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:	Hazelwood Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	01 July 2025
Centre ID:	OSV-0004938
Fieldwork ID:	MON-0047342

About the designated centre

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

Hazelwood Services provides full-time residential and respite care and support to adults with a disability. Hazelwood Services provides services to adults with a primary diagnosis of a moderate to profound intellectual disability as well as additional needs such as diagnosis of autism, attention deficit hyperactivity, mental health issues and safeguarding concerns. This centre comprises of two houses located in a rural setting close to a village, both houses are situated within close proximity to one another. One house can accommodate four residents, three residents are accommodated in the main house and another resident is accommodated in a separate adjacent apartment. The second house can accommodate two residents in individual apartments with separate staff facilities also provided. Due to the rural location of the centre, vehicles are provided to enable residents to access local amenities such as shops, cafes and leisure facilities in the surrounding area. The residents at Hazelwood services are supported by a staff team which includes both nursing and care staff. Staff are on duty both day and night to support the residents who live here

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 1 July 2025	09:00hrs to 17:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations. Hazelwood Services consists of two houses which are located in close proximity to one another on the outskirts of a lively village and close to the city. The inspection was facilitated by the person in charge and team leader. The inspector also met with four staff members and the area manager. Over the course of the day the inspector had the opportunity to meet with five residents who indicated that they were happy living in the centre. The inspector observed that residents appeared to have a good rapport with staff and were content in their environment.

Both houses were visited as part of this inspection, however, the main focus on this inspection was of the house which accommodated two residents. This house had undergone extensive refurbishment and redesign in order to meet the specific and complex behaviour support needs of both residents and was not occupied at the time of the last inspection. Both residents had transitioned to live in the centre during April and May 2024. The staff, local management team and documentation reviewed indicated that both residents had settled in well, were happy and continued to thrive in their new environments. Staff attributed this to the suitability of the living accommodation, the stability of staffing arrangements and to the consistent implementation of behaviour support strategies.

The house contained two separate self-contained apartments. Both residents indicated that they were happy for the inspector to visit them in their apartments. Each apartment contained an open-plan kitchen, dining room and living area, a large bedroom with spacious en-suite shower room. Staff facilities including two bedrooms and bathrooms, communal living area as well as fully equipped kitchen, laundry area, stores and offices. Each apartment had its own entrance from the outside and both residents had access to outdoor enclosed garden spaces. The apartments were found to be spacious and comfortable, well maintained and visibly clean. Residents had been involved in choosing their preferred paint colours. Both apartments were furnished and personalised in line with residents individual preferences. One apartment was sparsely furnished and decorated in line with the specific support needs of that individual. At the time of inspection, construction works were taking place to provide a third apartment for an individual currently being accommodated on an emergency basis in another of the providers designated centres. The area manager advised that an application to vary the conditions of registration for the centre were due to be submitted to the Chief Inspector of social services once works were completed.

Both residents were provided with an integrated day service from the house. One resident was assessed as requiring two-to-one staff and the other assessed as requiring three to one staff while partaking in activities in the community. Both residents had access to their own vehicles which were used to go on outings and attend activities on a daily basis. Both indicated that they liked living in their apartments and got on well with staff working in the centre. There was a relaxed

atmosphere in the house with residents observed going about their usual morning routines. For example, residents got up as they wished and had breakfast of their choice. The inspector chatted with one resident as he relaxed having a late breakfast. He was in good form, stated that he liked living in the apartment, felt safe and got on well with staff. He spoke about enjoying a birthday celebration the day previous, meeting up with a family member in a local hotel, getting presents and having a birthday cake in the evening. He showed the inspector his birthday cards, new runners and some new floor games he had received as presents. He advised that he was going for a drive later and had plans to visit a local church and light some candles. The resident also liked doing jobs, cutting the grass in his garden and filling the skip, as well as going swimming and getting a weekly takeaway.

The inspector met with the other resident during the afternoon. He was relaxing on the sofa watching You Tube videos. He advised that he was happy living in the apartment and that staff were good to him. He told the inspector how he had been out earlier in the day and had enjoyed attending a party at a nearby house. He mentioned how he makes his own coffee using the coffee machine and also likes to do his own laundry. He had recently enjoyed attending a themed disco event and had dressed up in a 'Superman' costume. He continued to enjoy weekly visits and overnight stays at home with his family. As part of his planned personal goals for 2025, he recently attended a family celebration event and had visited a local Karting track with a view to learning to drive. The inspector was shown photographs of the resident clearly enjoying these events.

The inspector visited the second house in the late afternoon, and reviewed the premises and facilities. There were four residents accommodated in this house. The inspector spoke with two residents and briefly met with a third resident. This house was a dormer style two-storey dwelling. Two residents lived there on a full-time residential basis, one resident lived there part-time, and another resident availed of a respite service on alternative weekends. The main house accommodated three residents. Two residents were accommodated in two first floor bedrooms and shared the ground floor communal areas including a large sitting room, kitchen and dining room. Another resident was accommodated in an individualised apartment with its own entrance located on the ground floor of the main house. The fourth resident was accommodated in a separate apartment building located adjacent to the main house. The house and apartment were set on a large site with mature and secure gardens. All residents had access to the garden areas. The buildings were generally found to be well maintained, warm, visibly clean, furnished and decorated in a homely style. Bedrooms and individual apartments were personalised with residents own effects including framed artwork, photographs and items of significance to them. The provider had identified areas for improvement including the upgrading and refurbishment of two shower rooms, and some internal painting. The area manager outlined that funding had been approved and there was a plan in place to complete these works.

Residents spoken with advised that they were happy and liked living in the house. It was clear that they were comfortable with staff supporting them and were observed to enjoy chatting and friendly banter. One resident who was supported with an

integrated day service told the inspector how they enjoyed getting out on a daily basis, getting the daily newspaper, eating out, attending concerts, visiting family graves and having nights away. They spoke about how they had enjoyed having a very nice lunch in a local bar earlier in the day and how they recently enjoyed a boat trip on the river Corrib. The inspector met another resident on their return from day services. They were in great form and spoke about looking forward to attending a Nathan Carter concert and staying overnight in a hotel in Killarney at the weekend. They mentioned how they loved music, playing guitar and had launched their own CD. They spoke of having attending a local horse show the weekend previous and had enjoyed having a pint of Guinness on the way home. They also liked shopping and buying clothes. On the evening of inspection, they had an appointment with a local barber to have their hair cut.

In summary, the inspector observed that residents were treated with dignity and respect by staff. There was continuity of care from a core staff team who knew the residents well in both houses. Staff spoken with were very knowledgeable regarding the support needs of residents including their likes, dislikes and interests. Throughout the inspection, the inspector saw staff members actively engaging with residents, offering choices and supporting their preferences. They continually strived to ensure that the support provided to residents was person-centred in nature and that they prioritised the wellbeing, autonomy and quality of life of residents. It was clear from observation in the centre, conversations with residents and staff, as well as, information reviewed during the inspection, that residents had a good quality of life and had choices in their daily lives.

However, improvements were required to some aspects of fire safety management, to staff rosters and to ensuring that personal plans were accurate and up-to-date.

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 generally well managed. However, further oversight and improvements were required to some aspects of fire safety, staff rosters and to ensuring that residents personal plans were accurate, informative and regularly reviewed.

The person in charge worked full-time and had recently been appointed to the role. They were supported in their role by a team leader in one house, staff team and area manager. The inspector was advised that a second team leader had recently been recruited for the other house and was due to commence in their role in August

2025. 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.

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 residents on the day of inspection. The staffing rosters reviewed for July 2025 indicated that a team of consistent staff was in place. However, the rosters were not always clear, they included the staffing arrangements for part of another designated centre, did not identify the staff member in charge of each shift and did not always include a key to abbreviated words.

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 June 2025. Priorities and planned improvements as a result of this review included further improvements to upgrading of shower rooms and repainting in one of the houses. The review had also identified that some personal outcomes and support plans required review and updating. The annual review for 2024 had been completed and included consultation with residents and their families which indicated positive feedback. The planned improvements as a result of the annual review included plans to complete building works to create a third apartment in one of the houses, this work was in progress at the time of inspection. The recruitment of a second team leader had also been identified and recruitment for the post had taken place. However, while the plan was to hold six team meetings per year in each house, only one team meeting was recorded to date for 2025. The person in charge who had recently been appointed had yet to hold a team meeting.

The local management team had audit systems in place to regularly review areas such as health and safety, incidents relating to behaviour that challenged, infection prevention and control and medication errors.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was responsible for this designated centre and also had other managerial responsibilities in the organisation. The person in charge was suitably qualified and experienced for the role. They had a regular presence in the centre. They had recently been appointed and were still getting to know the service.

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 residents. The staffing levels at the time of inspection met the support needs of residents. The inspector found that the staffing levels were in line with levels set out in the statement of purpose. There were stable staffing arrangements and a team of consistent staff in place.

Staff were rostered to work both in the centre and in another designated centre located nearby and the roster showed the combined rotas for both designated centres. As this centre is a stand alone legal entity, improvements were required to ensure that there was a separate roster clearly setting out the hours that each staff member worked in this designated centre. Further clarity was also required to ensure that the staff member in charge of each shift was identified.

Judgment: Substantially 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, administration of medications, autism awareness and epilepsy care. There were systems in place to ensure all staff were provided with refresher training as required.

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 had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of residents.

The provider had continued to invest resources, had recently recruited a second team leader to further enhance oversight of the service and had plans in place to carry out further improvements to the premises. The provider and local management team had systems in place to maintain oversight of the safety and

quality of the service including annual and six-monthly reviews. There was evidence that issues identified from reviews were being addressed.

Improvements and further oversight were required to some aspects of fire safety, to staff roster records and to ensuring that all personal plans were regularly reviewed, updated and accurate.

Judgment: Substantially compliant

Quality and safety

The inspector found that the care and support that residents received from the staff team was of a good quality, staff strived to ensure that residents were safe and well supported. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis.

Some improvements were required to residents' personal planning documentation. This was to ensure that personal goals were clearly set out for all residents, to ensure that assessments 'Things you need to know about me' were accurate and reflected the current support needs of residents and to ensure that care plans in place were informative and described the supports required and as outlined by staff. Systems in place for the review and updating of care and support plans also required review. Further improvements were also required to recording of fire drills in order to provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at night time.

Residents appeared to be comfortable in their environments and with staff supporting them. Staff spoken with were familiar with, and knowledgeable regarding residents' up-to-date support needs including residents with specific health care conditions. Residents files were now being maintained on a computerised documentation system. The inspector reviewed the files of two residents in detail. Improvements required to personal planning documentation is discussed further under Regulation 5: Individual assessment and personal plan. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

Both houses were designed and laid out to meet the assessed needs of the residents living there. They were comfortable, visibly clean, spacious, furnished and decorated in a homely and appropriate style. There were plans in place to carry out further improvement works and upgrade shower rooms in one of the houses. The area manager advised that funding had been approved and work was due to be scheduled later in the year.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of intimate and personal care plans. Where safeguarding risks had been identified, staff

continued to implement the recommendations of the safeguarding plans in place, however, there were no active safeguarding concerns at the time of inspection. All staff had received training in supporting residents manage their behaviour. Residents who required support had access to behaviour specialist and psychology services and had positive behaviour support plans in place.

Restrictive practices in use continued to be reviewed on a regular basis and the inspector found that they were being managed in line with national policy. Staff spoke of how they continued to trial reduction in some restrictions in use. All restrictions had been reviewed by the organisations restrictive practice committee. A resident had recently attended the committee meeting to discuss and review the restrictions in place which impacted on them.

Regular fire safety checks continued to take 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. There was a schedule of fire drills completed involving all staff and residents, however, there were no fire drills of a night-time scenario completed. As discussed earlier, improvements were required to recording of fire drills to ensuring that detailed records were maintained so as to provide assurances that residents could be evacuated safely in a timely manner in the event of fire.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their families. There was adequate space available for residents to meet with visitors in private if they wished. Some residents received regular visits from family members. Staff also supported residents to visit their family members at home and out in the community. Some residents regularly visited family members at home and some stayed at home overnight and at weekends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual needs. Both houses were found to well maintained, visibly clean, furnished and decorated in an appropriate style. The provider had continued

to invest in the premises and further improvement works including the upgrading of some shower rooms was planned.

At the time of inspection, construction works were taking place to provide a third apartment for an individual currently being accommodated on an emergency basis in another of the providers designated centres. The area manager undertook to update the statement of purpose and associated floor plans to reflect the changes and submit along with an application to vary the conditions of registration once the works were completed.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The centre had an emergency plan and all residents had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The risk register reviewed was reflective of risk in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to fire drill records in order to provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at night time. The inspector was shown the records of the most recent fire drill dated 19 March 2025, however, the drill record provided limited information. The drill record indicated that the time taken to evacuate residents required improvement. It was not clear that the time recorded to evacuate residents included the time taken to ensure both residents were seated safely and securely on their transport vehicles as described by staff. There were no fire drills of a night-time scenario completed in the first house visited.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Further oversight and improvements were required to some aspects of personal planning documentation. The inspector reviewed the files of two residents in detail. There were recently updated assessments of 'Things you need to know about me', however, the information provided in one of the files dated 18 June 2025 was found to be inaccurate and not reflective of the support needs of that resident. While there were care and support plans in place for all identified issues, some support plans such as communication and intimate care were not informative, some sections were not complete and they did not reflect the specific care needs of the resident. It was clear that staff spoken with were familiar with the support needs of residents but this was not always reflected in the support plans reviewed. Some support plans reviewed including a positive behaviour support plan had not been reviewed since May 2023.

Improvements were also required to ensuring that personal goals were clearly set out for all residents. There was inconsistencies noted in the files reviewed. Personal goals were clearly set out for one resident, with clear evidence of the progress and achievement of goals. In contrast, there was no documentation available to review for the other resident.

Judgment: Substantially compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed. Residents had regular and timely access to (GPs) and health and social care professionals. A review of residents' files indicated that residents had been regularly reviewed by behaviour support specialist, psychologist, psychiatrist, social worker and chiropodist. Residents were supported to avail of vaccine and national health screening programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of them requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to regular psychology review and had positive behaviour support plans in place. However, as discussed under Regulation 5, positive behavior support plans required review. One support plan reviewed was dated May 2023 and had been completed one year prior to the resident moving into this centre. Staff spoken with were knowledgeable and familiar with identified triggers and supportive strategies. Staff clearly outlined how the current strategies

used by staff were working well and had resulted in a reduction in behaviour related incidents.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. Staff continued to implement the recommendations of the safeguarding plans in place, however, there were no active safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff teams were committed to promoting the rights of residents. 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 privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a respectful manner. The residents had access to information in a suitable accessible format, as well as access to the Internet, televisions and newspapers. Residents were supported to visit and attend their preferred religious services, some residents had recently visited Knock religious shrine, others regularly visited local churches and visited family graves. Restrictive practices in use were reviewed regularly by the organisations human rights committee.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
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 Hazelwood Services OSV-0004938

Inspection ID: MON-0047342

Date of inspection: 01/07/2025

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: In order to come into compliance with Regulation 15, the Person in charge will ensure that there is a separate roster compiled for each residential location within the Designated centres that clearly sets outs the hours that each staff member worked for both day and night shifts with a clearly identified staff in charge nominated for each shift . The roster will also include a key of abbreviated words to identify the different requirements within the designated centre to clearly guide staff. The person in charge will ensure to have planned and actual rosters available in the designated centres.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to come into compliance with Regulation 23: The Person in charge to ensure appropriate details are documented regarding progressive or full fire evacuations carried out within the designated centres to ensure that residents can be safely evacuated in a timely manner particularly at night time and that this is brought to the attention of all staff and residents. The person in charge will ensure that there is separate roster compiled for each location within designated centre for both day and night shifts and to ensure that there is clearly identified staff in charge for each shift. The roster will also include a key of abbreviated words to identify the different support requirements within the designated centre. The team leader will not compile two different designated centres in one rota document. The personal plans will be further developed in line with the resident's hopes and dreams and ensure all documents are available on OLIS system and are up to date and reviewed. The person in charge will also review all care and support	

plans for each individual in the designated centre to outline the supports required for each individual and ensure that there is a review process included and will ensure that they are complete, accurate and reviewed in a timely manner. The person in charge will ensure a team meeting is carried out to ensure this information is circulated within the team and a plan to incorporate improvements in documentation is made.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In order to come into compliance with Regulation 28: The Person in charge to ensure appropriate details are documented regarding progressive or full evacuations carried out within the designated centres to ensure that residents can be safely evacuated in a timely manner particularly at night time. The person in charge will ensure the personal emergency evacuation plan(PEEP) is updated to include each vehicle as an assembly point for individual residents within the designated centres and include any additional information developed from fire drills. The team leader will schedule dates to ensure the required fire drill requirement is carried out and arrange for a night time drill to be held. The person in charge is currently awaiting on quotations to upgrade the existing fire panel.

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 order to come into compliance with Regulation 5: The team leader with the support of the Person in Charge will ensure that a review of each individuals Personal plan takes place to ensure that all sections of each person's plan are updated, contains a complete record, are accurate, outlines the support needs of each person and are reviewed as per policy to reflect changing needs of each individual. Utilise the 'things you need to know about me' template within the personal profile on OLIS to ensure all health and social care needs are being met. The person in charge will also ensure that Multidisciplinary team are involved. The person in charge and the team leader will also ensure that each person's Personal Outcomes Plans are updated to reflect their hopes and dreams. The team leader and the person in charge will ensure relevant documentation is uploaded on OLIS and available to be viewed in the designated centre.

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	02/07/2025
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.	Substantially Compliant	Yellow	19/08/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/10/2025

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, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	31/07/2025
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	31/07/2025
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	Substantially Compliant	Yellow	31/08/2025

	reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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	31/07/2025
Regulation 05(4)(b)	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 outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/08/2025
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall	Substantially Compliant	Yellow	31/08/2025

	be multidisciplinary.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/08/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/08/2025