



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

Issued by the Chief Inspector

Name of designated centre:	Clochan House Residential Respite Centre
Name of provider:	Offaly Centre for Independent Living CLG
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	31 March 2025
Centre ID:	OSV-0001930
Fieldwork ID:	MON-0046186

About the designated centre

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

Clochan House Residential Respite Centre is a designated centre operated by Offaly Centre for Independent Living CLG. The centre comprises of a bungalow dwelling, located on a campus setting in a town in Co. Offaly. This centre can cater for up to five male and female residents each night, who are over the age of 18 years, and who have physical and sensory disabilities. Residents in this centre are referred to as 'leaders' and are supported by a number of staff during their stay. The centre operates a respite service from Monday to Friday and is closed at weekends. Within the premises, there are residents' bedrooms, some of which are en-suite, shared bathrooms and there is communal use of a sitting room, visitors/quiet room, activity room, kitchen and dining area, laundry facilities, as well as offices and staff facilities. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 31 March 2025	09:30hrs to 15:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. For note, the provider referred to those who availed of this service as "leaders"; however, in keeping with the specific wording of the regulations, with no disrespect to the persons that did use this service, for the purpose of this report, the term "residents" will be used.

In the absence of the person in charge, the day was facilitated by the team leader, and the inspector was also briefly greeted by two staff members, and had the chance to speak with two residents who were availing of the service. Overall, this was a positive inspection, where multiple areas of good care were found to be delivered, and where residents were found to be receiving the support the required in accordance with their assessed needs. There were some areas of improvement identified relating to aspects of fire safety and risk management, which will be discussed later on in this report.

This designated centre was based on a campus setting, comprising of one large bungalow style building. Each resident had their own bedroom, some of which were en-suite, there were shared bathrooms and residents also had communal use of a laundry room, activities room, sitting room, a visitor/quiet room, kitchen and dining area, and there was also an external gardens that residents could avail of. There were staff facilities within this centre, to include, a staff office, en-suite staff sleepover bedroom, and staff canteen area. Prior to each respite stay, residents were individually consulted regarding their preference for particular bedrooms, and this was facilitated. Overall, the centre was very clean, tastefully decorated, well-maintained, and spacious in size. So as to cater for residents with mobility needs, tracking hoists were fitted to some bedrooms, and hallways and communal areas were large enough to allow residents who were wheelchair users, to comfortably get around the centre.

This centre operated on a Monday-Friday basis, and much planning went into the scheduling of respite stays. There was a high volume of residents who did avail of this service, and the planning of scheduled respite stays gave consideration to the assessed needs of the residents, to ensure their needs could be accommodated with the resources available. For example, for the purpose of fire evacuation and available manual handling equipment on-site, generally no more than two residents with high mobility and manual handling needs were accommodated at any given time. Although this centre could only accommodate a maximum of five residents per night, this service rarely operated at maximum capacity. Residents' assessed needs were discussed with the team leader over the course of this inspection, who had very good knowledge of each resident. The residents that used this service had sensory and physical needs, with many requiring staff support in relation to their social care, manual handling and mobility, personal care, with some having assessed health care needs that they also required support with. There were a number of these residents, who for the most part, only required minimal staff support, and

often independently accessed the community during their stay, and to took responsibility for their own medicines and money, with little to no staff support required by them to safely do so.

Four residents were identified for admission on the day of this inspection, and would be availing of the service for the week. During their walk-around of this centre, the inspector observed a notice board in the activities room that was prepared by staff ahead of these four residents' arrival, with a warm welcome note written for them, along with letting them know what staff were on duty that day and night. The inspector met with two of these residents, while staff went to collect the other residents to bring them to the centre. These two particular residents were relaxing together in the sitting room while they were watching television, and were happy for the inspector to join them for a few minutes to speak. One of these residents said that the centre was lovely and that they looked forward to their respite stays. Both residents were complimentary of the staff support that they received, with very friendly conversation and pleasant banter had between them and the team leader. Both of these residents knew each other well and where possible, liked to have their respite stays scheduled together. One of them spoke of how they were looking forward to going abroad with family on holiday in the coming weeks, while the other spoke about their interest in the army, and had a new book relating to this which they had brought with them for their stay. The other two residents were arriving later to the centre in the afternoon, one of whom was a new admission to the service. Upon their arrival, the inspector heard very positive interactions between them and the staff on duty, who were welcoming them to the service. They were informed about various procedures in place relating to fire evacuation, were being informed about activities that were on offer, and were being supported by these staff to familiarise themselves with their bedroom and layout of the premises.

Given the nature of this respite service, residents' needs were re-assessed for each time they returned to the centre. This included a pre-arrival assessment carried out by the person in charge approximately one week ahead of residents' planned stay, which then informed the re-assessment and personal planning of their needs which was carried out by staff upon residents' arrival. Each time a resident was re-admitted, staff took time to go through the fire procedure with them, and also updated their evacuation plan and risk assessments at this time, if required. A meeting was routinely held at the start of each respite week with the residents who were availing of the service, to discuss how they wished to spend their time over the course of their stay. Records of these meetings reviewed by the inspector observed where residents had made requests to go to particular nearby shops, to have their hair cut, to visit specific churches, and to have a full-irish breakfast during their stay. Upon further review of residents' activity logs that were maintained, it was evident from these records that their requests had been honoured and facilitated by staff. Dinner and tea were provided to this centre from a centralised campus kitchen, and residents were supported each day to choose from the menu options that were on offer. There was a fully functioning kitchen available in this centre, that residents used at breakfast and throughout the day to prepare snacks and refreshments for themselves. Residents also enjoyed and looked forward to the tradition of getting a take-away together on Thursday nights as part of their stay.

Staffing resources were maintained under very regular review by this provider, with each resident being supported by the level of staff support that they were assessed as requiring. Many of the staff that worked in this centre had done so for a number of years, which provided good continuity of care to residents when they returned for respite. Nursing support was also available to this service, which had a positive impact on overseeing the care and support being provided to those with assessed health care needs.

Overall, there was a very calm and relaxed atmosphere in this centre, with a warm welcome for each resident as they arrived for their weeks stay. There were many good areas of care and support found upon this inspection, particularly in relation to supporting residents to enjoy their stay by getting out and about, or relaxing in the comfort of the centre, if they so wished. Although there were some areas of improvement identified, it is important to mention, that these didn't have any negative impact on the quality of care that residents were receiving in this service.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was a well-run and well-managed centre that ensured residents were being provided with the service that they required. For the most part, of the regulations that the provider was inspected against as part of this inspection, they were found to be in full compliance with these. However, there were some minor improvements required to how fire drills were being conducted, along with some reviews required to aspects of risk management. But overall, there were very positive findings in relation to how this centre was operating.

There was a well established staff and management team in place for this service, with the person in charge taking responsibility for the overall running of the centre, with the support of their line manager, team leader and staff team. As this was the only designated centre in which this person in charge was responsible for, this allowed for them to be based full-time at the centre. The team leader also worked full-time at the centre to support the person in charge in their role, and they were found to be very knowledgeable of the residents' assessed needs, and of the operational needs of the service delivered to them. The staff roster was maintained under very regular review, to ensure that a suitable number of staff were at all times on duty to support these residents. Due to the adequacy of staffing resources, agency staff were not required to support this rostering arrangement, which meant that residents were at all times supported by a staff members whom they were familiar with. Staff training was maintained up-to-date, with records evidencing that staff often received training in key areas such as safeguarding, fire safety, manual handling, health and safety, and safe administration of medicines.

The quality and safety of care was monitored on an on-going basis by members of management who were present full-time at this centre. In addition to this, the provider was conducting their six monthly provider-led visits in line with the requirements of the regulations, and where improvements were required, there were time bound plans put in place to address these. Residents were consulted with as part of this visit, with the records of the last visit recording very good feedback from residents about the care and support that they received. Good internal communication systems were also in place, with staff team meetings occurring on a scheduled basis. These meetings discussed resident related care and support arrangements, along with ensuring staff were maintained up-to-date on operational areas, to include, staff recruitment, cleaning arrangements, incidents, safeguarding procedures, health and safety, as well as residents' activity management.

Regulation 15: Staffing

The provider had ensured there was a sufficient number and skill-mix of staff at all times on duty to meet the assessed needs of residents. Where additional staffing resources were required from time-to-time, the provider had arrangements in place for this. Although there was a planned and actual roster for this centre, it required review to ensure it included to the full-names and position held by each staff working in this service. This was brought to the attention of the team leader who facilitated this inspection, who was putting arrangements in place for this to be rectified.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received the training that they required to carry out the duties with their role. Where refresher training was required, this was scheduled accordingly by the person in charge. At the time of this inspection, supervision arrangements were being revised, to ensure all staff would be receiving more regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, training and transport. Suitable persons had been appointed to manage

and oversee the running of this centre, and the regular presence of management at the service, had a positive impact on the consistent oversight of the delivery of care.

The monitoring of the quality and safety of this service was mainly overseen through the provider's six monthly provider-led visits, along with monthly audits that were carried out by the person in charge, focusing on the review of key areas such as medication management, fire safety, cleaning arrangements, assessments and personal planning and other various aspects of the service. The last six monthly provider-led visit was reviewed by the inspector, and was observed to include the involvement of residents and their views of the service that they received. Although this visit did identify where some improvements were required with action plans put in place to address these, this way in which this visit was being conducted would benefit from review, to allow for the provider to be able to focus in on more relevant areas of care and support relating to this centre. This was brought to the attention of those facilitating this inspection for consideration as part of the next planned six monthly provider-led visit.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Residents' assessed needs, preferences and wishes very much determined how this centre operated. Residents were consulted with before and upon their arrival to this service about how they wanted to spend their time during their respite stay, and were also very involved in decisions around their care and support arrangements. In addition to this, staff maintained good contact with residents' relatives around any changes to their care requirements since their last respite stay, and ensured that all changes were effectively communicated to the staff who were planned for duty, and would be supporting these residents for the duration of their stay.

The provider had a system in place for the assessment and personal planning of residents' needs, which was working well in this centre. Due to the respite nature of this service, it did require residents' needs to be re-assessed for upon each admission, so as to determine any changes needed to their care and support arrangements since their last admission. There was very clear documentation

maintained in relation to this, which guided staff how on best to support these residents during their stay. Good practices were also observed in relation to medication management, with a number of residents having been risk assessed to take responsibility for their own medicines. Secure medication storage arrangements were provided within each resident's bedroom, and upon each re-admission, residents' updated prescriptions which they brought with them, were corresponded with the prescription records at the centre by nursing staff, who then made arrangements for any prescribing updates to be made.

The number of incidents occurring in this centre was low; however, of those that had happened, these were recorded and reported by staff for a member of management to review. Overall, there was a good response to identified risk in this centre, particularly in relation to resident related risk, with staff being vigilant in maintaining regular supervision of residents, who were assessed as requiring this so as to ensure their safety. Although there were risk assessments in place to support the management of resident specific risks, some of these did require review to ensure better clarity on the calculation of risk-ratings, and to also ensure that these assessments captured the routine control measures that were implemented by staff.

Overall, fire safety arrangements were maintained under regular review, and each resident was again reminded of the fire evacuation arrangements upon each re-admission. The findings of this centre's last inspection found that improvement was required to how fire drills were being conducted, to ensure each resident was afforded the opportunity to be involved in a fire drill at least once a year. However, this had not being fully rectified. Although there were a number of fire drills occurring, again it was found that there were a number of residents who had not taken part in these. Furthermore, where some fire drills had resulted in longer evacuation timesframes, although the provider had responded to this by providing additional evacuation equipment, they hadn't repeated a fire drill using this equipment to establish if this was going to be effective in improving these timeframes. This inspection also found that some minor updates were required to the fire procedure and to residents' evacuation plans, so as to give better clarity on the specific arrangements in relation to these.

The quality and range of social care provided to these residents, was largely attributed to the adequacy of this centre's staff support and transport arrangements. There was also a significant focus placed on promoting residents' independence to access the community without staff support, where it was risk assessed that they were safe to do so. There was a variety of activities that residents could engage in, which was very much led by the preferences and wishes voiced by them at the start of their respite week.

Regulation 13: General welfare and development

Residents did have multiple opportunities for social activities, recreation, and rest during their respite stay. The provider gathered residents' wishes and preferences

for activities through a meeting which was held each week with the residents scheduled for respite. The adequacy of staffing and transport arrangements in this service, meant that residents had the means and support to get out and about in the community as much as they wished. Where some residents had been assessed to access the community independent of staff support, the provider had put measures in place to promote residents to do so, which also ensuring their safety.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of a purpose built premises that was located on the campus of a hospital setting. The layout and design of this centre gave due consideration to residents' assessed mobility needs, with spacious hallways and rooms to allow ease of access for those that were wheelchair users. The centre was cleaned to a very high standard, comfortably furnished and provided residents with a homely environment during their stay. Where maintenance works were required, the provider had a system in place for this to be quickly rectified.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider did have systems in place for the identification, assessment, response and monitoring of all resident and organisational risks. However, there was some improvement required to aspects of how some risks were being assessed.

Where resident specific risk was identified, the provider developed risk assessments and these were subject to review upon each re-admission for respite. However, clarity was required in relation to how some risk-ratings were being calculated, to ensure this calculation gave due consideration of the overall effectiveness of the control measures that the provider had put in place to mitigate against these risks. This was particular identified upon the risk assessments relating to the potential injury to residents secondary to assessed health care needs.

In addition, where staff were routinely implementing control measures in response to identified resident related risks, such as, specific supervision arrangements and involvement of MDT, some risk assessment required updating to ensure these control measures were included. Furthermore, where some risks were identified upon residents' re-admission, a risk assessment hadn't been developed to support this. For instance, for one resident, their re-admission assessment identified that

they required support with their mobility; however, a risk assessment hadn't been put in place for this.

The oversight of organisational risk was predominately monitored by the person in charge, who maintained a risk register in relation to these. However, in relation to the oversight and monitoring of fire safety in this centre, the associated risk assessment in relation to this required review. For instance, there were a number of specific fire safety measures that the provider had in place, which the assessment hadn't given consideration to. In addition, there were a number of additional control measures that were required in relation to the oversight of fire safety, which the provider had not assessed for as part of this assessment. For example, additional controls required so as to ensure that improvements could be made to how fire drills were being conducted to ensure all residents were included at least once a year, in a fire drill. Over the course of this inspection, the inspector was informed that due to the campus setting of this designated centre, a hand held bell was often used to alert residents and staff, when fire drills were being carried out. Although the fire alarm was routinely sounded each week as part of fire safety checks, and residents were familiar with the sound of it, the use of the hand held bell for fire drills had not been risk assessed, so as to mitigate any risk that residents would not recognise the sound of this alarm, should an actual fire occur in this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider did have fire safety precautions in place, to include, fire detection and containment systems, all staff had received up-to-date training in fire safety, emergency lighting was available throughout the centre, regular fire safety checks were being carried out, and there were also multiple fire exits available. However, similar to the findings of the last inspection, improvements were still required to ensuring all residents were afforded the opportunity on a minimum annual basis to take part in a fire drill.

Fire drills were regularly occurring in this centre; however, due to the high volume of residents that did avail of this service, the provider hadn't satisfactorily implemented their own actions from their previous compliance plan to ensure a schedule was put in place to ensure all residents took part in these fire drills.

In addition to this, fire drill records reviewed by the inspector identified where the evacuation time frame of some of these drills were longer than others. Although the provider had put actions in place to address this, a repeat fire drill with a similar scenario hadn't been carried out to identify if these new measures were effective in reducing fire evacuation time frames.

Furthermore, although there were personal evacuation plans developed for each resident, along with a fire procedure for the centre, both required further review to

ensure better clarity on the specific supports residents required to evacuate the centre, along with clearer guidelines within the fire procedure as to the specific response required by staff, should a fire occur.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place to support the safe administration of medicines in this centre. Residents who were risk assessed as safe to do so, were supported take responsibility for their own medicines. Secure storage arrangements were made in each residents' bedroom for the provision of their medicines. A sample of two prescription records were reviewed by the inspector and these were found to be well-maintained and legible. However, upon review of the prescription and protocol supporting the administration of emergency medicines, improvement was required so as to give clarity on the maximum dosage that could be administered. This was brought to the attention of the team leader, who put arrangements in place to have this immediately rectified before close of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider did have a system in place for assessing and re-assessing care and support needs of those availing of this service. Personal plans were then developed to guide staff on the specific care and support that residents required. This process was revised upon each re-admission, to ensure any changes to care and support since the last admission was captured within updated personal plans and communicated to staff

Judgment: Compliant

Regulation 6: Health care

The provider had arrangement in place to support all assessed health care needs. Nursing support was available to this service, as and when required, and this was an aspect of care that was maintained under regular review by local management. Health care needs were re-assessed upon each admission, and personal plans updated, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some environmental restrictive practices in use in this centre, and these were maintained under very regular review, and staff logged a record of each time these were required to be implemented. At the time of this inspection, no resident was assessed as requiring positive behavioural support; however, the provider did have arrangements in place for this, should changing needs arise.

Judgment: Compliant

Regulation 8: Protection

The provider did have procedures in place to support staff in the identification, assessment, reporting and monitoring of any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding, and at the time of this inspection, there were no safeguarding concerns in this service.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with residents being fully involved in decisions around their care and support, along with how they spent their time during their respite stay. The day-to-day running of this service was very much resident-led, and where residents made requests for particular activities or care routines, this was accommodated and facilitated by staff. Staff were respectful of the individual preferences and capacities of each resident, and endeavoured to respect their wishes around the care and support that they received.

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
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clochan House Residential Respite Centre OSV-0001930

Inspection ID: MON-0046186

Date of inspection: 31/03/2025

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Person in charge and staff team will review all individualised leader risk assessments weekly as leaders attend respite in Clochan House. Person in charge will ensure all medical, health and wellbeing/MDT actions are inputted into risk assessments and score accordingly with input from Clochan House staff team.</p> <p>Person in charge will review all health and safety risk assessments every 6 months, with a view to reducing numbers of risk assessments currently on file in Clochan House. Person in charge will ensure all current control measures applicable are detailed in each risk assessment to mitigate the overall risk.</p> <p>Person in charge will monitor risk assessments and update weekly as leaders attend respite, review on next stay in Clochan House</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Review all fire precautions and monitoring in Clochan House – completed 4/4/25</p> <p>Update and review fire drill, more information required on fire drill record – completed 4/4/25</p> <p>Update and review personal evacuation plans – completed shorter PEEP with needs of individual leaders in the event of a fire – completed 4.4.25</p> <p>Fire risk assessment reviewed and updated, risk assessment includes leaders recognising</p>	

sound of the fire alarm

Arrangements made with fire officer for all leaders to complete a fire drill at least once per year

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	16/06/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	04/04/2025
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Substantially Compliant	Yellow	04/04/2025

	prominent place and/or are readily available as appropriate in the designated centre.			
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