was available.

Judgment: Not 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 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for East County Cork 3 OSV-0008579

Inspection ID: MON-0048457

Date of inspection: 15/10/2025

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**
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: - NF30 was submitted on 31/01/2025, NF30A was submitted on 30/07/2025. The registered provider engaged with inspectors in regard to same. NF30A was resubmitted on 10/09/2025 and is pending on the HIQA submission portal. - The registered provider is open to further engagement on the matter.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - The registered provider has noted the actions being taken under the response to Regulations 7, 8, 31 and 9. Systems are being improved to ensure issues are identified and addressed.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: - The Statement of Purpose had the accurate information pertaining to interim arrangements and has now been updated.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

- The incidents referred to by the inspector were reviewed by the registered provider's Designated Officer (DO) at the time of the incidents occurring. The DO is the professional with expertise to assess incidents and determine if incidents meet the threshold for safeguarding and require escalation via safeguarding processes. The DO found that neither incident constituted a safeguarding concern. As such, consistent with the registered provider's procedures, the incidents were not notified to the regulator. The registered provider is reviewing this process to ensure the registered provider's procedures are consistent with the requirements of the regulations. Any amendment required to ensure compliance with the regulations will be put in place for example evidence of engagement with the DO will be documented locally.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
- The safeguarding plan referred to in the report was updated with review status dates on 16/10/2025. An internal review took place on 01/12/2025.
- The bathroom door is being fitted with a thumb turn lock and has an occupied/unoccupied colour coded sign to support residents to understand when the bathroom is occupied.
- Intimate care plans were updated on 22/10/2025
- Commode risk assessments were completed on 24/10/2025

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
- At the time of inspection one complaint had been received by a resident as they could not access the bathroom on one occasion while another resident was using it. To mitigate this occurring again commodes have been made available to each resident. As noted by the inspector the registered provider is continuing to explore the possibility of providing additional toilet facilities in the house.
- The registered provider stores the commodes in the shower area consistent with the preference of the residents. A written protocol has been developed which includes preferred storage.
The registered provider has explored numerous options to date to meet the changing needs of residents and the provider will continue to explore further options with the residents.

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
Registration Regulation 7(1)(a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre.	Not Compliant	Orange	10/09/2025
Registration Regulation 7(2)(a)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a designated centre has ceased to be in charge.	Not Compliant	Orange	10/09/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	31/12/2026

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/01/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/01/2026
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that	Not Compliant	Orange	31/01/2026

	respects the resident's dignity and bodily integrity.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/12/2026