



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:	Corlann
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	19 January 2026
Centre ID:	OSV-0004844
Fieldwork ID:	MON-0040668

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
--	----

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 19 January 2026	09:30hrs to 17:10hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out following an application to the Chief Inspector to renew registration of the centre, to monitor compliance with the regulations and to follow up on issues that were required to be addressed following the last inspection in March 2025.

Throughout the inspection, it was evident that staff strived to ensure that the care and support provided to residents was person-centred in nature and that they prioritised the well-being and quality of life of residents. Overall, there was good compliance with the regulations reviewed on inspection, however, improvements were required to some audit systems in place, to some aspects of assessment and personal planning and to completing planned works to the provision of a separate utility room in one of the houses.

Cooler 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 team leaders in each house and the person in charge. The inspector also met and spoke with three staff members who were on duty. The inspector got to meet with all 10 residents, spoke with several of them and observed their interactions with staff during the day. All residents appeared very happy and content. There was a relaxed and happy atmosphere in both houses with residents observed going about their own routines, coming and going throughout the day. It was evident that residents enjoyed the interactions and company of staff, knew one another well and had a good rapport with them. Residents spoken with told the inspector that they were happy with their living arrangements and got on well with one another.

The team leaders outlined that residents had varied support needs, with some requiring minimum support and others with more complex needs. Some residents required supports with mobility issues, with managing behaviours, communication, eating, drinking and swallowing difficulties and in managing specific health care conditions. Some residents attended day services during the weekdays while others were provided with an integrated day service from the houses. The team leaders reported that residents were generally doing well, that their healthcare needs were stable and that the number of behaviour related incidents had reduced. They reported that there were no safeguarding concerns at the time of inspection.

There was consistent staffing arrangements in place. Staff spoken with had a thorough understanding of each resident's unique needs, preferences, and interests. Residents were seen interacting with staff members and enjoying their company throughout the day. Staff were seen responding to and supporting residents' prompts and requests while spending time and engaging in friendly interactions with them. Despite some residents lack of spoken language, the inspector saw how staff

were able to comprehend and appropriately interpret their cues and gestures. The staff were observed to be professional and caring towards the residents that they supported.

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, mobility issues and high support needs. The inspector met and spoke with two residents as they were having breakfast. Both residents were in great form and spoke about how they were looking forward to their planned daily activities. One was heading out to their regular day service and the other was going out on their weekly outing with the Irish Wheelchair Association. They told the inspector how they were getting on well, were happy living in the centre and got on well with one another. One spoke of enjoying a recent trip to New York and plans in place for further trips abroad this year. Later in the morning, the inspector met another resident who was also heading out to attend a local day service. They were in good form and chatted with the inspector. They mentioned how they liked living in the centre, how the centre was spacious and easy to get about in their wheelchair. They spoke about enjoying outings and getting out to try different coffees. Two residents were provided with a wrap around programme from the house. The inspector observed that both residents appeared content and relaxed. One resident was observed to enjoy relaxing in their bedroom watching their preferred hurling matches on the television, coming and going from the main kitchen and dining area, getting their preferred drinks and snacks, playing card games and engaging in friendly banter with staff. The other resident who preferred more sensory activities was observed relaxing in the snug area with sensory lighting and listening to music. Later in the day the staff were observed providing the resident with a hand massage and supporting them to go for a walk. Throughout the inspection time, staff were observed to be very attentive to residents, supporting their preferences and providing meals and refreshments.

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 chairs, beds, mattresses and showering equipment was 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. 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 continued to lead active lives. The inspector met with all five residents living there. All residents appeared to be in great form, smiling and enjoying the interactions with staff. One resident was happy to sing a song for the inspector. Residents spoken with stated that they liked living in the centre, liked the house and their bedrooms. All residents got out and about on a daily basis. Two residents normally attended day services on two and three days a week. Three residents were provided with a day service from the house. Residents were well known locally and enjoyed partaking in and attending local and community events. Some residents enjoyed going shopping, going to the local pub for a pint, attending the recycling centre and eating out. Staff spoken with advised that all five residents got on well with one another and regularly went out as a group including on day trips and going out for dinner to local restaurants.

The second house visited was found to be bright and spacious and generally well maintained. The provider had recently completed repainting to all of the communal areas and works had commenced on providing a separate utility room to house the washing machine and tumbler dryer. 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.

From conversations with residents and staff, observations made while in the centre, and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed in the community and also in the centre. Residents were involved in a range of activities including going swimming, playing golf, playing boccia and attending rebound therapy. Some residents were supported to enjoy overnight stays away for short breaks and holidays. Residents regularly enjoyed day trips to places of interest including the aquarium, Knock religious shrine, music events, concerts, discos, and GAA matches. Others enjoyed eating out, going for coffee and pints and getting a hot towel shave. Residents also enjoyed spending time relaxing in the house and sensory room, watching television, listening to music, watching You-Tube videos, using their hand held computer tablets, playing games, completing art and craft activities, baking and helping out with household chores including grocery shopping, emptying the dishwasher, sweeping the floors and recycling of bottles. One resident in particular enjoyed having sensory hand and foot spa treatments. The centre had two vehicles, which could be used by residents to attend outings and activities.

Residents were actively supported and encouraged to maintain connections with families and friends. Visiting to the centre was being facilitated in line with national guidance and there was adequate space for residents to meet visitors in private if they wished. Staff reported that some residents received regular visits from friends

and family members in the centre, while other residents were supported to visit family members in their homes.

There were measures in place to ensure that residents' rights were being upheld. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by discussion with residents, by observation and from information supplied by families. It was evident that residents lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very much promoted.

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

There was a clearly defined management structure in place. The findings from this inspection indicated that the centre was being well managed and the centre had a good history of compliance. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. There was evidence of good practice in many areas.

The person in charge worked full-time. They were also responsible for one other designated centre as well as having other managerial responsibilities in the organisation. They were supported in their role by a team leader in each house, the staff team including nursing staff and regional manager. There were on-call management arrangements in place for out-of-hours.

There were consistent and stable staffing arrangements in place with many staff members having worked in the centre over a sustained time period. There were no staff vacancies at the time of inspection. The rosters reviewed showed a regular staff pattern and was reflective of staff on duty. The rosters clearly identified the staff members on duty including their roles and the staff member in charge of each shift.

The inspector reviewed the staff training records which showed that all staff members had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents. The provider had a training place in place for 2026 and the team leaders advised that there was now an easy to use on-line booking system in place. Training requirements and opportunities were regularly discussed with staff at team meetings and at individual supervision meetings.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review

for 2025 was completed and had included consultation with residents. Planned improvements for the year ahead were outlined and included a focus on strengthening structured meaningful activities in closer collaboration with the day services. The provider continued to complete six-monthly reviews of the service. The most recent review was completed in October 2025. Actions identified as a result of the review had been completed or were works in progress. For example, falls prevention care plans had been put in place for all residents, positive behaviour support plans had been reviewed, referrals to speech and language for two residents had been made, painting of the walls to the communal areas in one of the houses had been completed. Works were in progress to providing a separate utility room in one house, and a staff member was due to attend communication champion training.

The local management team continued to regularly review areas such as incidents, fire safety, risk management, infection prevention and control, medication management, staff training, restrictive practices, residents records and complaints. These reviews were taking place on a computerised system (Flex). The inspector noted that some of the information generated as a result of these reviews was not informative and many pertinent questions in the audit were recorded as not applicable. While a percentage score was recorded for each section reviewed, the scores appeared to indicate the percentage of questions answered and were not always reflective of the quality and safety of the service. Regular team meetings were taking place at which issues including health and safety, fire safety, safeguarding, incidents and complaints were discussed. The inspector noted that there was a low level of reported incidents and no complaints had been received in the past year.

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 currently the person in charge for one other designated centre along with having other managerial duties in the organisation. They were in regular contact with staff and knowledgeable regarding the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels at the time of inspection met the support needs of residents and were in line with that set out in the statement of purpose. The rosters reviewed for the 11 January 2026 to 7 February 2026 showed consistent and stable staffing

arrangements and were reflective of staff on duty. A pictorial staff roster was also displayed so that residents could be reminded as to what staff were on duty.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding.

Additional training in various aspects of infection prevention and control, medicines management, feeding, eating and drinking guidelines, first aid, personal outcomes, epilepsy care, diabetes care and daily living skills had been completed by staff. There were systems in place to ensure that refresher training was scheduled as required. Further training was scheduled for some staff including risk management, positive behaviour support, constipation and communication champion. The team leader in one house was currently attending specific training for team leaders. A review of the minutes of team meetings showed that training requirements were regularly discussed with staff.

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 some local audit systems completed on (Flex) to ensure that findings as a result of such audits were informative and meaningful.

Improvements and further oversight was required to specific support plans, clarification was required regarding the number and type of restrictive practices in use, to ensuring that the layout plan adjacent to the fire alarm panel in one of the houses was clear and to progressing outstanding works in providing a separate utility room in one house.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the application to renew registration of the centre. The provider needed to review and update the statement of purpose to accurately reflect the role of the person in charge. The associated floor plans also required updating to accurately reflect the internal layout of one house. An updated statement of purpose and updated floor plans were subsequently submitted following the inspection.

Judgment: Compliant

Quality and safety

The inspector found that the local management team and staff were committed to promoting the rights and independence of residents and ensured that they received an individualised safe and good quality service. The provider had adequate resources in place to ensure that residents had opportunity and engaged in activities that they enjoyed on a regular basis. Residents spoken with indicated that they liked living in the centre and enjoyed partaking in a range of outings and activities.

The inspector reviewed the files of three residents which were maintained on a computerised documentation system. While overall, the documentation was found to be informative and showed evidence of regular review, some inconsistencies were noted. There was a comprehensive assessment of need completed for each resident. A range of individual risk assessments and care and support plans were in place for all residents. Support plans were developed for all identified issues including specific health-care needs. However, some specific care and support plans required further review and updating to provide comprehensive guidance for staff and to reflect the current needs of residents. This is discussed further under Regulation 5: Individual assessment and personal plan.

Personal plans had been developed in consultation with the residents, their representatives and their key workers. Review meetings took place at which the residents' personal goals and support needs for the coming year were discussed and planned. The documentation reviewed was found to clearly set out identified goals for each resident, with a clear plan of action to support residents to achieve their goals. It was clear from documented progress updates, photographs reviewed, residents and staff spoken with that residents had been supported to achieve their chosen goals during 2025. The team leaders outlined that planning meetings to discuss goals for 2026 were due to take place later this month.

Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

There were systems in place for the management and on-going review of risks in the centre. The person in charge and team leaders had systems for the regular

review of risk including regular reviews of health and safety, infection prevention and control and medication management. Identified risks were regularly discussed with staff at regular scheduled meetings. 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, hoists, specialised equipment and central heating boiler. All residents and staff had been involved in completing fire drills. Fire drill records reviewed showed that drills had been completed for both day and night-time scenarios. Actions as a result of the most recent drill in one of the houses had been completed including discussion with residents at house meeting and a role play 'YouTube' video had been used to support resident understanding.

The management and staff team continued to promote a restraint free environment and there had been a further reduction in restrictive practices in use. Restrictive practices in use continued to be reviewed by the organisations human rights committee. However, the number of restrictions in use as described by both team leaders was lower than the number of restrictions identified in the most recent provider led audit and in the quarterly reviews of the service. The person in charge agreed to seek clarity on the issue.

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 carried out improvement works such as repainting of the walls to the communal areas in one of the houses, however, works in progress to provide a separate utility room needed to be progressed in order to relocate the washing machine from the kitchen and tumble dryer from the dining room and enhance infection, prevention and control in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. 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 a recently updated personal emergency evacuation plans in place. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 28: Fire precautions

The local management team and staff spoken with were knowledgeable regarding fire safety management systems in place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills had taken place of both day and night-time scenarios. The building was designed to facilitate bed evacuation for those residents who were not mobile. Some improvement was required to ensure that the zone layout plan of the centre displayed adjacent to the fire alarm panel in one of the houses was clear. The layout plan as displayed was inverted and needed to be oriented relative to the user's position at the fire alarm panel to avoid any confusion or delay in locating a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the files of three residents. The documentation was generally found to be informative and showed evidence of regular review. However, some specific care and support plans required further review and updating to provide comprehensive guidance for staff, to reflect the current needs of residents and to ensure safe and effective care. For example, a catheter care plan required updating to reflect the most up-to-date guidance on fluid retention. A diabetes care plan needed to reflect and link with the protocol on use of the continuous glucose monitoring device. A pressure care plan for a resident assessed as at high risk of developing pressure sores required updating to include guidance and information for staff on the correct use of the pressure relieving mattress to ensure effective pressure ulcer prevention.

Judgment: Substantially compliant

Regulation 6: Health care

The local management and 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) and health and social care professionals. A review of residents' files indicated that residents had been reviewed regularly by their GP, physiotherapist, occupational therapist, speech and language therapist, psychologist, diabetic specialist, chiropodist, optician, audiologist and dentist. 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.

Judgment: Compliant

Regulation 7: Positive behavioural support

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. There was a reported low level of behaviour related incidents in the centre. The local management team continued to regularly review restrictive practices in use with a further reduction in restrictive practices outlined . Restrictions in use had been approved by the organisations human rights committee.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. A photograph and the contact details of the designated safeguarding officer was displayed. There were no safeguarding concerns at the time of inspection

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff team were committed to promoting the rights of residents. The residents had access to information in a suitable accessible format, as well as access to the Internet, televisions, radios and newspapers. There was evidence of ongoing consultation with residents, residents spoken with confirmed that they were consulted with and had choices in their daily lives. The charter of rights was prominently displayed in an easy read format. Residents had access to advocacy services and some residents regularly attended the providers advocacy forum meetings. All residents had their own bedrooms which they had personalised as they wished. There was adequate personal storage space provided in each room and there were lockable storage facilities provided. 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 were supported to exercise their religious rights. Some residents regularly attended local church services, others liked to visit and reflect at family graves and some enjoyed visiting religious shrines.

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	Compliant
Quality and safety	
Regulation 17: Premises	Substantially 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-0040668

Date of inspection: 19/01/2026

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Governance arrangements have been reviewed to strengthen oversight of the service, including a review of restrictive practices to ensure clarity, appropriate use and ongoing monitoring. Furthermore, All staff have been scheduled to attend Flex Training to support more Meaningful Auditing Practices. The PIC and Team Leaders will meet Quarterly to review Auditing practices within the Designated Centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Improvement works identified during inspection, including works to provide a separate utility area to enhance infection prevention and control, have been progressed. Ongoing monitoring of the premises will continue as part of routine governance arrangements.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

Fire safety arrangements have been reviewed to ensure clarity and effectiveness. The fire alarm zone layout plan adjacent to the fire alarm panel has been reviewed and re-oriented to ensure it is clear and easily interpreted by staff. Ongoing monitoring of fire safety arrangements will continue.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

In Accordance with Regulation 5(4)(a):

- The Catheter care plan was updated on the 6/2/26 to reflect the most up-to-date guidance on fluid retention.
- The Diabetes Care Plan was updated on the 6/2/26 to reflect and link with the protocol on use of the continuous glucose monitoring device.
- The pressure care plan for a person supported assessed as at high risk of developing pressure sores was updated on the 6/2/26 to include guidance and information for staff on the correct use of the pressure relieving mattress to ensure effective pressure ulcer prevention.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	01/04/2026
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	06/02/2026
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in	Substantially Compliant	Yellow	06/02/2026

	fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	06/02/2026