Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

| | |
|---|---|
| Name of designated centre: | Galway Cheshire House |
| Name of provider: | The Cheshire Foundation in Ireland |
| Address of centre: | Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 05 March 2025 |
| Centre ID: | OSV-0003445 |
| Fieldwork ID: | MON-0046464 |

## About the designated centre

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

The centre is a purpose built premises that provides a residential service for residents which physical and sensory disabilities. Each resident has their own apartment which contains an open plan kitchen, living and bedroom area. Each apartment also has an en-suite bathroom and additional equipment such as hoists are installed to support some residents with their mobility requirements. The centre also supports residents with some medical needs.

The provider employs a number of staff members directly; up-to-three staff members support residents during day-time hours and there is a sleep-in arrangement and one waking staff to support residents during night-time hours. Some residents have funded personal assistant arrangements through an external agency and these assistants also contribute to the support and care provided to residents.

**The following information outlines some additional data on this centre.**

| | |
|---|---|
| Number of residents on the date of inspection: | 9 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

**1. Capacity and capability of the service:**

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

**2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Wednesday 5 March 2025 | 10:00hrs to 16:00hrs | Ivan Cormican | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the centre's compliance with the regulations. The inspection was facilitated by the centre's person in charge and the inspector also met with three members of staff. In addition, the inspector spoke for a period of time talking individually with four residents and also met briefly with one other. The residents who met with the inspector spoke highly of their home and they were satisfied with the service provided. Although residents were happy with the care they received, this inspection highlighted issues with regard to the management of falls for one resident, with the provider failing to respond promptly to the ongoing safety concerns. An immediate action was issued to the provider on the morning of inspection in regards to resolving this safety concern. In addition, there were deficits in relation to the allocation of staffing, which the provider was trying to resolve. The inspector found that the centre did not always have the required staffing in the morning, which had the potential to impact upon the delivery of care.

A resident had been admitted to this centre in the previous five months, and during this time they had fallen 21 times. On two occasions they had sustained serious injuries which required medical attention. In addition, the emergency services had to be contacted for assistance for the majority of these falls incidents. The provider had taken this issue seriously; however, the inspector found there was a delay in decision making in regards to resolving this issue, in order to ensure this resident was safe at all times. An immediate action was issued to the provider and in response, the provider scheduled a safety meeting for the day subsequent to this inspection. The person in charge stated that a decision would be made in regards to the implementation of a monitoring device which they felt would help to resolve this issue.

The centre was a purpose built, single storey facility and was registered to cater for up-to-ten residents. Each resident had their own studio-style apartment which had an open plan kitchen/dining/living and bedroom area, and also a separate en-suite bathroom. Apartments were moderately sized, with each having an individual front door. The apartments could also be accessed via the main building, through a door which opened onto a main internal corridor.

The centre was well maintained and each resident had decorated their own apartment in line with their tastes and preferences. Four residents were happy to meet with the inspector in their own living area and the inspector observed that each resident had displayed art work, posters and photographs of family and friends. Apartments were also designed to meet the needs of residents with reduced mobility and wheelchair users. Each area had ramped access and kitchen units were lowered to allow ease of access for residents who used a wheelchairs. In addition, the provider had also recently installed two internal power operated doors, in two separate apartments, which promoted ease of access to the centre's internal

corridor.

The inspector spoke individually with four residents. Each resident described what it was like to live in this centre and it was clear that each resident considered the centre their home. Two residents had lived in the centre for an extended period of time and the inspector had met with them previously. Both residents described how the care had improved over the years and they were very happy with the overall care which they received. One resident was independent with many of their care needs and they loved going into Galway and taking public transport to a different location each day. On the day of inspection, they told the inspector that they might head to Limerick to have a look around the city. They always informed staff when they were leaving the centre, and on the day of inspection they had arranged with a staff member to drop them to the bus. The other resident was in good spirits and they talked about the care they received. This resident had significant mobility needs and they explained that they have personal assistants who assist them three days per week to get them out into the community. They explained how this arrangement met their needs as they were generally very tired after a day trip and needed a day ot two to build up their energy afterwards.

Both residents discussed the recent changes in staffing and they explained that there had been alot of new staff in the centre. In general, they were happy with the new staff, including agency, but they missed staff who had left. One resident stated that new agency staff would need time to get to know their needs and sometimes they felt care was rushed. They said that they could complain if they felt it was necessary, but they also understood that the person in charge was doing their best to stabilise the staffing arrangements.

The other two residents were not living in this centre on the last inspection and the inspector had not met with them before. Both residents again were highly complementary of the care and service which they received. Both residents stated that they were very happy in their apartment which catered for their needs. One resident explained that they had good access to the local area and they planned to attend an educational talk in the college later in the evening. They were also scheduled to undertake a driving suitability assessment and depending how they assessment would go, they might consider getting a car. This resident spoke highly of the person in charge and the staff team. They stated that there had been recent changes in the regards to staffing and there was some more agency in use. However, there had been no deficits in the delivery of care as a result and they felt that the agency staff were very nice.

This inspection found that residents enjoyed living in this centre and they were satisfied with the service they received; however, delays in regards to decision making had impacted upon the safety of one resident and deficits in the provision of staffing had the potential to impact upon the over provision of care.

## Capacity and capability

This inspection was facilitated by the centre's person in charge who was found to have a good understanding of the residents' needs. They attended the centre throughout the working week and they were supported in their role by a clinical nurse manager 1 (CNM 1). They had good local oversight arrangements in place which assisted in ensuring that many areas of care were held to a good standard. However, prompt decision making was absent in regards to resolving a high risk of falls for one resident, and the provider failed to ensure that the centre had the recommended allocation of staffing at all times.

The provider had completed all required audits and reviews which found that a good level of care and support was offered. The person in charge was finalising the completion of the centre's annual review which highlighted achievements and the progress in the centre over the previous year. This review also examined trends in regards to adverse events which facilitated a better understanding of incidents. The person in charge and the CNM1 also had a range of internal audits in place, to ensure that care was generally held to a good standard, with a review of money management and safeguarding scheduled to occur in March.

Although, local oversight arrangements were in place, and ensured that areas of care such as medication, safeguarding and rights were promoted, issues were found on this inspection in regards to the prevention of falls for one resident and the allocation of staffing. A review of incidents indicated that a resident was subject to frequent falls which presented them with a high risk of injury. Although this situation was kept under review, the provider failed to make a prompt decision in regards to additional measures which could be implemented to reduce the risk of falls occurring. An immediate action was issued to the provider on the day of inspection and the person in charge stated that a full review of this resident's falls was to occur on the day after the inspection. As part of this review, the provider indicated that a decision would be made in relation to the implementation of a monitoring device, which had the potential to reduce the risk of falls.

The centre had faced recent challenges in terms of staffing resources and as a result there was a high use of agency staff. Although residents were aware of the situation and there was an active recruitment drive underway, the centre was not always adequately resourced. This centre catered for residents with high support needs and the morning time was a busy period of the day with residents requiring support with breakfast, personal and intimate care. However, the inspector reviewed the rota which showed that the full complement of three morning staff, was not in place for ten days over the previous month. The inspector found that the staffing arrangements required review to ensure the centre was adequately staffed at all times.

Overall, the inspector found that this centre had a person-centred approach to care; however, the provision of staffing resources and the prevention of falls for one resident required significant review.

## Regulation 15: Staffing

It is the responsibility fo the provider to ensure that the centre is adequately resourced in terms of staffing at all times. Eight out of the nine residents who used this service had high support needs in terms of mobility, personal care, nutrition and also in regards to maintaining their safety.

This centre had two full time vacancies on the day of inspection and the was a recent reliance on agency staff the complete the required allocation of staff on at least three days each weeks. The provider was well aware of the staffing issues and active recruitment was underway. The inspector reviewed a 28 sample of the most recent rota and found that the staffing allocation was not in place at all times.

The rota required two 12 hour shifts and one four hour shift each day in order to meet residents' basic care needs. The four hour shift was allocated between 8 am and 12 midday to assist with residents' personal and intimate care and also their nutritional needs, and the person in charge described this morning period as a busy part of the day. A review of the rota indicated that this four hour morning shift was not in place for ten of the last 28 days, however, additional nursing supports were on site for some of these days. Although there was no identified impact in regards to these gaps in the rota, a review of staffing arrangements was required to ensure that the centre was adequately staffed at all times.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The provider had a mandatory training and refresher training programme in place which assisted in ensuring that staff could support residents with their individual care needs. Staff had received training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern.

Staff members also attended scheduled supervision sessions and team meetings were held on a regular basis, These arrangements ensured that staff had a platform to discuss the delivery of care and any concerns or issues which they may have.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had appointed a person in charge who held responsibility for the overall provision of care. They attended the centre throughout the working week

and they had an indepth knowledge of residents' needs and associated services.

The provider had completed all required reviews and audits of care as required by the regulations. The findings indicated that a good quality service was offered to residents. Management of the centre also had a range on internal audits in place for the day-to-day monitoring of care which assisted in ensuring that many aspects of care were held to a good standard at all times.

Although there were oversight arrangements in place, these arrangements failed to ensure that a prompt decision was made in relation to the prevention of falls for one resident. For example, multiply reviews had occurred, yet this resident remained at high risk of falls. An immediate action was issued to the provider on the day of inspection to rectify this concern.

In addition, the provider failed to ensure that the centre was adequately resourced in terms of staffing at all times. The provider was aware of staffing issues and an active recruitment drive was underway at the time of inspection; however, a review of the rota indicated that the required allocation of staffing was not in place on ten days in the month prior to this inspection.

Judgment: Not compliant

## Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had an open and transparent culture. Information in relation to complaints was clearly displayed and the provider had appointed a person to manage complaints within this centre. The complaints process was also clearly explained at resident's individual meetings.

Residents who met with the inspector stated that they would have no reservations in regards to making a complaint and they felt that it would be well received and managed by the centre's person in charge.

The person in charge maintained a written record of all received complaints with all those reviewed by the inspector resolved to the satisfaction of the complainant.

Judgment: Compliant

## Quality and safety

The inspector found that residents enjoyed living in this centre and they told the inspector that they enjoyed a good quality of life. Residents were well supported to get out and about in their local community and their personal development was also promoted. Although many areas of care were held to a good standard, risk and incident management required significant improvements for one resident who had sustained multiple falls since their admission to the centre.

The provider had risk management arrangements and an incident reporting system in place which promoted safety within the centre. The person in charge held responsibility for both, and they had a good knowledge of current risks and adverse events. Each incident was reviewed in a prompt manner and the person in charge examined incidents for trends which could impact on the provision of care. For example, changes were made in a swift manner in relation to challenges a resident was having in managing their own medications safely. Although, incidents were recoded and reviewed quickly, an ongoing issue in regards to frequent falls for one resident was not adequately addressed. The person in charge had recognised the associated safety concern for this resident, who was rated as having a high risk of falls; however, despite multiple reviews of their care, the provider failed to make sufficient progress in resolving this issue. The person in charge indicated that a safety monitoring device could assist to mitigate against the risk of falls, but a decision in relation to the implementation of this device had not been made at the time of inspection, despite the resident having sustained five recent falls.

Residents reported that they liked living in this centre which they considered their home. Residents told the inspector that they attended monthly meetings where they discussed the overall operation of their home and any issues or concerns which they may have. A resident told the inspector that they would like to know more about fire safety and they raised this point at a recent meeting. They were subsequently informed by the person in charge that a fire safety information session was organised and that members of the local emergency services were planning to visit the centre.

All residents who met with the inspector felt that their opinions were valued and they were actively involved in decisions about their care and home. A resident told the inspector that they met up with their assigned key worker every two weeks to discuss activity plans or any issues which they may have. This resident liked these meeting and they explained that the keyworker might also discuss topics such as complaints, advocacy and safeguarding with them.

Overall, the inspector found that residents had a good quality of life and they enjoyed their time in the centre. However, a resident had sustained a high volume of falls since their admission, and failure to resolve this issue, had a negative impact

on the safety of care provided to them.

## Regulation 11: Visits

There were no restrictions placed upon visitors. Due to the the nature and layout of the centre, residents could receive visitors at a time of their choosing. Residents who met with the inspector stated that visitors could use the front door of their apartment or some times they would use the centre's main entrance when attending the centre.

Two residents stated that they liked when their family called to visit and they stated that staff were very respectful when they were meeting their family in private.

Judgment: Compliant

## Regulation 17: Premises

The centre was a large, purpose built facility which promoted accessibility. Corridors and entry points to residents' apartments were wide to facilitate mobility equipment, and external entry points were ramped for ease of access.

Each resident had their own apartment which had lowered storage, counter tops and cooking facilities for wheelchair users. Residents could do their own laundry in each apartment if they so wished and there was a communal laundry for larger items if needed. The centre was well maintained and also had a communal kitchen/dining, separate television room which residents used to relax and to also have their monthly meeting.

Judgment: Compliant

## Regulation 26: Risk management procedures

The person in charge had completed a range of risk assessments to assist in managing safety concerns and the inspector found that risk assessments were regularly updated and reviewed. There were a number of current risks in this centre for one resident, with most of them well managed. For example, the resident had been risk assessed to manage their own medications but after a number of medication errors the person in charge had revised the associated risk assessment and the decision was made that it was no longer safe for this resident to self medicate.

Although this was a proactive and measured response, the inspector found that the same prompt decision making was absent in regards to an ongoing and significant falls risk. A resident who had been recently admitted to the centre had fallen 21 times since their admission and on two occasions sustained a serious injury. They required the support of the emergency services multiple times following falls and a recent review determined that they required one-to-one supervision when mobilising. They also had various care needs which could prevent them from seeking assistance of staff when mobilising which added to their risk of sustaining a fall.

The person in charge had determined that they were at a high risk of falls and sustaining an injury. Several multidisciplinary meetings had occurred in relation to this issue; however, the inspector found there was a delay in decision making in regards to resolving this issue in order to ensure this resident was safe at all times. The person in charge indicated that a safety monitoring device could assist to mitigate against the risk of falls, but the provider was awaiting on a review by an allied health professional. In the weeks prior to this inspection, the provider was informed of the unavailability of this professional and at this point in time the provider failed to make any decision in regards to the prevention of falls for this resident, even though the resident had sustained five further falls in this period of time.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had appropriate storage facilities in place for for medicinal products and staff on duty maintained the keys for this storage in a secure location. Staff members had also undertaken training in the safe administration of medications and there were no trends of concern in relation to reported medication administration errors.

A review of two medication prescription sheets, which had been signed by a general practitioner, indicated that all required information for the safe administration of medications was present.

Judgment: Compliant

## Regulation 6: Health care

Residents' healthcare needs were well catered for in this centre. Residents who used this service had complex needs and an allocation of nursing hours was in place to support their day-to-day needs. Comprehensive health care plans in place for known

issues such as mobility, tissue viability, nutrition and incontinence were in place and nursing staff completed reviews and updates to these plans as changes occurred.

Residents also had good access to their general practitioner (GP) and they attended for regular check ups and also in times of illness. Some residents also required interventions from specialist medical personnel such as neurology, psychiatry and radiotherapy. In addition, residents had also availed of national preventative health screening and the person in charge indicated that residents were assisted with this screening when they met the criteria.

Judgment: Compliant

## Regulation 8: Protection

There were no active safeguarding concerns on the day of inspection. The provider had appointed a person to manage any safeguarding issues and information in relation to safeguarding, and reporting a concern was clearly displayed in the centre. The provider had also ensured that staff had undertaken mandatory and refresher training in relation to safeguarding and the inspector found that these arrangements promoted welfare and wellbeing of residents.

Residents who met with the inspector stated that they got on well with each other and staff members. They also indicated that they would go to the person in charge if they had a concern. In addition, safeguarding was actively discussed with residents throughout the year at residents' meetings and both collectively and individually. The inspector found that this approach ensured that residents were well informed in the area of self care and protection.

Judgment: Compliant

## Regulation 9: Residents' rights

It was clear that residents' rights were promoted in this centre. Residents employed their own personal assistants and they had autonomy in determining how they were supported by their assistants. For example, some resident's personal assistants assisted them some of their care needs and also shopping, cooking and accessing the community. Others preferred to have their support to access the community and to attend local events.

Residents were also actively consulted in relation to their care and also in regards to the operation of their home. Residents attended their annual review meeting and there was also a fortnightly catch up with staff to discuss their care needs and any issues which they may have. In addition, residents also attended a monthly centre

| |
|---|
| meeting together where they discussed communal topics. For example, one resident raised the topic of fire safety education and the provider arranged for talk on fire prevention and safety to occur subsequent to this inspection. |
| 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 | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Galway Cheshire House OSV-0003445

## Inspection ID: MON-0046464

## Date of inspection: 05/03/2025

**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 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>Recruitment of 3 x 39 Care Support Worker posts has progressed. 3 candidates have been appointed with a projected start date of 22nd April 2025. One of these new staff members will be a floating staff member who provides further cover for planned and unplanned absences, reducing the need for agency workers and ensuring all shifts can be covered<br><br>A risk assessment for staffing levels has been completed with controls included on 3rd April 2025.<br><br>Contingency remains in place through an approved external agency should any unplanned absences occur in any shift. | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>Escalation and Oversight Process for High-Risk Incidents<br>Where a red risk incident occurs, Cheshire has implemented the following structured response process to ensure timely, accountable, and transparent management:<br>• Immediate Incident Recording: The incident is documented promptly on Cheshire's iPlanit system, including all relevant details and an initial risk rating.<br>• Escalation: Any unresolved high-risk incident will be escalated by the Person in Charge to the Regional Manager. | |

• Multi-Disciplinary Notification: Depending on the nature of the risk, the incident is also escalated to the relevant function lead(s): which may include the National Risk Manager, Head of Clinical services and Head of Operations for guidance, support, and decision-making. Available preventative actions will be approved and implemented at the earliest opportunity.
• Senior Oversight: All high-risk incidents will be reviewed by a Multi-Disciplinary Incident Review Team with agreed decisions, timeframes, rationale and senior management sign-off and communicated to the Service within 3 working days of the incident being reported.
• Collaborative Discussion: Where a broader organisational view is needed post incident, the matter will be brought to the Quality, Safety & Risk Management (QSRM) group The QRSM group reviews all high-risk incident data and trends at their scheduled meetings, identifying themes, improvements and system learning across the organisation.

| | |
|---|---|
| Regulation 26: Risk management procedures | Not Compliant |

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Cheshire will ensure that effective systems for the assessment, management, and ongoing review of risk are in place in Galway Cheshire.
In response to the significant falls risk identified:
1. A multidisciplinary falls review meeting was scheduled and completed on 06/03/2025 involving relevant allied health professionals, nursing staff, and support staff.
2. A decision was made to implement a safety monitoring device for the resident to help mitigate the risk of falls and improve response times. This device was installed since 21/03/2025
3. An Alcohol Harm reduction plan has been agreed and implemented with a resident and is designed to reduce the risk of falls.
4. All individual risk assessments have been reviewed and updated to reflect the current support needs of residents. In addition, monthly checklist in place to ensure all steps of the CI Falls Policy are carried out by the Person in Charge and CNM1 in relation to all falls in the service.
5. All high-risk incidents will be reviewed by a Multi-Disciplinary Incident Review Team with agreed decisions, timeframes, rationale and senior management sign-off and communicated to the Service within 3 working days of the incident being reported.

6. Staff have been reminded of the escalation process and received updated guidance on risk procedures during a team meeting held on 28/03/2025.

## 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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 30/04/2025 |
| 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. | Not Compliant | Orange | 01/04/2025 |
| Regulation 26(2) | The registered provider shall ensure that there | Not Compliant | Orange | 31/03/2025 |

| | | | | |
|---|---|---|---|---|
| | are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | | | |