

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

Issued by the Chief Inspector

Name of designated centre:	Brinkwater Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	12 May 2025
Centre ID:	OSV-0007772
Fieldwork ID:	MON-0046903

About the designated centre

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

Brinkwater Services provides a residential service for up to six adults with a moderate to severe intellectual disability. The house consists of two premises, one has three self-contained apartments: two one bedroom, and one three bedroom apartment and the other premises is located in a congregated setting and supports one resident. Residents have complex health and behaviour support needs and receive a staffing complement to support residents during day and night time hours. Residents are supported by their staff and allied health professionals who are familiar with their care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 12 May 2025	14:45hrs to 18:00hrs	Ivan Cormican	Lead
Tuesday 13 May 2025	09:00hrs to 13:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the regulations. The inspection was conducted over two days and it was facilitated by the centre's person in charge and team leader. The inspector found that the provision of care was held to a good standard and that residents were actively involved in their local communities. Some adjustments were required in regards to the premises, fire safety and medications. Infection prevention and control (IPC) arrangements in one area of the centre also required improvement, but overall the inspector found that centre was a pleasant place in which to live.

The centre comprised of two separate houses which were located in Galway city and within a short drive of each other. One house was situated on the ground of a campus setting, and supported one resident in a individualised setting. This house had been adapted to meet their needs and their personal areas such as their bedroom, bathroom and snug room had a minimal furniture and fittings which was their preference. The centre's main sitting room, kitchen and dining area were homely in nature and also comfortably furnished. As will be discussed later in the report, staff were completing daily cleaning; however, the flooring, skirting and some furniture prevented them from completing a thorough clean and sanitisation each day.

The second house that made up the designated centre was a detached, single storey building and supported five residents. This house had a modern, homely feel and comprised a main living area and two individualised apartments. The apartments accommodated one resident in each and the main area accommodated three residents. This centre displayed pictures of residents enjoying social events and the design and layout of the building ensured that residents had ample space to relax individually or as a group. Although this area of the centre was very pleasant, patio areas required some attention and a water leak in a utility room also required review.

Due to the resident's presentation in the individualised setting, the inspector met with them briefly on the advice of the centre's person in charge and team leader. The inspector did spend some time in this area of the centre and spoke to the supporting staff member. This staff member had a pleasant approach to care and they spoke warmly when referring to the resident. They were an established member of the staff team and it was clear that they had an indepth knowledge of the resident's preferences and care support needs. They spoke at length in regards to how the resident liked to spend their time and also in regards to progress made with them recently returning to day services.

The inspector met with two residents in the second aspect of the designated centre. Both residents were preparing for their day ahead in day services, with one resident deciding to get up a little later before they heading off with their supporting staff member. Both residents had some verbal words which they used in conjunction with

non-verbal communication methods. One resident had brought pictures of them attending social events to the kitchen table and the proudly pointed out to the inspector recent events which they had attended like outdoor concerts and day trips. They were very relaxed in the company of staff and they were comfortable in communicating with them that they were ready to go to their day service. They said goodbye to every one before they left and it was apparent that they considered the centre their home. The second resident was also very relaxed as they got ready for the day ahead. A staff member prepared them a cooked breakfast which they liked each morning and the inspector observed that they were supported in a patient and kind manner. They moved about the centre without restriction and they were free to help themselves to refreshments and snacks.

Staff had a very pleasant manner in their approach to care. The inspector met with three staff members on the second day of inspection and spoke with one staff member for a period of time. This staff member had a good understanding of residents' care needs and safety promotion within the centre. They spoke clearly in relation to residents' preferred activities, food preferences and how they liked to relax in the evening after day services. They also had a good understanding of residents who required support with their behaviours and they referred to clothing which they wore to prevent the likelihood of pulling and grabbing. The staff member had also taken part in several fire drills and they had a good understanding of resident's individual and collective evacuation requirements.

The inspector found that this centre was a pleasant place in which to live. The residents were supported by a consistent and well informed staff team and overall they enjoyed a good quality of life.

The next two sections of this report will describe the governance and management arrangements in place and how these ensured and assured the appropriateness, quality and safety of the service provided to residents.

Capacity and capability

The governance and management arrangements in this centre ensured that the provision of care was held to a good standard. The provider had appointed a management team who had oversight of care and the assigned staffing resources promoted community access for all residents.

The provider had completed the required six monthly audit which gave a snap shot of care since the centre's last unannounced visit. This audit assured the provider that residents were safe and in general were provided with a good quality service. The audit also examined the actions from the last inspection HIQA inspection and overall the audit was satisfied with the progress which had been made.

The person in charge completed the centre's annual review. The inspector found that this was a detailed review which examined residents' first hand experience of

living in the centre and also gave an overview of available data in relation to medication errors, accidents and incidents and occurrences of behaviours of concern. The inspector found that this approach gave the reader a detailed insight into the provision of care and highlighted the achievements of residents and the service over the previous year. It was also clear from this review that the residents were the sole focus on the provision of care and concluded by saying "residents were at the centre of all decisions and that there would be an emphasis on rights for 2025".

The centre had a very pleasant atmosphere and staff who were on duty appeared patient and kind in their interactions with residents. Two staff who met with the inspector stated that they felt supported in their roles and that the person in charge, team leader or senior manager on call were readily available should they have any queries or concerns. A review of the centre's rotas indicated that residents were supported by a familiar staff team and the person in charge stated that this was a key aspect in the provision of care for some residents who could present with behaviours of concern.

The inspector found that this was a well managed centre which promoted the wellbeing and welfare of residents. The provider had completed all audits and reviews as set out in the regulations and the centre's team leader also completed a suite of internal audits throughout the year which assisted in ensuring that care was held to a good standard at all times.

Regulation 15: Staffing

The provider ensured that the centre was adequately resourced to meet the assessed needs of residents. One area of the centre supported one resident in a individualised setting and they were assisted by one staff member during the day and by one staff member on a sleep in arrangement during nighttime hours. The second area of the centre supported five residents. They were generally assisted by up-to-five staff, depending on activities and events, and by two staff each night, with one of these staff members on a sleep in arrangement.

The person in charge maintained both a planned and actual rota which indicated that these staffing levels were consistently maintained. In addition, there was no use of agency staff at the time of inspection, and in general the residents were generally supported by staff who knew their needs well.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members who met with an inspector stated that they felt supported in their roles. They attended monthly staff meetings where they discussed issues such as risk, behavioural support and any overall issues in regards to the delivery of care. In addition, staff also attended individual supervision sessions with the person in charge and the centre's team leader which also gave staff a platform in which to raise concerns or issues.

There was a positive culture in this centre towards staff training and development. The provider had both a mandatory and refresher training programme in place and staff had completed training in areas such as safeguarding, fire safety, behavioural support and also the safe administration of medications.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements ensured that there was oversight of care at all times in this centre. The provider had appointed a person in charge who maintained overall responsibility for the management of the centre. They were supported in their role by a team leader who held responsibility for the centre's day-to-day running and operation. Both individuals had detailed knowledge of the resident's individual and collective care needs and it was clear that their oversight promoted the quality and safety of care provided.

The provider had completed all required audits and reviews as set out in the regulations, with the most recent audit identifying some minor areas of care which required adjustments. The centre's annual review had been completed as required and found that residents enjoyed a good quality of life and service provision.

In addition, the day-to-day oversight of care was monitored via a range of internal audits in areas such as medications, risk, finances and fire safety. The inspector found that these arrangements ensured that care was held to a suitable standard at all times.

Judgment: Compliant

Quality and safety

This was a pleasant centre in which to live and it was clear that residents enjoyed a good quality of care and support. Although four of the regulations examined required adjustments, overall residents were safe and had good access to their local communities.

Both aspects of the designated centre were homely in nature and had ample space for residents to have time to themselves or receive visitors in private. Both houses in the centre were bright, airy and one house had decorated communal areas with pictures of residents attending various events. In the other house the resident preferred a more minimal approach to decoration and their wishes were respected. Although each house had a sense of home, there were maintenance issues in one house with water damage present in a utility area and patios areas required upkeep in terms of the removal of weeds. The second house also had some issues but these impacted more upon the IPC arrangements and the ability of staff to clean and sanitise one area of the centre. Gaps between the skirting and flooring prevented staff from adequately clearing up spillages and the design of one item of bedroom furniture prevented staff thoroughly cleaning and sanitising this item.

Residents who used this service loved getting out and about. A review of financial records and daily notes highlighted that residents had fulfilling lives. Since the last inspection of the centre, a resident was now getting public transport to do their shopping and go for meals out which was significant progress for them. Two other residents had gone for an overnight hotel stay in Kerry which previously would have proved difficult to achieve due to their individual care needs and staff reported that both residents had really enjoyed their break away. Residents also enjoyed local discos and regularly went to the cinema and local restaurants.

The provider had suitable storage in place for medicinal products, including separate storage for items due to be returned to the pharmacy. Staff had received training in the safe administration of medications and the fundamental elements for the administration of medications such as prescription sheets and associated recording documentation were in place. Although aspects of medication management were held to a good standard, improvements were required. For example, the majority of medications were delivered to the centre as part of a pre-packed blister pack system; however, the provider was unable to demonstrate that some regular medications which were unsuitable for the blister pack system were administered as prescribed. In addition, one resident had specific care needs in terms of their medications and guidance stated that the resident could receive medications at a time of their choosing. The inspector found that better clarity was required in relation to the recommended interval between the administration of this resident's medications.

Overall, the inspector found that residents received a good quality of support in this centre. They enjoyed both planned and unplanned activities around Galway city and they were assisted at all times by a well informed staff team.

Regulation 12: Personal possessions

There was good oversight of residents' finances and personal belongings in this centre. Residents had their own bedrooms which had ample storage space. The staff

team had also completed an inventory of resident's personal items which safeguarded their interests.

Residents were assisted to have their own accounts in financial institutions and all required support in managing their finances. The staff team maintained detailed records of both cash and cashless transactions and the centre's team leader completed scheduled reviews and audits of all transactions to ensure that residents' finances were appropriately used at all times.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had good access to their local community with all out and about on a daily basis. A review of records indicated that residents enjoyed meals out, going to local outdoor music events and public houses and also having picnics in the local parks when the weather suited.

Five of the six residents had the option to attend day services and one resident had an integrated service in which they received both day and residential supports directly from the designated centre.

Since the last inspection of this centre there had been significant progress for one resident in regards to this area of care. They had recently returned to day services where staff reported they enjoyed both music and theatre classes. In addition, they used the public bus to go shopping, for meals out and staff reported that they really enjoyed meeting members of the public on these journeys.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two separate houses, both of which were located on the outskirts of Galway city. One of the houses was in a campus setting which supported one resident. This house was a single story building and was found to be maintained to a good standard both internally and externally. Some rooms within the house had been adapted to meet the needs of the resident and it was clear that they considered it their home. The resident had their own bedroom and bathroom, both of which had minimal furniture and personal items as this was their preference. The house also had a large open plan sitting/dining room and a moderate sized modern kitchen. These areas of the house were warm, comfortably furnished and the resident had decorated them with personal items such as art, games and books.

The second house was located within a short drive and it was a single storey, modern detached house which supported five residents. This house had two attached, self contained apartments and both could be accessed via the main house. The apartments were located to the left and right as you entered the property, with each supporting one resident. These apartments were separated by the houses main living area which accommodated three residents. Each resident had their own ensuite bedroom which opened onto a rear garden and this area of the house had a large open plan kitchen/dining area and two separate reception rooms where residents liked to relax. Although this house was bright, modern and very homely in nature, some improvements were required in regards to maintenance. A utility room had water damage present and the exterior patio areas required general upkeep and removal of weeds.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed nutritious home cooked meals being prepared on both days of inspection. A resident required support from one staff member and it was clear that they had a good rapport with each other. The staff member explained that the resident enjoyed a healthy diet and the inspector observed the the staff member prepare a meal which was the resident would enjoy and included rich sources of protein and fresh fruit. Records also showed that the staff team were offering healthy and balanced meals as they were encouraging the resident with maintaining a healthy weight.

On the second morning of inspection, residents also enjoyed eggs for their breakfast which were prepared by staff on duty and it was clear that residents were used to these meals within the centre. Again, in this aspect of the centre healthy meals were encouraged, but residents also enjoyed meals out in local restaurants.

Both areas of the centre also had fresh fruit and snacks available and the inspector observed that both refrigeration units were well stocked.

Judgment: Compliant

Regulation 26: Risk management procedures

There was good oversight of risk and incidents in this centre. Both the person in charge and team leader clearly identified all known risks and they had extensive knowledge in regards to the implemented control measures used to reduce the likelihood and impact on the provision of care to residents. Risk assessments in regards to infection prevention and control, leaving the centre without staff support

and behaviours of concern were in place and reviewed to reflect changes or developments in care.

The centre also had a strong input from allied health professionals. All incidents and accidents were reviewed and monitored for potential impact on residents and the provision of care. Due to the nature of some residents' care needs, extensive multidisciplinary team reviews were in place for incidents involving behaviours of concern. The inspector found that this review process had a positive impact on the delivery of care for residents and improved the quality of the service which they received.

Judgment: Compliant

Regulation 27: Protection against infection

All communal areas of both houses in the centre were clean to visual inspection. The provider had a colour coded cleaning system in place and staff who met with the inspector had a good understanding of the centre's cleaning arrangements.

Although staff completed a daily cleaning regime, improvements were required in one of the houses which made up the designated centre. Due to a resident's care needs, their personal living areas required specific input to ensure that infection prevention and control (IPC) was promoted to a good standard at all times. Even though staff were cleaning each day, the physical layout of one room in terms of flooring, skirting boards and some bedroom furniture meant that staff were unable to clean and disinfect this area to a suitable standard. The provider was aware of the difficulties in supporting IPC in this area and alternative bedroom furniture had been supplied. However, the inspector found that this furniture had not enhanced the IPC arrangements and this area of the centre required further review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety was actively promoted in both houses which made up the designated centre. Fire procedures were clearly displayed and staff had also undertaken fire safety training. The provider had installed emergency lighting, fire extinguishers and a system for giving warning of fire was in place in each house. The centre's team leader also indicated that the warning system in one house was also due to be upgraded subsequent to this inspection. A review of documentation also indicated that all fire safety equipment had a up to date service schedule in place.

Staff and residents in both houses had participated in fire drills and a review of recorded drills indicated that everyone could evacuate the centre in a prompt manner and in line with their individual emergency evacuation plans.

Fire doors were in place in both house which promoted containment of fire; however, three of these doors were not functioning properly in one house and required further attention.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable storage facilities in place for medicinal products. The keys for this storage were securely held and additional separate storage for medications to be returned to the pharmacy was also available. Staff had undertaken training in relation to the safe administration of medications and medication prescription sheets and associated administration records were completed.

Although the fundamental elements of good medication practices were in place, this inspection highlighted where improvements were required. One resident had specific care needs and guidance from a medical practitioner was to administer their medication at a time of their choosing during the day; however, the inspector found that more specific clarity was required to clearly outline to staff an acceptable timeline for the administration of these medications as there was a risk of the resident being administered medications late at night and early the next morning without allowing sufficient time between.

Most regular medications were received to the centre in a blister pack format which contained the necessary information for the safe administration of medications. Some medications were not suitable for storage in these blister packs and they were delivered to the centre in their original packaging which was also clearly labelled. Staff were completing stock takes of all received medications which again was evidence of good practice. However, a review of medication administration records and associated stock takes indicated that some regular medications, which were not held in blister packs, were not administered as required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents who used this service could present with behaviours of concern. Staff who supported residents had received relative training to support them in their role and

comprehensive guidance, in the form of behavioural support plans, were in place to ensure that a consistent approach to care was offered to each resident.

The inspector reviewed a behavioural support plan for a resident who required intensive supports in this area of care and found that comprehensive planning was in place. Staff who met with the inspector had a good rapport with this resident and their knowledge base clearly indicated that they read, understood and implemented this guidance in their everyday practice. The centre's person in charge also stated and records showed that this area of care was subject to regular review by behavioural support and associated multidisciplinary supports such as psychiatry and occupational health.

There were a number of restrictive practices in place across both areas of the designated centre. The provider had arrangements in place to ensure that these practices were risk assessed and subjected to scheduled reviews. The person in charge and the centre's team leader had a good understanding of the use of these practices which were implemented due to known safety concerns. The provider clearly demonstrated that the least restrictive practice was promoted at all times and referrals and reviews by a committee ensured that the resident's rights were promoted at all times.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding plans required in this centre and staff had undertaken safeguarding training which promoted the safety and wellbeing of residents.

The provider had appointed a person to manage any allegations of abuse and their image, name and information in relation to reporting procedures were clearly displayed in the centre.

The provider had compiled an easy read information leaflet in relation to safeguarding which aimed to support residents' knowledge of safeguarding and how to report a concern. Throughout the inspection, the inspector observed a very pleasant atmosphere in both areas of the centre and residents who met with the inspector appeared at ease in their home.

Judgment: Compliant

Regulation 9: Residents' rights

Information in relation to supporting residents' rights was clearly displayed. The centre's team leader explained that residents were consulted on a daily basis in

relation to choice and how they wished to spend their day. Residents meetings were also facilitated, however; management of the centre felt that individualised meetings might be of more benefit and this option in terms of choice and consultation might be explored in the future.

The layout of the centre ensured that residents had ample space in which to enjoy space and time to themselves, if they so wished. Residents had their own bedrooms and the inspector observed staff knocking and seeking permission before entering.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brinkwater Services OSV-0007772

Inspection ID: MON-0046903

Date of inspection: 13/05/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In accordance with Regulation 17: The registered provider will ensure that all maintenance issues are reported to the appropriate maintenance person and/or landlord and are followed up in a timely manner. A contractor has been contracted to fix water damage in one area of the designated centre and carried out an assessment of the damage on the 12/06/2025 and has set a provisional date of the 12/08/2025 for all required work to be completed. A gardener is in place to ensure the gardens and grounds are maintained to a high standard and weeds are kept under control, he completed gardening works and attended to weeds on the premises on the 15/05/2025. During summer months he is scheduled to provide gardening services to the designated centre every 3 weeks.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: In accordance with Regulation 27: The registered provider will carry out a full review of the area highlighted during the inspection and as per the BOCSI National Infection Prevention and Control (IPC) cleaning guidance document will ensure appropriate cleaning schedules are in place with specific protocols to guide cleaning practices and ensure IPC standards are to a high standard. A specific cleaning schedule of the area and a specific IPC protocol has been put in place by the provider from the 06/06/2025. The BOCSI Health and Safety officer will be liaised with to ensure the environment facilitates best practice with regards to IPC standards.	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge has ensured that all fire doors are now working in accordance with Regulation 28. The most recent Monthly audit did not identify any issues with fire doors therefore checks of the fire doors will be carried out as part of the weekly house audits. on the Any issues identified will be followed up and actioned in a timely manner.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: In accordance with regulation 29: The registered provider will ensure that as per BOCSI Medication Administration and Management Policy Medication local guidelines are developed to support stock control of medication, within the Designated Centre. A stock control system was put in place within the designated centre by the registered provided from the 31/05/2025. Written guidance has also been received from the psychiatry department around the adequate time lapse between the administration of morning and evening medication for one individual. Monthly Medication Audits are in place and going forward the findings of these inspections will be discussed at team meetings to provide opportunities for learning within the staff team as well as ensuring best practice.</p>	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	12/08/2025
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	06/06/2025

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/06/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	09/06/2025