



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

Issued by the Chief Inspector

Name of designated centre:	Dunkellin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	10 March 2025
Centre ID:	OSV-0005037
Fieldwork ID:	MON-0045755

About the designated centre

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

Dunkellin Services can provide a home-based residential service to seven adults with intellectual disabilities, who may present with complex needs such as physical, medical, mental health, autism, mobility, communication and or sensory needs. The service can be provided to people from the age of 18 years to end-of-life. The centre comprises of two detached houses with gardens in a rural area. Residents at Dunkellin Services are supported by a staff team that includes, nurses and social care staff. Staff are based in the centre at all times, and are on waking duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 10 March 2025	09:30hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations and to follow up on non-compliance's identified at the last inspection. Dunkellin Services consists of two detached houses which are located in close proximity to one another in a rural setting and close to a number of towns and villages. Both houses were visited as part of this inspection. At the time of inspection, there were four residents accommodated in one house and one resident in the other house. The providers plans to extensively renovate one of houses were on hold as a resident had moved into the house on an interim basis in recent months due to an emergency situation. Improvements were required to ensuring that all staff had up-to date mandatory training, to ensuring that records relating to fire drills, incidents and residents files were comprehensive and up-to-date. Plans to provide suitable alternative accommodation for one resident and to refurbish the house currently accommodated by the resident needed to be progressed.

The inspection was facilitated by the team leader and services coordinator. The inspector got to speak with two staff members. The inspector also met with all four residents who lived in one of the houses and observed their interactions with staff throughout the day. Due to the communication needs of the residents they were unable to tell the inspector their views of the service but they appeared to be relaxed and content in the company of staff supporting them and they interacted with the inspector in their own ways. The inspector did not meet with the resident living in the second house as they were at home visiting family on the day of inspection.

The residents in the first house visited were of an aging profile and staff spoke of their increasing support needs and need for increased levels of supervision due to the high risk of falls. All required supports in managing behavioural issues. The staff team were familiar with the residents and were knowledgeable regarding their individual support needs, likes, dislikes and interests. Staff had received various training relevant to their role. The staff were observed to be professional and caring towards the residents that they supported. During the inspection, the inspector observed staff spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, offering meals and refreshments.

Two residents normally attended day services during the week days and two residents were provided with an integrated day service from the house. On the day of inspection, one resident who normally attended a day service remained at home as they were recovering from a recent infection. On the morning of inspection, residents were observed going about their own routines at a relaxed pace. One resident was relaxing in the living room waiting to be collected to go to their day service. Another resident remained in bed in line with their preferred routine and two residents had finished having breakfasts and were supported by staff with personal care. During the day, the advanced nurse specialist visited to assess the

resident who was being treated for an infection and provided staff with additional recommendations. Later in the day, one of the residents was supported to attend a writing class and two residents went for a drive with staff. Residents were also observed spending time relaxing in the house, listening to music, watching television and using their hand held computer tablet. One of the residents appeared to enjoy spending time in the office with staff. 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 regularly enjoyed attending music concerts and one of the residents had planned to attend a music concert in the coming days. Residents enjoyed regularly going out for coffee and eating out. Some enjoyed going for drives and walks, another resident loved reading and going to the shops to buy magazines and books. Some residents enjoyed reflexology and head massage. One resident attended regular classes with a local education training board including writing, music and cookery classes.

The first house visited was a single storey detached bungalow set on a mature site. 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, as well as a small snug living room. A separate living and dining room was provided for one resident who preferred to have their own space. All residents had their own bedrooms and bathroom facilities. Bedrooms were found to be personalised in line with residents preferences. There was a separate well equipped utility room and cleaning store provided externally. Residents had access to large mature garden areas surrounding the house. One of the residents could independently access an enclosed garden area directly from their bedroom. The provider had recently completed further refurbishment to the house including new flooring to the kitchen and dining areas and the replacement of some bedroom windows.

The inspector visited the second house later during the afternoon of inspection. The house is a single storey detached bungalow. The house which had been vacant and due to be renovated had been occupied in recent months by one resident who required accommodation as an emergency. The providers plans to renovate this house had been put on hold until suitable alternative accommodation was provided for this resident. This resident had complex behaviour support needs and the house was not designed to meet their needs. On the day of inspection, extensive damage was noted to doors, walls, switches, plumbing, heating and bathroom fixtures. The house was found to be in need of thorough cleaning, however, many of the surface finishes were not conducive to effective cleaning. The provider had plans in place to design and provide alternative suitable accommodation for the resident currently being accommodated in this house. In consultation with the occupational therapist and behaviour support therapist, the provider was in the process of drafting plans to alter the design and layout of another designated centre in order to meet the individual needs of the resident.

Staffing arrangements were in place to support the resident in line with their assessed and complex support needs. The resident was provided with two to one staffing during the day and night-time. The staff member spoken with was familiar with the resident and was knowledgeable regarding their individual support needs,

likes, dislikes and interests. They advised that the resident enjoyed getting out and about on a daily basis. They stated that the resident loved going for drives, going for walks in quiet places such as GAA pitches or forest walks, going swimming, getting takeaway meals and having picnics. The resident was supported to maintain contact with their family and was now going home to stay with family on a weekly basis and also received weekly visits from family members at the house.

Throughout the inspection, it was evident that staff continually strived to ensure that the care and 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 staff, and information reviewed during the inspection, that residents had a good quality of life and had choices in their daily lives.

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, was responsible for one other designated centre as well as having other managerial responsibilities in the organisation. The person in charge 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 ensuring that all staff had up-to date mandatory training, to clearly setting out the hours worked by staff on night duty and to ensuring that records relating to fire drills, incidents and residents files were comprehensive and up-to-date. Plans to provide suitable alternative accommodation for one resident and to refurbish the house currently occupied by the resident needed to be progressed. In the interim, issues identified in relation to maintenance and cleaning of this house needed to be addressed.

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. Staffing levels were kept under regular review. 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 5 April 2025 indicated that a team of consistent staff was in place. However, the roster did not clearly set out the hours worked by staff on night duty.

Training was provided to staff on an on-going basis and further training was

scheduled, however, records reviewed indicated that one staff member had not completed mandatory fire safety training and two staff did not have up-to-date safeguarding training. The team leader and service coordinator outlined that fire safety training was scheduled for this staff member on the 14 March 2025 and undertook to ensure that this staff member did not work alone at night-time until the training was completed. Improvements were also required to ensuring that staff were provided with supervision from their line manager to support their work practice and development. The team leader advised that they had recently completed training with regard to completing supervision meetings and were planning a schedule of supervision meetings with all staff.

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 reviews such as the replacement of windows had been addressed and the recruitment of a vacant nursing post was in progress. The inspector was advised that the annual review for 2024 had been completed in draft format but was not available for review on the day of inspection.

The local audit systems used to review areas such as health and safety, infection prevention and control and medication management required review. For example, 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. The audit systems also included a quarterly review of incidents and accidents, medication errors and complaints. While the results of recent audits generally indicated good compliance, the inspector noted that the information recorded regarding some incidents particularly in relation to medication errors did not give adequate detail or information to provide assurances that the incidents were managed appropriately.

There were regular staff meetings taking place which were used as opportunities to discuss identified risks, incidents, share information and learning and to facilitate staff to have discussions or raise concerns about the service.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was also responsible for one other designated centre in the organisation. 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. However, improvements were required to the staff roster to clearly set out the hours worked by staff on night duty.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Some improvements were required to staff training and development. While training was provided to staff on an on-going basis and further training was scheduled, training records reviewed indicated that one staff member who was rostered to work alone at night-time had not completed mandatory fire safety training and two staff did not have up-to-date safeguarding training. Improvements were also required to ensuring that staff were provided with supervision from their line manager to support their work practice and development. The team leader advised that they had recently completed training on completing supervision meetings and were planning a schedule of supervision meetings with all staff.

Judgment: Substantially 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, an annual review of the service and a schedule of audits. However, the local audit template systems used to review areas such as infection prevention and control required review to ensure that findings were meaningful.

Further oversight and improvements were also required to ensuring that all staff had up-to date mandatory training in relation to fire safety and safeguarding, to clearly setting out the hours worked by staff on night duty and to ensuring that records were comprehensive and up-to-date, particularly in relation to fire drills, medication error incidents and residents files. Plans to provide suitable alternative accommodation for one resident and to refurbish the house currently

accommodated by the resident needed to be progressed. In the interim, issues identified in relation to maintenance and cleaning of this house needed to be addressed.

Judgment: Substantially compliant

Quality and safety

The management team and staff were committed to promoting the rights and independence of residents and ensured that they received an individualised service. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis. However, as discussed earlier in the report, improvements were required to ensuring that all staff had up-to date mandatory training in relation to fire safety and safeguarding, to records relating to fire drills and to ensuring that information available on residents files was maintained up-to-date. Plans to provide suitable alternative accommodation for one resident and to refurbish the house currently accommodated by the resident needed to be progressed. Issues pertaining to this house's upkeep and cleanliness needed to be addressed in the interim.

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 and a range of allied health services. The inspector reviewed the files of two residents which were being maintained on a computerised documentation system. The inspector found that records maintained on the system were not always up-to-date. While there was a range of up-to-date assessments, as well as, care and support plans recorded, there was no comprehensive assessment of the each residents health, personal and social care needs. Support plans in place had been recently reviewed. However, improvements were required to ensure that there were support plans in place for all identified issues and that all care and support plans were informative and reflective of practice in the centre.

Personal plans had been developed in consultation with the residents and their key workers. Review meetings had recently taken 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 identify meaningful goals for each resident, with a clear plan of action to support residents to achieve their goals. Individual goals for 2025 were also clearly set out in picture format, framed and displayed in each residents bedrooms.

The first house visited was designed, laid out and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. It was comfortable, visibly clean, spacious, furnished and decorated in a homely style. The provider had continued to invest in the building with recent renovations to the kitchen and dining room floors and replacement of some windows had taken place.

There was a service contract in place for the servicing of equipment including specialised beds and hoist. All equipment had been recently serviced.

The second house visited was not maintained in a good state of repair both internally and externally. The provider was aware of the issues that were required to be addressed and did have plans to extensively renovate and refurbish this house. As discussed earlier in the report, the planned refurbishment was currently on hold as the house was being used by one resident who had required accommodation as an emergency. The person in charge advised that the provider had plans in place to design and provide alternative suitable accommodation for this resident. He advised that the provider was currently drafting plans in consultation with the occupational therapist and behaviour support therapist to ensure that the individual needs of the resident were met.

The provider had systems in place for the regular review of risk in the centre. Identified risks as well as the results of audits were discussed with staff at team meetings. The management and staff team continued to regularly review all restrictive practices and restrictions in use. Some bedrooms had been designed to facilitate bed evacuation in the event of fire or other emergency. All staff had been involved in completing fire drills and regular fire drills had continued to take place. There was a schedule in place for regular servicing of the fire alarm, fire equipment, hoist and central heating boiler. The centres emergency plan was currently under review, learning from the most recent storm and the need for a generator had been discussed at recent staff.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Staff were focused on ensuring that they communicated appropriately with residents. During the inspection, the inspector observed staff communicating with residents in line with their capacity including the use of gestures and verbal prompts. All residents had a communication passport outlining their communication support needs.

Judgment: Compliant

Regulation 17: Premises

The second house visited was not maintained in a good state of repair both internally and externally. The house was not designed to meet the needs of the resident living there. On the day of inspection, extensive damage was noted to doors, walls, switches, plumbing, heating and bathroom fixtures. The house was found to be in need of thorough cleaning, and many of the surface finishes were not

conductive to effective cleaning.
Judgment: Not compliant
Regulation 26: Risk management procedures
<p>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. All residents had a recently updated personal emergency evacuation plan in place. The centres emergency plan was currently under review, learning from the most recent storm and the need for a generator had been discussed at a recent staff meeting.</p>
Judgment: Compliant
Regulation 28: Fire precautions
<p>While there were fire safety management systems in place, improvements were required to ensure that all staff had completed fire safety training prior to working alone in the centre and to ensuring that fire drill records included adequate information to provide assurances that residents could be evacuated safely in the event of fire particularly at night time when one staff on duty. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents, however, the drill records did not clearly outline the number of staff involved in the drills, the details as to how the drill was carried out, the outcome or learning from the drill.</p> <p>The inspector noted that a fire door to the second house visited was severely damaged and could not be closed. The staff member on duty advised that the damage had taken place on the evening prior to inspection.</p>
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
<p>Some improvements were required to assessment and personal planning documentation. The inspector reviewed the files of two residents which were being maintained on a computerised documentation system. The inspector found that records maintained on the system were not always up-to-date. There was no</p>

comprehensive assessment of the each residents health, personal and social care needs. Improvements were required to ensure that all care and support plans were informative and reflective of practice in the centre and that there were support plans in place for all identified issues. For example, staff were unable to locate a care and support plan for a resident with a specific care need, another support plan outlining guidance for staff relating to a resident with an hospital acquired infection was not detailed and not reflective of practice described by staff in the centre. While the team leader confirmed that all residents had an annual medical review, the most recent reviews were not recorded on the system.

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), medical consultants and health and social care professionals. A review of both residents' files indicated that residents had been reviewed regularly by the psychologist, behaviour therapist, psychiatrist, speech and language therapist, dietitian, occupational therapist and chiropodist. Records also showed that guidance from health care professionals was available to inform and guide staff in the designated centre. Residents were supported to avail of national screening and vaccine programmes.

Each resident had an up-to-date hospital and communication 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 had access to specialists in behaviour management, psychology and had a written positive behaviour support plans in place. All staff had received training in order to support residents manage their behaviour. Staff were supported by on-going multi-disciplinary involvement in the review of residents' behavioural interventions. Staff spoken with had a good understanding of the residents behavioural needs.

The local management team continued to regularly review restrictive practices in use. There were risk assessments, a clear rationale for their use and input from the multidisciplinary team was evident. Restrictions in use had been approved by the

organisations human rights committee. Members of the human right committee had recently visited the centre to review restrictions in use.

Judgment: Compliant

Regulation 8: Protection

Improvements were required to ensure that all staff had completed up-to-date safeguarding training. The inspector reviewed the training records for four staff members and noted that two staff did not have up-to-date training completed. The person in charge advised that there were no safeguarding concerns at the time of inspection and that further safeguarding training was scheduled.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The local management and staff team supported residents to live a person-centred life where their rights and choices were respected and promoted. The privacy and dignity of each resident was well respected by staff. Staff were observed to interact with residents in a respectful manner and the inspector observed choices being offered throughout the day. The local management team and restrictive practice committee continued to review restrictive practices in use. Residents rights were discussed at team meetings and staff were due to complete training modules in relation to promoting human rights and putting people at the centre of decision making.

There was evidence of ongoing consultation with residents, on a daily basis, at weekly house meetings and individually at key working sessions. The residents had access to information in a suitable accessible format, as well as access to the Internet, and their preferred television channels. Residents could attend religious services or visit religious places if they wished. All residents had access to their money and were supported to manage their own finances.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunkellin Services OSV-0005037

Inspection ID: MON-0045755

Date of inspection: 10/03/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In order to come into compliance with Regulation 15: The Person in Charge has adapted the duty roster to reflect it in a 24 hour format which will capture the hours worked by staff on night duty.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In order to come into compliance with Regulation 16: The Person In Charge can confirm that the Staff working alone on night duty completed Fire Training on March 14th and that two staff required to update their Safeguarding Training also completed this. The current Person in Charge has a schedule set for Support and Supervision Sessions set with the Team Leaders assigned to this Designated Centre. The provider has also arranged some Team Leader Training and Development Forums throughout 2025 which are to provide learning and advice on Organisational Management. These forums are also aimed to provide peer to peer support and to acknowledge and support the work that Team Leaders do. The Team Leaders in this Designated Centre have also starting to carry out support and supervision sessions with the staff teams.	

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>In order to come into compliance with Regulation 23: The Person in Charge has had a meeting with our Infection Prevention and Control Committee to review this action. To address this action it has been agreed to review the current monthly Infection Prevention Control and Safety Audit currently in place and to amend it to ensure it captures better data around house cleanliness and maintenance issues that need addressing so it a more meaningful Audit System.</p> <p>It has also been agreed that the six monthly Provider Audit template will be reviewed by the Quality and Training Department and changes will be made to reflect more comprehensive questioning in relation to condition of property and Infection Prevention Control.</p> <p>The Person in Charge will review staff trainings on a quarterly basis in 2025 to ensure staff are kept up to date with mandatory trainings including Fire and Safeguarding.</p> <p>The Person in Charge will ensure the roster is in a 24 hour format to reflect hour's staff work.</p> <p>The Team Leader received training on 3rd April on a newly released quarterly audit for each house to help ensure oversight is in place around medication errors, fire drills, staff trainings and that the Residents Outcomes and notes and files are been updated accurately.</p> <p>A plan to move one Resident to move suitable accommodation is been advanced with an aim for completion around October 2025.</p> <p>For one house attached to this Designated Centre that was recently opened to accommodate an emergency admission a cleaning schedule has now been put in place for the staff to follow daily to ensure the house is cleaned.</p> <p>Each Monday now some hours are allocated for deep cleaning for the house and the transport associated with the house. For the moment each Tuesday for the next while additional hours are allocated for shopping for the house and the Resident, and for updating the Personal File of the Resident.</p> <p>Some painting has been carried out on Monday 31st March and additional painting will be done the next Monday the Resident goes home.</p> <p>The Fire Door has also been repaired and the bathroom is in the process of been upgraded.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A plan to move one Resident to move suitable accommodation is been advanced with an aim for completion around October 2025.</p> <p>For one house attached to this Designated Centre that was recently opened to accommodate an emergency admission a deep clean of the house has taken place.</p> <p>Since the inspection a cleaning schedule has now been put in place for the staff to follow daily to ensure the house is cleaned.</p> <p>Each Monday now some hours are allocated for deep cleaning for the house and the transport associated with the house. For the moment each Tuesday for the next while additional hours are allocated for shopping for the house and the Resident, and for updating the Personal File of the Resident.</p> <p>Some painting has been carried out on Monday 31st March and additional painting will be done the next Monday the Resident goes home.</p> <p>The Fire Door has also been repaired along with damaged light switches.</p> <p>The bathroom used by the Resident in this house is also in process of been upgraded now to meet the Residents needs around Personal Care. This will be done on phased basis each Monday when the Resident goes home.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Team Leaders have advised the Staff Team to document Fire Drills clearly including the number of Residents and Staff Involved in each drill. Learning from drills will inform the evacuation plans of Residents and will be discussed at Team Meetings where necessary.</p> <p>The Fire Door has also been repaired that was broken the day of the inspection.</p>	

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>In order to come into compliance with Regulation 5: The Person in Charge acknowledges that staff had recently transferred files from a manual system over to an electronic system in line with the provider's ongoing movement away from a paper based system. Due to the infancy of this change at the time of inspection in one house the Team Leader is currently reviewing all the records online to ensure they are current and reflective of practice. Support plans around certain health care needs will also be reviewed.</p> <p>The newly admitted Residents file is also been updated electronically and additional hours of support are been allocated on a Tuesday for this in order for the current file to be reflective of the Residents changing needs.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>In order to come into compliance with Regulation 8: The Person In Charge can confirm that the Staff that needed to update their Safeguarding Training have now completed this.</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 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	23/03/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/03/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/05/2025
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	20/10/2025

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	20/10/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/05/2025
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	30/05/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	08/04/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	08/04/2025

	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.			
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 no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/05/2025
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	30/05/2025
Regulation 08(7)	The person in charge shall ensure that all	Substantially Compliant	Yellow	30/03/2025

	staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.			
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