



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

Issued by the Chief Inspector

Name of designated centre:	Rosshaven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 February 2025
Centre ID:	OSV-0005276
Fieldwork ID:	MON-0046455

About the designated centre

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

Rosshaven Services is a residential centre for people with moderate to severe intellectual disabilities, and who may also have autism, and or mental health, communication, and behaviour support needs. The service can accommodate up to five male and female residents, aged from 18 years to end of life. There are normally five full-time residential placements in the centre. The centre is a large comfortable two-storey house, which incorporates two self-contained apartments with separate secure gardens to the rear. It is located in a residential area close to both a city and a busy rural village. Residents are supported by a staff team which includes nursing and social care staff. Staff are based in the centre during the day, and remain on duty at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 February 2025	09:30hrs to 18:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with 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 residents who lived in the centre and observed how they lived. The inspector also met with the person in charge and staff on duty and viewed a range of documentation and processes.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. However, governance improvements were required in the centre to strengthen the overall oversight and quality of the service, to ensure that this quality of service would be maintained. During the inspection it was found that aspects of governance and fire safety were not compliant with the regulations.

On the day of inspection, all residents were out and about at various times during the day. The inspector had the opportunity to meet with all residents during the course of the day. Residents did not have the verbal skills to speak with the inspector, but their lifestyles were observed during the day. On the inspector's arrival at the centre, it was found that residents started the day at their own pace, and were getting up and having their breakfast at times that suited them.

The centre consisted of a large house in a residential area close to a busy village and a city. This gave residents access to shops, coffee shops, sporting facilities, restaurants, churches and community activities. As the centre was close to the coast, residents also had access to beaches and woodlands for walks and outings. The centre was laid out, furnished and equipped to provide residents with a safe and comfortable living environment. As some residents did not enjoy communal living, there were two separate apartments in the centre, each of which was occupied by one person who preferred living alone. The remainder of the house was occupied by three residents. This arrangement ensured that each resident could have their own space when they wanted it. Each resident had their own bedroom and these were furnished in line with residents' wishes and assessed needs. Some residents liked their living spaces and bedrooms decorated with photos, pictures and personal items while others were more comfortable with minimal decor and rooms were decorated and furnished accordingly.

There was a spacious kitchen and dining area in the main house where residents could have their meals and take part in food preparation if they liked to. Although there were kitchen sections in each apartment, these were furnished and equipped in line with residents' preferences. One kitchen was not well stocked as this was the resident's choice. The resident in the second apartment preferred to have meals with other residents in the main part of the house and this was supported. During the inspection, the inspector saw that a wholesome, freshly cooked meal was prepared for residents' main evening meal. The meal looked appetising and three

residents were seen enjoying the meal at the dining table. One resident had dined earlier and another had eaten out.

The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, offering meals and refreshments, and going out in the local area. Residents had good involvement in the local community and took part in leisure activities that they enjoyed. Residents frequently went for walks in woodlands and at beaches, went for meals out and ordered take-away meals, and went to other places for days out and lunch. On the day of inspection one resident went out for a meal in their favourite restaurant. Another resident went out to music therapy and for refreshments afterwards. As this was a home based service, residents had the flexibility to take part in activities in the centre and in the local community, and some liked to attend some day service activities. The centre had dedicated transport, which could be used for outings or any activities that residents chose.

Activities that residents did in the centre included listening to music and audio books, massage therapy, art, television, light housework and recycling, and using the trampoline, swings and polytunnel in the garden. Residents' birthdays were celebrated in the centre and one room was decorated with birthday banners following a party in the previous days. Activities that residents were taking part in elsewhere included discos, concerts, going to horse race meetings, meals out, and outings such as an overnight stay in Athlone and trips to Dublin Zoo, a pet farm and the Land of Giants. Residents were supported and encouraged to keep fit by cycling, and taking walks in a local park and in the nearby area. A resident who enjoyed going out for a drink, indicated this to the inspector and smiled happily when staff explained that they had been out for a couple of pints the previous night.

It was evident that residents were involved in how they lived their lives in the centre. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by others who knew them well. This information was used for personalised activity planning. The inspector met with all five residents during the inspection. Residents who lived in Rosshaven required support with communication, and did not verbally discuss their views on the quality and safety of the service with the inspector. However, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Processes were in place to support residents and staff to communicate with each other. Information was made available to residents, including pictorial meal plans, staff on duty, and the management team.

It was clear from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the wider community.

The next sections of this report present the inspection findings in relation to the governance and management in the centre and, how governance and management affects the quality and safety of the service and quality of life of residents.

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. During this inspection fire safety was found to be not compliant with the regulations. Several other areas, including records and documentation, staff training, and communication, were found to be substantially compliant but required some improvement.

There was a clear organisational structure in place to manage the service, although this structure was not in place at the time of inspection.. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. However the person in charge's oversight of the service was impacted upon negatively by the absence of a team leader who would have traditionally supported the person in charge in the day-to-day running of the service. The team leader role was vacant at the time of inspection although the inspector was told that recruitment was in progress. This resulted in increased pressure on the person in charge who also had additional management functions in the organisation.

The centre was generally well resourced to ensure the effective delivery of care and support to residents. These resources included comfortable accommodation, and transport vehicles for residents' use. There were sufficient staff on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised care and support. Most staff had attended up-to-date mandatory training and other training relevant to their roles. One staff had not received up-to-date refresher training in safeguarding. Staff supervision records were not available to view in the centre, therefore it was not possible to establish if supervision was being suitably carried out.

The provider had developed plans for the ongoing auditing of the service, including audits by staff and two unannounced audits of the service had been carried out on behalf of the provider each year. These audits showed a high level of compliance and gave rise to action plans for any required improvements to be carried out. However, the audit systems were not sufficiently comprehensive, as deficits found during this inspection had not been identified for action in the ongoing audits.

Most of the required records and documentation were available to view during the inspection. However improvement to some documents including the statement of

purpose were required.

Regulation 16: Training and staff development

Overall the provider had ensured that staff were suitably trained appropriate to their roles, although for one staff refresher training in managing behaviours of concern was out of date.

Training records that the inspector viewed showed that all staff who worked in the centre had received mandatory training in fire safety, behaviour support, and most staff had attended up-to-date safeguarding training. Staff had received other relevant training, such as sign language, hand hygiene, infection control and medication management to enable them to support residents' needs and keep them safe. The inspector also saw that copies of the regulations and other guidance documents were also available in the centre to inform staff. However, refresher training in behaviour support was out of date and was overdue by five months.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A record of all residents who lived in the centre was being maintained. The inspector viewed the directory of residents and found that it included the required information relating all residents

Judgment: Compliant

Regulation 21: Records

Records required by the regulations were kept in the centre and were available to view. However, some records review and they were not accurate or recorded in sufficient detail to guide practice.

Documents viewed during the inspection included personal planning files, directory of residents, audits, staff training records, and fire safety records. While most documents and records were being well managed, the following required improvement:

- cleaning checks carried out by staff were generally up to date, although on four days there were no records to confirm whether or not the checks had been carried out

- records of food provided were not being maintained to enable any person inspecting the record to determine whether the diet is satisfactory
- records of staff weekly safety checks carried out in the centre were not comprehensive, as the recording system did not provide an options for staff to add comments. Therefore in some instances the findings were unclear
- the centre's emergency plan did not include suitable information to manage all emergencies, such as loss of power and loss of heat
- staff supervision records were not available to view on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Leadership and management arrangements in the centre required improvement to ensure the ongoing provision of a good quality and safe service to residents. During this inspection it was found that improvement to the management oversight of the service was required,

Overall, the centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs. However, the roles of team leader and part-time housekeeper were vacant at the time of inspection and recruitment was in progress for this role. In the organisational structure of this service, the team leader normally provides management support to the person in charge. As the person in charge had other areas of responsibility, the absence of a team leader impacted on the overall governance of the centre and reduced the management oversight of the service. The absence of the housekeeper, resulted in other care staff taking responsibility for cleaning and housekeeping duties and there was a risk that this could impact on their support to residents.

The service was subject to ongoing monitoring and review. The inspector viewed a range of audits and checks that were being carried out in the centre. These included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support of residents. Although the auditing system had identified areas for improvement which had been addressed, some aspects of auditing were not effective. Audits carried out by staff showed consistent high level of compliance, with 100% compliance being achieved in the sample of weekly safety checks that the inspector viewed. However, the auditing systems had failed to identify and address the areas for improvement found during this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met most of the requirements of the regulations. However, there was some updates and adjustment required to the statement of purpose to meet all the requirement of schedule 1 of the regulations. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Substantially compliant

Quality and safety

Based on these inspection findings there was a good level of compliance with regulations relating to the care and welfare of residents, and the provider ensured that residents received a person-centred service. The management team and staff in this service ensured that residents' independence, community involvement and general welfare were supported and respected. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported. However, improvement was required to fire safety management, including fire drills, and fire containment in the building and, therefore, this regulation was judged to be not compliant. Improvement to an aspect of communication was also required.

Although the provider had systems to manage and reduce the risk of fire, improvement was required to ensure the safety of residents, staff and visitors in the centre. Some fire doors were ill-fitting and may not be effective in limiting the spread of fire and smoke. A fire door was being held open during the inspection which created a further fire containment risk. The fire drill process also required improvement as residents' capacity to evacuate safely in night-time situations had not been evaluated.

Residents in this centre received a home-based service, which gave them the flexibility to take part in activities that they liked both in the centre or in the wider community. Staff were available to support residents at all times throughout the day. This gave all residents the opportunity to take part in the activities that they preferred either in their home or in the community. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, taking exercise, attending entertainment events and sporting activities and, going out for something to eat. Residents' contact with family and friends was also being supported in line with their preferences.

Information was supplied to residents through ongoing interaction with staff and the person in charge. Suitable communication techniques were being used to achieve

this.

The centre comprised of one house which suited the needs of residents, and was found to be comfortable, well decorated and suitably furnished. All residents had their own bedrooms which were decorated to their liking. Since the last inspection of this centre, the provider had carried out upgrade works to bathroom facilities, flooring and the kitchen in the centre. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. There was a garden surrounding the house where residents could spend time outdoors. Residents' nutritional needs were well met. Kitchen facilities were available for food preparation, and residents could choose whether or not to take part in grocery shopping and food preparation at a level that suited their preferences and assessed needs.

Regulation 10: Communication

The provider had systems in place to support and assist residents to communicate in accordance with their needs and wishes. However, there was no evidence that further communication techniques had been explored for a resident who had additional sensory needs

As residents who lived in this centre did not communicate verbally, the person in charge and staff were very focused on ensuring that they could communicate appropriately with residents. Throughout the inspection, the inspector saw staff communicating with residents in line with their capacity using speech, sign language and verbal prompts. Some staff told the inspector that they had attended training in sign language and they had found it beneficial. The inspector read the communication support plans for two residents who did not communicate verbally. The plans provided information to guide staff, such as information about the resident's likes, dislikes and preferences, use of picture cues, and clearly explained hand signs. The person in charge told the inspector that a speech and language therapist had assessed the communication needs and management of all residents in the centre. The person in charge explained that a referral to a digital assisted technology team had been made for a resident and that they were awaiting the outcome of this referral. However, there was no evidence that further communication techniques had been explored for a resident who had additional sensory needs in addition to being non-verbal.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were being well supported to take part in a range of meaningful activities

both in the centre and in the wider community.

During the inspection, the inspector could see that suitable support was provided for all residents to take part in activities that they enjoyed in accordance with their individual choices and interests, as well as their assessed needs. Residents were supported to take part in developmental activities such as light household tasks, food preparation, recycling, taking exercise, music therapy and access to books, including audio books. Social and leisure activities that residents enjoyed included going to discos and concerts, eating out, day trips and overnight outings, and keeping in touch with family and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of residents.

During a walk around the centre, the inspector saw that the house was spacious and was laid out to ensure that each resident had the communal and private space that they required. The centre was divided into three separate living areas, the main house and two apartments. All three units had their own separate entrances. Each resident had their own bedroom and these were decorated and personalised in line with residents' needs and preferences. Adequate bathroom facilities were provided in the centre and these were readily-cleanable and hygienic. There were fully equipped kitchens in the main house and in one apartment. The second apartment had minimal equipment and décor which was the resident's preference. There were shared laundry facilities for residents of all three units to use and there was a refuse collection provided by a private contractor. The centre had a garden where residents could spend time outdoors.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being well met and residents had choice at mealtimes.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The kitchen fridge was well stocked with protein sources, fresh vegetable and snacks. While in the kitchen the inspector also saw that the provider had a system in place to ensure that out-of-date foods would not be consumed. Food was prepared to suit residents' needs and preferences. Specially modified meals were prepared in line with assessed needs and staff were very clear

about these requirements. Choice was offered and a resident chose not to have the main meal but to have an alternative that they preferred. Some residents liked to take part in meal preparation and food shopping with staff support.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had measures in place to limit the spread of infection in the centre. However, improvement to daily cleaning was required.

Staff had access to information and training in relation to infection control. The inspector saw that there was extensive guidance and practice in place to reduce the risk of infection. These included national public health guidance, the provider's infection control guidance documents and an up-to-date policy. Staff had attended training in infection control and hand hygiene. Smooth, durable, readily-cleanable surfaces were provided in all bathrooms, and throughout the centre. Overall, the centre was visibly clean but some areas such as doors and upholstery required to be thoroughly cleaned. There was a colour coded cleaning system in use in the centre to reduce the risk of spread of infection and a staff member explained how this worked. A dedicated cleaning staff had previously been employed in the centre on a part-time basis, but this position was now vacant and recruitment was taking place to fill this role. In the interim cleaning duties were being carried out by support staff. There was a cleaning schedule in place in the centre which stated the required daily cleaning duties. However, the duties were not being signed off every day, therefore, it was difficult to establish if these tasks were being completed as required

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some aspects of fire safety management were not adequate and were found to be not compliant.

The inspector reviewed records of fire evacuation drills involving residents and staff and found that there had been no drills carried out to reflect night time arrangements with minimum staffing and when residents were sleeping. Therefore, there was no information to determine if an emergency evacuation at night time could be carried out effectively and in a timely manner. This also impacted on the development of accurate personal emergency evacuation plans for residents.

Fire alarms and emergency lighting were scheduled for quarterly servicing but these had not been carried out to this frequency in 2023 or 2024. This had been identified

by the person in charge and had been escalated for attention.

On a walk around the centre, the inspector saw that some fire doors did not appear suitable to ensure effective fire containment:

- there was no intumescent fire strip on kitchen fire door
- there were gaps under some of the fire doors
- a self-closing fire door in a sitting room was held open with a piece of heavy furniture while a resident relaxed in an adjoining room.

The provider was asked to have the fire doors reviewed by a competent person with experience in fire safety management to establish their effectiveness.

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	
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Rosshaven Services OSV-0005276

Inspection ID: MON-0046455

Date of inspection: 18/02/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The Person in Charge scheduled training for members of the staff team with regard to the Augmentative Systems of communication being recommended by the Speech & Language Therapist, on the 13th of March 2025. Training will also be scheduled with the Digital and Accessible Technology Team on receipt of their recommendations. • The team member who had not completed their Studio III training will attend training on the 30th of April 2025. • All further training for staff working in the designated centre has been booked by the Person in Charge using our internal training system, for the year 2025. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • The Person in Charge, following a team meeting on the 23rd of February-2025, introduced a system of cleaning whereby one member of the team is identified on the roster each day to take responsibility for ensuring that the cleaning schedule is both adhered to and signed off. This commenced on the 24th of February 2025. • A weekly food record chart was commenced on the 1st of April giving details of all choices of meals offered to residents, in order to reflect the availability of a well-balanced diet, as required. • The centre’s emergency plan was discussed at the Team Meeting on the 23rd of February 2025 to increase staff familiarity with the steps required, including the location 	

of the plan for ease of reference in the event of an emergency, and use of the escalation policy of the Organisation in terms of utilizing both the Senior Person on Duty and Manager on Call for advice and direction, in the event of a significant issue arising.

- The centre’s emergency plan was updated by the Person in Charge on the 1st of April, to include the availability of St Claire’s day service in the event of a loss of power and heat over a prolonged period, in the designated centre.
- The Person in Charge has organized further training with regard to the completion of weekly safety checks on a phased basis for all staff in the designated centre. This will be complete by 30th of April 2025.
- Support and Supervision meetings have been conducted, and further scheduled with the staff team. Individual meeting records are kept with the Person in Charge.
- A record of all team meetings that occur are kept in the office of the designated centre.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The Person in Charge has increased the amount of time that they provide support to the Designated Centre to help strengthen the Governance and Leadership of the service, until a Team Leader can be appointed.
- The position of Team Leader was advertised and offered in January 2025, however was turned down by the successful candidate. The position has since been further advertised with interviews scheduled for the 12th of April 2025. Following the successful filling of the Team Leader position, the Person in Charge, along with the Provider’s Quality Evaluation and Development Dept., will work closely with the Team Lead to help strengthen internal audits undertaken, giving rise to the identification of non-compliances, and the generation of suitable SMART action plans being implemented.
- The vacant household position is currently in the recruitment process, with interviews scheduled for the 14th of May 2025.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The Person in Charge reviewed and updated the statement of purpose to more accurately reflect the service provided by the Designated Centre on the 11th of March 2025.

Regulation 10: Communication	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication:

- The Person in Charge met with the Provider's Speech & Language Therapist to review the communication needs of the residents on the 24th of February 2025. This review included consideration of additional alternative forms of communication for the residents of the Designated Centre. The therapist clearly outlined their reasons for introducing and/or enhancing each individual's methods of communication and for dismissing others.
- The SLT forwarded their recommendations on the 6th of March 2025, which were discussed with the staff team via a Team Meeting on the 19th of March 2025, and are currently being implemented. Training with regard to the Augmentative Systems of communication recommended for member of the team who require this has been scheduled for the 13th of March.
- Further contact was made with the Digital and Accessible Technology Team by the Speech & Language Therapist on the 24th of February requesting a progress update. We currently await a response.

Regulation 27: Protection against infection

Substantially Compliant

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

- The Person in Charge reviewed and updated the cleaning schedules of the Designated Centre with the staff team at a team meeting on the 23rd of February 2025.
- From this meeting, a system of cleaning was agreed with the team whereby one member of staff is clearly identified on the roster each day to take responsibility for ensuring that the cleaning schedule is adhered to and signed off. Additionally, it was agreed that staff working at night will undertake a number of tasks such as ensuring that upholstery, doors and door handles etc., are thoroughly cleaned each night. This commenced on the 24th of February 2025.
- The cleaning schedules of the Designated Centre were further reviewed and updated by the PIC on the 1st of April 2025.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Under the guidance of the Providers Buildings and Facilities Manager, all internal doors in the Designated Centre were reviewed to ensure effective fire containment in the event of a fire. Defects identified have been rectified as per legislative requirements. These repairs were undertaken on a prioritized basis and were complete by the 7th of March 2025.
- The Person in Charge discussed fire safety and evacuation at a team meeting on the 19th of March 2025. The inappropriateness of using furniture to hold open doors was

noted by all in attendance. We reviewed and discussed information recorded in previous drills, noting the information gaps, and emphasizing the importance of recording comprehensive, accurate information in respect of each fire drill undertaken. All four fire drills that have been undertaken since the inspection, including 2 night drills, have been recorded with more specific information.

- Quarterly fire alarm and emergency lighting checks which have not occurred have been escalated for review with the relevant company by the Providers Buildings and Facilities Manager. The Person in Charge will continue to monitor these scheduled maintenance calls to ensure they occur as scheduled.

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 10(3)(c)	The registered provider shall ensure that where required residents are supported to use assistive technology and aids and appliances.	Substantially Compliant	Yellow	06/03/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	23/02/2025
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are	Substantially Compliant	Yellow	01/04/2025

	maintained and are available for inspection by the chief inspector.			
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	11/03/2025
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	10/04/2025
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	08/04/2025

Regulation 27	The registered provider shall ensure that residents who may be at risk of a 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.	Substantially Compliant	Yellow	01/04/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	07/03/2025
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	07/03/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	07/03/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at	Not Compliant	Orange	02/04/2025

	suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	11/03/2025