



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

Issued by the Chief Inspector

Name of designated centre:	Woodhill Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	06 May 2025
Centre ID:	OSV-0004944
Fieldwork ID:	MON-0037995

About the designated centre

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

Woodhill Services provides residential care and support to adults with a moderate to severe intellectual disability. The designated centre can provide residential services for up to 11 individuals from the age of 18 upwards, and can accommodate both male and female residents. The designated centre is comprised of two residential houses both located in residential areas. The designated centre benefits from their own transport and one of the houses is also located near public transport routes. Residents have access to a range of amenities in their local community, including shops, cafes, restaurants, banks and churches. Some residents avail of day services outside of the designated centre and the service can provide one integrated day service within the designated centre. All residents have their own bedrooms. There is ample communal space and access to private gardens to the rear of the houses for residents to enjoy. residents are supported by a staff team of social care workers and support staff who are on duty both day and night with sleepover staff in place during the night. There is an out-of-hours service to provide additional support, if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Tuesday 6 May 2025	09:40hrs to 19:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to integrate in the local community, and were involved in activities that they enjoyed.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with six residents who were present in the centre and observed how they lived. The inspector also met with the person in charge and two members of staff, and viewed a range of documentation and processes.

Residents were not usually present in the centre during weekdays, as most residents attended external day service activities. The service could provide full time day service for one resident on weekdays, which enabled that resident to plan their activities from home. The inspector got the opportunity to meet briefly with four residents in one house before they left the centre in the morning to attend day services. These residents welcomed the inspector with smiles and handshakes and understood why they were there. One resident showed the inspector around the house and they talked a little about their experience of living there. They said that they liked living in the centre and got on well with their housemates. They said that they liked going out to activities and outings in the community. They also said that they liked and trusted the staff. There were two staff present in the centre and it was clear during this time that there was a good rapport between residents, staff and the person in charge. There was one resident in the second house in the centre when the inspector arrived. This resident was preparing to go out with staff and they discussed together where they would go. The resident said that they would like to go out for something to eat, and would like 'a fry'. Staff discussed with the resident where would be the best places to go for an all-day breakfast and they decided on a restaurant that would accommodate the resident's wishes. The resident was happy about this. The inspector also met with residents in the second house when they returned from day service. On return residents relaxed watched television or listening to music for a while as they were going for a meal out that evening. Residents told the inspector that they were out and about a lot and talked about some activities that they had enjoyed. These included outings and day trips, holidays at home and abroad, going to musicals, hotel breaks and home visits to families, as well as regular community activities such as shopping and going to the cinema..

It was clear from the walks around both houses in centre that safe and comfortable accommodation was provided for residents. The centre consisted of two houses in housing estates. Both dwellings were spacious, well-equipped, comfortably decorated with photographs and pictures and a resident's framed art work was displayed. Each resident had their own bedroom and these rooms were personalised and decorated in line with each resident's interests and wishes. The inspector saw,

for example, that residents had belongings that they liked in their rooms, such as family photos, soft toys, books, magazines, and pictures of bands and favourite musicians. There was adequate storage for residents' clothing and belongings in each bedroom.

While this inspection identified good practices throughout the regulations that were examined, there were some required improvements, which are discussed in the next sections of this report.

Capacity and capability

The provider's management arrangements required strengthening to ensure that a good quality and safe service would continue to be provided for residents who lived in this centre. Although residents were receiving good care and had a good quality of life, improvement to the management oversight of the service was required. Consequently, compliance with some regulations required improvement. During this inspection staff training was found to be not compliant and some regulations were judged to be substantially compliant and required improvement. These included governance, infection prevention and control and fire safety.

Overall, resources were in place to ensure that residents had meaningful lives and were kept safe, although improvement to management resources were required. The resources in place included the provision of clean, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents. The provider had also ensured that the centre was suitably ensured. However, the role of the person in charge was not adequately resourced to maintain effective governance and oversight in the centre. The person in charge had several other managerial duties within the organisation, which impacted on their ongoing oversight of this centre. Although residents were found to have a good quality of life and were safe in the centre, the current management arrangements presented a risk that this standard of care might not be maintained. Furthermore, the person in charge had not ensured that essential staff training was being completed in a timely manner, which gave rise to this regulation being not compliant. Other areas which were substantially compliant, but required some improvement, included fire safety and infection prevention and control. The person in charge was supported by two team leaders, one of whom was responsible for the day-to-day management of each house. However, there was no centre-specific guidance on the roles and responsibilities for the team leaders, including what managerial functions were delegated from the person in charge to team leaders in this centre.

Adequate staffing levels were being maintained in the centre to provide care in line with the assessed needs of residents, although improvement to staff training was required. Some staff who worked in the centre had not attended mandatory training in a timely manner and some required training was significantly out of date.

However, all staff had attended training in fire safety. Staff also had access to regulations and standards to guide practice.

Staff had the opportunity to link with the management team through staff supervision and staff team meetings. However records of these meetings were not informative and required to be recorded in sufficient detail to reflect outcomes of the meetings.

Improvement was required to the provider's auditing systems. Unannounced audits of the service were being carried out approximately twice each year on behalf of the provider, although these audits were not being carried out within six-monthly time frames as required by the regulations. These audits showed good levels of compliance and gave rise to action plans to address any issues identified. However, the auditing system had not identified deficits in staff training and the required unannounced audits by the provider had not been carried out at the frequency required by the regulations.

Notwithstanding the deficits identified during the inspection, the provider was working towards improving the quality of care in the centre and several improvements had been made since the last inspection. Recruitment of team leaders had taken place for each house. Recruitment of care staff was currently ongoing, but a core group of consistent locum staff were available to the centre, which ensured that the staff roster could be filled by staff who were familiar with residents and their support needs. Refurbishment of parts of the centre had taken place to improve the comfort and safety of the living environment for residents. These included upgrades of bathroom and kitchen surfaces, and replacement floors. Human rights training had commenced in the organisation and was being delivered on a phased basis. Members of the management team has completed this training but it had not yet been rolled out to care staff.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted. Minor amendment to the statement of purpose was required but this was addressed by the person in charge and an updated version was submitted to the Health Information and Quality Authority after the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the designated centre.

The inspector read the information supplied to the Chief Inspector in relation to the person in charge. This indicated that the person in charge was suitably qualified and experienced for this role. The person in charge worked closely with staff and the wider management team. Throughout the inspection, the person in charge was very knowledgeable about the individual needs of each resident who lived in the centre, and was also aware of their regulatory responsibilities. Residents who spoke to the inspector knew who was in charge in the centre and acknowledged that they could discuss any issues of concern with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

In each house in the centre there were sufficient staff rostered to support residents' assessed care needs and to support residents to take part in their chosen activities when they were not at day services. Since the last inspection of the centre, two social care workers had been recruited and appointed; one to each house as team leaders. Team leaders carried out a mixture of care functions and administrative duties to support the person in charge. Planned and actual staffing rosters had been developed by the person in charge. The inspector reviewed the staffing roster for March and April 2025, which showed that sufficient staffing levels were being maintained.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured that all staff who worked in the centre had been suitably trained.

The inspector viewed the staff training records for the centre and found that mandatory training, and other appropriate training, had not been delivered to all staff as required. For example, a staff member who had been working in the centre since August 2024 had not received training in behaviour support, central induction and personal outcomes. Another staff member who had commenced working in the centre in July 2024 had not completed training in safeguarding, hand hygiene, children first, open disclosure and personal outcomes. Records also showed that one

staff member had not attended training in behaviour support since 2018. The deficits in mandatory and other training, presented a risk that staff might not have the knowledge and skills to provide appropriate care to residents.

Judgment: Not compliant

Regulation 21: Records

The provider had ensured that records were maintained in a clear and orderly fashion and were kept up to date.

Documents required by the regulations were kept in the centre and were available to view. A sample of records required by schedule 2 and 3 of the regulations were viewed and were clear, informative, up to date and well organised. Documents viewed during the inspection included personal profiles and plans, fire evacuation drills, audits, and staff training information.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was up to date and suitable.

Judgment: Compliant

Regulation 23: Governance and management

Improvement to the provider's management arrangements and resources was required to ensure that a good quality and safe service would continue to be provided for residents who lived in this centre. These included improvement to management oversight, and to auditing.

The provider had developed an organisational structure to manage the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge. However, with regard to the role of the person in charge, the centre was not adequately resourced to maintain effective governance

and oversight of the centre. The person in charge had several other managerial duties within the organisation in addition to the management of this centre and acknowledged that they could only get to visit the centre less than once a week. A team leader was assigned to each house in the centre to support the person in charge with managerial duties, and both team leaders primarily delivered care to residents and also had some protected management hours. However, while the team leader's role included a wide range of managerial responsibilities there was no clear agreement or guidance around how these functions were to be divided between the team leaders and the person in charge. Although residents were found to have a good quality of life and were safe in the centre, the current management arrangements presented a risk that this standard of care might not be maintained.

The centre was suitably resourced to support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, access to transport, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Staff meetings and staff supervision were being carried out as planned. However, minutes of staff supervision meetings and staff team meetings required improvement to ensure that they fully reflected the discussions which had taken place.

There were auditing systems in place to monitor the quality of care in the centre. However, the auditing system had not identified deficits in staff training. Furthermore, the required unannounced audits by the provider had not been carried out in a timely manner. There had been a nine month interval between two provider audits, which was not in line with the regulatory requirement for the provider to carry out an unannounced visit to the least once every six months.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A suitable statement of purpose had been prepared for the service, and it was available to view in the centre.

The inspector read the statement of purpose and found that it was informative and The statement of purpose was informative and met the requirements of schedule 1 of the regulations. The statement of purpose was being reviewed annually by the person in charge. A minor adjustment to the statement of purpose was required and the person in charge addressed and an updated dversion was supplied to the Chief Inspector following the inspection

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. The inspector reviewed incident records for the current year in centre. Records viewed were clearly documented and indicated that required notifications had been made appropriately.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents living in this centre. The person in charge and staff in this service were very focused on supporting the independence, community involvement and general welfare of residents while they were staying at the centre. However, fire containment and cleaning records required some improvement.

The centre suited the needs of residents, and was clean, comfortable and well maintained. The centre comprised two houses located in residential areas, close to a city and a busy village. There were good systems to ensure that the houses were kept in a clean and hygienic condition. These included a colour coded cleaning system to prevent cross contamination, well maintained and readily cleanable surfaces, and planned daily and nightly cleaning schedules. However, while there were no concerns about the cleanliness of the centre, some cleaning records had not been signed off to verify that they had been completed.

All residents had their own bedrooms and these rooms were personalised with residents' personal belongings. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. To the back of each house there were gardens where residents could spend time outdoors. There were well equipped kitchens in both houses although in one of the houses access to the kitchen was restricted for the safety of some residents. Residents' nutritional needs were well met. Residents chose, and were involved in shopping for, their own food. Suitable foods were provided to cater for residents' preferences and needs.

Overall, there were effective fire safety management systems in place throughout the centre, which included fire training, servicing of equipment, development of personal evacuation plans for residents and fire drills. However, the provider was

asked to review fire containment in one house in the centre to establish if the arrangements were adequate.

There was a personal planning process in place to ensure that residents' needs were identified and met. Residents' care and support needs had been assessed and Individualised personal plans had been developed for residents based on these assessments. Residents' personal goals had been agreed at annual planning meetings.

Regulation 17: Premises

The centre suited the needs of the residents and was in good repair and well maintained. It was clean, suitably decorated and well equipped throughout.

The centre could accommodate up to ten residents in two houses located in residential areas; one in an urban area and the other on the outskirts of a busy village. During a walk around the centre, the inspector found that both houses were spacious and there was adequate communal space, where residents could relax or take part in activities that they liked. All residents had their own bedrooms which were furnished and personalised to their liking. These bedrooms had adequate furniture such as wardrobes, bedside lockers and chests of drawers, in which residents could store their clothing and belongings. Both houses also had well equipped kitchens and dining areas where residents could have their meals, and could become involved in food preparation if they liked to. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. There were well-kept gardens behind both houses where residents could spend time outdoors. An effective refuse collection service was being provided by an external company.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported in the centre and residents had choices at mealtimes. Both houses in the centre had well equipped kitchens where food could be stored and prepared in hygienic conditions.

There was adequate space for the storage of food, including refrigerated storage. Residents went shopping with staff as they wished and some took part in food preparation with staff supervision. Some residents were assessed as requiring specialised diets and meal plans and these were provided. As residents were out at activities during the day, the inspector did not get the opportunity to meet them at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents in a way that suited their needs.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it had met the requirements of the regulations. Other information that was relevant to residents was provided in user friendly formats. This included sharing information about topics such as how to make a complaint, the menu for the week, human rights and safeguarding information, and colour photos of staff on duty

Judgment: Compliant

Regulation 27: Protection against infection

Overall, there were good measures in place in both houses in the designated centre to protect residents from infection, although storage of cleaning equipment required improvement in one house in the centre. Recording of completed cleaning tasks also required improvement.

Both houses were maintained in clean hygienic conditions throughout. The inspector also noted that surfaces were in good condition, were readily cleanable and were well maintained. Several surfaces, such as flooring, furniture and storage units had been replaced in one house to facilitate ease of cleaning, and reduce infection control risks. Hand sanitising gels were available for residents, staff and visitors to use. There were cleaning plans in place to ensure that all cleaning was carried out as required. The cleaning records that the inspector viewed were not fully completed, and there were gaps where some duties had not been signed off. It was, therefore, not possible to establish whether or not the cleaning tasks had completed consistently. There were colour coded cleaning systems in place in both houses. A staff member showed this system to the inspector and explained how it operated. However, in one house in the centre the storage arrangements for the cleaning system required as cleaning utensils were store in a shed which was not maintained in a clean condition and this presented a risk of cross contamination between the storage area and the house.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were measures in the centre to safeguard residents, staff and visitors from the risk of fire. However, improvement to fire containment was required.

The person in charge showed the inspector records of fire drills, equipment servicing, internal fire safety checks, fire training records, and personal evacuation plans. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Records viewed by the inspector showed that these processes were up to date. On a walk through the centre, the inspector saw that there were fire doors throughout the building intended to contain and reduce the spread of fire. However, on most fire doors, the intumescent strips designed to prevent the spread of fire and smoke around the doors had been painted over. This presented a risk that fire doors may not function efficiently in the event of an emergency. The provider was asked to have this assessed by a competent person with experience in fire safety. This was addressed promptly and the day following the inspection the person in charge confirmed that the intumescent strips were being replaced the next day.

Fire evacuation drills involving residents and staff were being carried out both during the day and at night. The inspector viewed records of fire drills and found that these had been completed in a timely manner, and that all residents had been promptly evacuated to safety. All staff and three residents had attended fire training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for each resident based on their assessed needs. These were of good quality, were up to date, and were informative.

The inspector viewed a sample of two residents' personal plans and found that these personal plans had been developed with input from the provider's multidisciplinary team as required. The assessments informed personal plans which identified residents' support needs and identified how these needs would be met. These plans of care viewed were clear and were up to date. Residents' personal goals had been agreed at annual planning meetings, and progress in achieving these goals was being reviewed and updated.

Judgment: Compliant

Regulation 7: Positive behavioural support

Due to identified safety risks for some residents, free access to the kitchen in one house was restricted at certain times. This restriction was in place to manage some identified health and safety risks for some residents and was in place for the shortest time required. Although this restriction kept some residents safe, it impacted negatively on other residents in the centre as they did not have unlimited access to the kitchen. Due to the current layout of the centre, this was the least restrictive option at the time. The provider was mindful of this restriction, and had been working on a plan to address it. The person in charge and team leader explained the proposals that were being considered and showed the inspector draft plans to address it. Residents were seen to have free access to the kitchen in the second house in the centre.

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	Not compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Woodhill Services OSV-0004944

Inspection ID: MON-0037995

Date of inspection: 06/05/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Mandatory training for all staff who were out of date has been booked. In order to ensure staff are completing mandatory training going forward the following will occur <ul style="list-style-type: none">• Mandatory training to be booked for staff members as part of local induction which is carried out by Team Leaders.• Training records will be reviewed as part of the Person in Charges Quarterly review in order to ensure that all mandatory training is completed.• Person in Charge and Service Coordinator will highlight to the team leaders staff members who require training. This will be a standing item at team leaders meetings.• Team Leaders have been trained and can now book staff members into scheduled training.	
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">• Team leaders in the designated Centre will be rostered /booked to attend the upcoming Team Leader Training that is being planned for Autumn 2025.• There is a team leader's forum that provides training and support for team leaders giving guidance and input in areas of leadership and management in accordance with the HIQA standards, compliance and in the area of governance and management.	

- There is ongoing planning occurring which involves looking at reconfiguring the delivery of service in this designed centre in order to enhance the supports offered to the individuals. This will commence in one house and will involve roster changes which will result in waking night supports. This roster change will support the team leader to enhance the oversight of the team.
- The provider will ensure that its six monthly audits are carried out in a timely manner
- Staff training will be reviewed as part of the six monthly provider audits, each audit will involve a review of the training matrix.
- Team leaders will keep clear records of staff support and supervision and will ensure these records are maintained in line with our policy.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- On 7/5/25 a new storage box was purchased for the storage of mops resulting in cleaning materials no longer being stored in the shed
- On 20/5/25 the shed was cleaned and all the old , unused items were removed
- Team leaders will monitor the cleaning records and ensure they are consistency completed they will have this on the agenda for house meetings when there are issues.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The intumescent strips on the fire doors were reviewed and replacement of same commenced immediately. This work was fully completed on 16/7/25

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.	Not Compliant	Orange	17/06/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/12/2025
Regulation 23(1)(b)	The registered provider shall ensure that there	Substantially Compliant	Yellow	01/12/2025

	is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	01/12/2025
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	06/08/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	20/05/2025

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	16/06/2025