



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

Issued by the Chief Inspector

Name of designated centre:	Coole Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 March 2025
Centre ID:	OSV-0004844
Fieldwork ID:	MON-0046332

About the designated centre

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

Coole services consists of two detached houses located within a short distance from a rural town in County Galway. The service provides a combination of residential and day supports to 10 men and women with a mild, moderate or severe intellectual disability and or autism with an age range of 18 years to end of life. Residents are supported by a staff team that includes team leaders, nursing staff, social care workers and support workers. Waking night and sleepover cover is provided in the houses. Transport is available for residents to access their community, if they so wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 March 2025	09:20hrs to 16:45hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations. Coole Services consists of two detached houses which are located in close proximity to one another on the outskirts of a rural town. Both houses were visited as part of this inspection. At the time of inspection, there were five residents accommodated in each house.

The inspection was facilitated by the person in charge, team leader and staff nurse. The inspector got to speak with two staff members and also met with nine residents. The inspector spoke with some of the residents who indicated that they were happy living in the centre. Throughout the day, the inspector observed that residents appeared to be relaxed and content in their environment and in the company of staff supporting them.

On the morning of inspection, in the first house visited, there were three staff including nursing staff on duty to support the needs of five residents. Some residents living in this house had complex health care and high support needs. One resident who had just recently moved into the centre had already left to attend their day service. The remaining four residents were provided with an integrated day service from the house. There was a relaxed atmosphere in the house with residents observed going about their usual morning routines. One resident was having breakfast, another was observed getting the daily newspaper from the kitchen and watching a hurling match on the television in their bedroom, another was being supported by staff to have their breakfast in their room and one was still in bed in line with their preferred routine. There was continuity of care from a core staff team who knew the residents well. Staff spoken with were very knowledgeable regarding the level of care and support needs of residents including their likes, dislikes and interests. However, there was limited written documentation including assessments and support plans available for the resident who had recently transferred to live in the centre. Staff had received various training pertinent to their roles. Staff were observed to be considerate and professional towards the residents they supported. Throughout the inspection, the inspector saw staff members actively engaging with residents, supporting their preferences, making sure they were engaging in activities they enjoyed, and providing meals and refreshments.

During the day, one of the residents was supported to go swimming in line with their weekly activity schedule. Other residents were observed spending time relaxing in the house, watching television, playing cards and viewing music videos. Staff spoken with, as well as documentation and photographs reviewed indicated that residents regularly got out and about to partake in activities that they enjoyed. Some residents had enjoyed attending the St. Patrick's Day parade in the local town and having lunch out the day previous. Residents continued to enjoy weekly music sessions in house. Some enjoyed regularly attending sporting events including GAA matches, attending music concerts, eating out, attending the cinema, visiting pet farms and the aquarium, assisting staff with grocery shopping and attending weekly

mass in the local church. One resident who had a special interest in aeroplanes had enjoyed a flight to the UK during the past summer as part of their personal outcome plan. Another resident enjoyed spending a few days each week staying with family members.

The first house visited was a dormer style detached house. The house was found to be warm and comfortable, spacious, well maintained and visibly clean throughout. Residents had access to a large kitchen, dining room and sitting room. Separate living rooms were provided for two residents who preferred to have their own space. All residents had their own large bedrooms. Some bedrooms had en suite bathroom facilities and other bathroom facilities were shared. Bedrooms were found to be personalised in line with residents preferences including framed photographs and other memorabilia of significance to them. There was a separate well equipped laundry room and cleaning store provided externally. The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. Overhead ceiling hoists were provided to all bedrooms and bathrooms to assist with mobility. Specialised equipment including beds, mattresses and showering equipment were provided. Service records reviewed showed that there was a service contract in place and all equipment had been regularly serviced. Corridors were wide and clear of obstructions which promoted the mobility of residents using wheel chairs. Some bedrooms had been designed to facilitate bed evacuation in the event of fire or other emergency

The inspector visited the second house during the afternoon of inspection. The house is a single storey detached bungalow located on the outskirts of the town. The residents living in this house were generally of an aging profile but staff reported that they were in good physical health and led active lives. The inspector met and spoke with all five residents living there. One of the residents normally attended day services five days a week while two others attended day services on two and three days a week. Two residents were provided with a day service from the house. Residents indicated that they liked living in the centre and got on well with one another. Residents appeared very happy and content as they smiled and appeared to enjoy the familiar interactions with staff. One of the residents told the inspector how they enjoyed playing Boccia ball game and soccer and showed the inspector their awards which they had displayed in their bedroom. Two residents had just returned from a drive to a local town where they had enjoyed a walk and feeding the ducks. One resident was getting ready to go out for a pint to the local pub. Another resident spoke of how they enjoyed music and had attended a tea dance the day previous. Staff spoke of how a resident who had an interest in machinery enjoyed attending vintage machinery shows, car rallies and had enjoyed a visit to Mondello park and had a drive in a race car.

The second house visited was found to be bright and spacious and generally well maintained. The provider had plans in place to replace flooring in many areas and also to complete some upgrade works to the kitchen. The provider had identified the need to relocate the washing machine from the kitchen and tumble dryer from the dining room in order to enhance infection, prevention and control. The person in charge advised that there were plans in place to provide an separate utility room. There was a large kitchen with separate dining room and sitting room provided for

residents use. Each resident had their own bedroom, two of which had en suite bathroom facilities. Bedrooms were found to be comfortable and personalised with items of significance to each resident. Residents had access to a large outdoor timber decking area at the rear of the house. Staff reported that residents enjoyed spending time outside when the weather was good.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It appeared that they were supported and encouraged to have a good quality of life that was respectful of their individual wishes and interests.

Overall, there was good compliance with the regulations reviewed on inspection, however, some improvements were required to fire safety management systems, to ensuring that residents files were available, and to progressing planned works to the premises including the provision of a separate utility room in one of the houses.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The findings from this inspection indicated that the service was generally well managed. There was a clear organisational structure in place to manage the service. The person in charge worked full-time and was supported in their role by a team leader, service coordinator, staff team including nursing staff and sector manager. There were on-call management arrangements in place for out-of-hours. The arrangements were clear and made available to staff who worked in the centre.

However, improvements and further oversight was required to some aspects of fire safety management, to ensuring that all required documentation including support plans were made available for a resident who had recently moved into the centre, to progressing planned works to the premises including the provision of a separate utility room in one of the houses and to updating the statement of purpose and associated floor plans to reflect changes to the internal layout of both houses.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support the residents on the day of inspection. The staffing rosters reviewed for 9 March 2025 to 22 March 2025 indicated that a team of consistent staff was in place. The roster clearly set out the staff on duty, their roles as well as the hours worked by staff on each shift.

Staff training records reviewed indicated that all staff had completed mandatory training and further training was scheduled. Additional training had also been

provided to staff to support them in their roles.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The provider had continued to complete six monthly reviews of the service. The last review took place in November 2024. Actions as a result of this review including the planned upgrading works to one of the houses was in progress. The annual review for 2024 had not yet been completed, the person in charge advised that it was due for completion prior to the end of March 2025.

While there were local audit systems in place used to review areas such as health and safety and infection prevention and control, these systems required review and further oversight by the local management team. The template used to audit infection, prevention and control was not comprehensive and did not prompt a review of infection prevention and control practices in the centre. While staff completed these audits using a mobile telephone application, they advised that they were unable to review the results of audits once submitted. The person in charge advised that they were still getting familiar with the system and agreed that further oversight of completed audits was required. The person in charge completed a quarterly review of accidents and incidents, the results of which were discussed with staff to ensure learning. The inspector noted that there was a low level of reported incidents in the centre.

The inspector reviewed the minutes of a recent staff meeting which took place in March 2025 and noted that agenda items discussed included risk assessment, medication management, safeguarding, incidents and training. However, it was noted that staff meetings had not taken place on a regular and consistent basis, therefore, limiting opportunities to update staff, discuss issues and share learning. The previous staff meeting recorded had taken place in September 2024.

The inspector noted that changes had taken place to the internal layout of both houses and the person in charge advised of further proposed changes to staff accommodation. The statement of purpose and associated floor plans had not been updated to reflect these changes.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably qualified and experienced for the role. They were in regular contact with staff and had a good presence in the centre. They were knowledgeable regarding the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents in the centre. The staffing levels at the time of inspection met the support needs of residents.

The person in charge maintained a planned and actual staff rota. The staffing rosters reviewed for 9 March 2025 to 22 March 2025 indicated that a team of consistent staff was in place. The roster was found to be well maintained and clearly set out the staff on duty, their roles as well as the hours worked on each shift.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, feeding eating and drinking guidance, administration of medications, epilepsy care, diabetes care, dementia care and risk management.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was generally being well managed. There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including six monthly reviews of the service. However, improvements were required to the local audit template systems used to review areas such as infection prevention and control to ensure that findings as a result of such audits were meaningful.

Improvements and further oversight was required to some aspects of fire safety management, to ensuring that all required documentation including support plans were made available for a resident who had recently moved into the centre, to progressing planned works to one of the houses and to updating the statement of purpose and associated floor plans to reflect changes to the internal layout of both houses.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider needed to review and update the statement of purpose. The statement of purpose and associated floor plans required updating to reflect the internal layout changes in both houses.

Judgment: Substantially compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted. Residents were observed to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents support needs were met and to ensure that residents got out and engaged in activities that they enjoyed on a regular basis. The staff team promoted and supported residents to exercise their rights and achieve their personal and individual goals.

Staff spoken with were familiar with, and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service, to nursing supports and a range of allied health services. The inspector reviewed a sample of three residents files. With the exception of a resident who had recently moved into the centre, there were a range of up-to-date assessments, as well as, care and support plans recorded. Support plans in place including those to guide the specific health care needs of residents and were found to be comprehensive, informative, person centered and had been recently reviewed.

Personal plans had been developed in consultation with residents, family members and staff. Planning meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and there were regular reviews of progress throughout the year. This documentation was found to clearly identify meaningful goals for residents, with a clear plan of action to support these residents to achieve their goals. The inspector noted that planning meetings had recently taken place and goals for 2025 were clearly set out. Individual goals for 2025 were also set out in picture format, framed and displayed in each residents bedrooms.

Both houses were designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. They were comfortable, visibly clean, spacious, furnished and decorated in a homely style. The provider had continued to invest in the buildings and further improvement works were planned.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. The person in charge advised that there were no safeguarding concerns at the time of inspection.

The provider had systems in place for the regular review of risk in the centre. The management and staff team continued to regularly review all restrictive practices and restrictions in use. The centre had an emergency plan in place and there was a generator available in both houses in the event of electricity outages. All residents had an up-to-date personal emergency evacuation plan in place. Some bedrooms had been designed to facilitate bed evacuation in the event of fire or other emergency. There was a schedule in place for regular servicing of the fire alarm, fire equipment, hoist and central heating boiler. However, improvements were required to some aspects of fire safety management which is discussed further under Regulation 28: Fire precautions.

Regulation 17: Premises

The design and layout of the centre met the needs of residents. The centre was visibly clean, suitably decorated in a homely style and maintained in a good state of repair.

Both houses were well-equipped with aids and appliances to support and meet the assessed needs of residents. Overhead ceiling hoists and specialised equipment including beds, mattresses and showering equipment were provided. Service records reviewed showed that there was a service contract in place, and all equipment was being regularly serviced.

The provider had plans in place to carry out further improvement works to one of the houses including the upgrading of floors and some upgrade works to the kitchen. The provider had identified the need to relocate the washing machine from the kitchen and tumble dryer from the dining room in order to enhance infection, prevention and control. These works needed to be progressed.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk registers had been recently reviewed and were reflective of risk in the centre. The centre had an emergency plan in place and all residents had a recently updated personal emergency evacuation plan available. There were regular reviews of health and safety, medication management, infection, prevention and control and incidents completed by the local management team. The

recommendations from reviews were discussed with staff to ensure learning and improvement to practice. Some staff had completed training on risk management.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management. While regular fire drills had taken place involving all staff and residents, there were limited details provided in some drill records to provide assurances that residents could be evacuated safely in the event of fire or other emergency. Some fire doors were not closing properly in the second house visited, this posed a risk of a spread of smoke in the event of fire. Staff spoken with were not clear regarding the location of fire zones as identified on the fire alarm panels. This posed a risk and could result in delay in staff locating the fire in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Some improvements were required to assessment and personal planning documentation. The inspector reviewed the files of three residents. Files were now being maintained on a computerised documentation system. There was no comprehensive assessment of the each residents health, personal and social care needs as required by the regulations. There were no care and support plans available to guide the care of a resident who had recently transferred from another designated centre which was also operated by the provider.

Judgment: Substantially compliant

Regulation 6: Health care

The staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), consultants and health and social care professionals. A review of three residents' files indicated that residents had been reviewed by the GP, physiotherapist, occupational therapist, speech and language therapist, dietitian, psychologist, psychiatrist, palliative care team, and chiropodist. Records also showed that guidance from healthcare

<p>professionals was available to inform and guide staff in the designated centre. Staff had been provided with training for some specific health care needs, such as, feeding eating and drinking guidance, diabetes, and dementia care. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Positive behavioural support</p>
<p>Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written plans were in place. All staff had received training in order to support residents manage their behaviour. The local management team and staff advised that residents were happy and content living in the centre. They advised that there had been a notable reduction in incidents relating to behaviour following some internal layout changes to the accommodation which now supported some residents who preferred to have their own living spaces.</p> <p>The local management team continued to regularly review restrictive practices in use with a further reduction in restrictive practices noted. Restrictions in use had been approved by the organisations human rights committee.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. The person in charge advised that there were no safeguarding concerns at the time of inspection.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>The local management team and staff were committed to promoting the rights of residents. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Residents had access to televisions, the Internet and information in a suitable</p>

accessible format. Residents were supported to avail of advocacy services. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit and attend their preferred religious places of interest. Residents continued to be supported to partake in activities that they enjoyed in the centre and in the local community.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coole Services OSV-0004844

Inspection ID: MON-0046332

Date of inspection: 18/03/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The regional IPC representatives have agreed to review the monthly IPC Safety Audit. Once this has been completed and suitable amendments made the Quarterly Team Leader Audit will be reviewed to ensure a more meaningful Audit system is in place. The six monthly Provider Audit template will be reviewed by the Quality and Training Department and changes have been made to reflect more comprehensive questioning in relation to IPC. The statement of purpose was updated and reviewed by the person in charge on the 03/04/2025 and with all updated floor plans put in place.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose was updated and reviewed by the person in charge on the 03/04/2025 and with all updated floor plans put in place.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire officer will be coming to both areas on the 15/04/2025 to provide training in both houses and to ensure that all staff are knowledgeable regarding the fire coloured zones in all areas, documentation of fire drills and best practice. Fire safety will also be added to the standing agenda for all team meetings. All fire doors will be serviced and ensured they are working perfectly.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Brothers of Charity have compiled a comprehensive Assessment of Need for people supported transitioning from one service to another or coming in to the service for the first time. Transition plan has since been completed for the person supported who has recently transferred to the designated centre from another centre within the service</p> <p>Residents file has being transferred over electronically to the new house on the 19/03/2025.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/06/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/04/2025
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes,	Substantially Compliant	Yellow	15/04/2025

	location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/04/2025
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	03/04/2025
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but	Substantially Compliant	Yellow	19/03/2025

	no less frequently than on an annual basis.			
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