



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

## Issued by the Chief Inspector

Name of designated centre:	Cois Saile Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	19 November 2024
Centre ID:	OSV-0004995
Fieldwork ID:	MON-0036738

## About the designated centre

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

Cois Sáile Services provides a residential care service for up to thirteen male and female with intellectual disabilities. The service is provided to residents from 18 years of age to end of life. The service can be provided to residents who present with complex needs such as physical, medical, mental health, mobility and or sensory needs and who may require support with communication. The centre is comprised of three self-contained apartments and two houses in a housing development on the outskirts of a city. The centre was purpose-built and had been designed to meet the needs of residents using the service. The physical design of the building renders it suitable for individuals with complex mobility needs or people who use wheelchairs. Residents are supported by a staff team that includes nursing staff, a team leader, social care worker, instructors and care assistants. Staff are based in the centre when residents are present and there are waking night staff present in the centre to support residents at night.

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

Number of residents on the date of inspection:	12
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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 19 November 2024	08:50hrs to 14:30hrs	Ivan Cormican	Lead
Tuesday 19 November 2024	08:50hrs to 14:30hrs	Anne Marie Byrne	Support

## What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of this centre. The inspection was carried out over one day. It was facilitated by the centre's person in charge, senior manager and also a clinical nurse manager. Inspectors met with nine of the residents and five staff members over the course of the inspection. Inspectors also observed work practices, interactions and supporting documentation such as care plans, risk assessments, incident records and oversight arrangements were reviewed as part of this inspection. Although many aspects of care were held to a good standard, inspectors found that the actions taken in response to the previous inspection of this centre had not brought about sufficient change in regards to community access. In addition, issues remained in relation to some care protocols and also risk and incident management. These issues will be discussed in the subsequent sections of this report.

The inspection commenced in the morning and inspectors observed that there was a calm and homely atmosphere in the centre. Some residents were still asleep and some were preparing for the day ahead. The centre comprised three separate, yet connected areas and supported up-to-thirteen residents on a full time residential basis. The ground floor had two separate areas, which had an interconnecting corridor. Both areas could support up to five residents with high support needs, and one of these areas also included a self contained apartment. There were two separate apartments on the first floor, with two residents sharing one apartment and one having sole occupancy of the other. These apartments were large, modern, spacious and residents had decorated them with their own personal effects. Residents who lived on the first floor had moderate support needs and they were supported with one staff for their care needs.

The residents who lived on the ground floor had high support needs and the needed assistance with regards to their mobility, safety, nutrition social and personal care. Some residents were also assessed as requiring two-to-one staffing when transferring from their beds to their wheelchairs and also when support was needed with their personal care. The provider had ensured that a range hoists and mobility aids were in place which promoted safety and some residents had their own bespoke wheelchairs which promoted their mobility and access to their home and community.

The centre was a purpose built property, large, spacious and designed to support residents with high support needs. Each resident had their own bedroom and there were also a number of shared and private bathrooms. The corridors and doorways were wide to accommodate wheelchairs and all access points were ramped to meet the needs of residents with reduced mobility. Each area of the centre also had a large kitchen and additional modernisation and upkeep of a kitchen area had been agreed, and plans to renovate were due to occur subsequent to the inspection. The

centre also had a large laundry area which residents could use if they so wished.

Inspectors met with nine residents over the course of the inspection. Four of the residents could verbalise their thoughts and feelings in regards to their lives and the care which they received. The remaining five residents used sounds, gestures and non verbal communication skills. These five residents were supported by staff as inspectors met with them and it was clear that they had a good rapport and understanding of their care and communication needs. Staff spoke gently and calmly with them and they were observed to be patient and warm in their approach to care. Residents appeared to enjoy these interactions and one staff member played a resident's favourite music on their mobile phone which they enjoyed.

An inspector met with four residents who spoke openly about their lives and the care they received. They were very satisfied with their home and the staff who supported them. Two of the residents stated that staff were very kind and that they were always there to help and assist them. These residents stated that they had good access to their local community and enjoyed going for dinner, shopping and also popping out for a coffee. Although these residents had good social access, improvements were required in regards to community access for residents with high support needs. The last inspection of this centre had highlighted this as an issue, and although there had been an increase in the staffing allocation, this inspection found that this issue remained. The inspector reviewed daily notes and an activity tracker for three residents with high support needs for the month of October, and found that each resident had limited social activities outside of the designated centre. Staff told an inspector that one resident loved going out, especially for lunch or dinner; however, this activity had only occurred twice in this period and there had been little other social activities.

Inspectors found that the centre had a pleasant atmosphere and residents with moderate needs enjoyed a good quality of social access. However, issues with regards to social access for residents with high support needs continued on this inspection. In addition, the governance arrangements failed to ensure that actions taken since the last inspection of this centre had been effective in resolving social access for all, and also improving the quality of care protocols and risk assessments.

## Capacity and capability

The provider had governance and oversight arrangements in place which ensured that many aspects of care were held to a good standard. The centre had a management structure with clear lines of authority and accountability, and in general inspectors found that the centre was well resourced. However, inspectors also found that the actions taken by the provider since the last inspection had not effectively improved the level of compliance, with significant issues remaining in regards to community access for residents with high support needs.

At a local level, the provider had appointed a clinical nurse manager for the

oversight of care in one aspect of the centre, where eight residents resided. A team leader had been recruited to provide oversight of care to the other aspect of the centre, which could facilitate up to five residents. The centre's person in charge held responsibility for the management of the overall centre. The provider also employed senior staff nurses and an area manager was part of the centre's organisational structure. With these arrangements, inspectors found that the centre was well resourced in terms of management. The provider was also actively recruiting staff and the person in charge indicated that although there had been difficulties in retaining staff, the centre was adequately resourced in terms of staffing in the months prior to the inspection.

The last inspection of this centre found that many areas of care were held to a good standard and that oversight arrangements promoted the safety and wellbeing of residents. Again, this inspection found positive examples of care and it was clear that residents enjoyed their home. However, the actions taken by the provider to improve community access since the previous inspection of this centre had not brought about sufficient and sustained improvement for residents with high support needs. The provider had completed all internal reviews and audits as set out in the regulations and found that in general, a good level of care and support was offered. Inspectors found that improvements were required to these audits as they failed to identify issues with regard to community access. In addition, this centre supported residents with high support needs, but key areas of care such as risk and healthcare had not been reviewed as part of the audit. Inspectors found that these areas of care also required adjustments and the actions implemented by the provider in response to the centre's last inspection had not brought them into compliance with the regulations. Furthermore, in relation to risk management, although there was good recording of incidents that occurred, there was a failing on the part of the provider, to oversee that additional control measures were put in place to prevent similar incidents from happening again. This was particularly found in relation to falls management.

Overall, inspectors found that management of the centre were person centred and it was clear that the welfare of residents was promoted. Although improvements were required with regard to community access, it was apparent that the provider, management and staff teams were committed to the delivery of a good quality service.

## Regulation 15: Staffing

The provider had ensured that residents received consistency of care from a staff team who knew their needs well. The provider had employed a full time staff team and there were a number of staff vacancies on the day of inspection. The person in charge explained that any gaps in the rota were filled by regular agency staff, who knew the residents' collective needs and had provided care in the centre for a number of months.

The person in charge explained that there had been difficulties in securing staff, but there were recent improvements, and a full time team leader was due to commence in the weeks subsequent to the inspection. A review of the rota for the six weeks prior to this inspection, did highlight days where the staff compliment was below the recommended number; however, this was not a common occurrence and the staff compliment did not fall below three staff each day, which was the basic requirement in terms of care and safety. Although a rota was in place, some improvements were needed and clarity was required on the day of inspection in regards to two days where the rota was incomplete. In addition, a first name was used for one staff member which also required attention.

The provider had a robust recruitment process and all required information, as set out in the regulations, was in place. An inspector reviewed a sample of files and found that documents such as vetting disclosures, employment histories and references were in place and updated where required. Inspectors found that these processes promoted safeguarding in this centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which ensured that staff were informed and could meet the assessed needs of residents. Staff had completed mandatory training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern. In addition, some residents who used this service required a high level of support and additional training in areas such as epilepsy, supporting residents with modified diets and manual handling and the use of hoists was completed by all staff.

The provider ensured that staff attended both team meetings and individual supervision sessions with their respective line manager. Individual sessions were scheduled to occur twice yearly and team meetings were generally held on a monthly basis. Inspectors found that these arrangements ensured that staff had opportunities to discuss care practices and any concerns or issues which they may have.

Judgment: Compliant

### Regulation 23: Governance and management

Although local governance arrangements were clear, with defined lines of authority, improvements were required in relation to the effectiveness of actions taken since the centre's last inspection. Inspectors found that sufficient improvements in regards



to community access for some residents had not occurred. In addition, the actions taken to improve the assessment of some risks and specific care protocols had not brought the required changes in this area of care.

The provider failed to demonstrate that some residents had a suitable and sustained level of community access and there was no clear rationale why community based activities were not occurring. The centre was generally well staffed and although one centre wheelchair transport was recently out of use, the location of the centre meant that public wheelchair taxis were readily available, if required on a short term basis. In addition, the oversight of prompt implementation of additional control measures in response to incidents which had occurred in this centre, required significant improvement by the provider, to ensure residents were maintained safe from similar incidents re-occurring.

Judgment: Not compliant

## Quality and safety

Inspectors found that residents were supported by a kind and considerate staff team who knew their needs well. The centre had a pleasant atmosphere and it was clear that residents enjoyed living in this centre and considered it their home. Many aspects of care were held to a good standard, including safeguarding and rights. However, the actions from the previous inspection had not brought about sufficient change in areas such as community access where significant improvements were required for some residents. In addition, risk management, healthcare planning and fire evacuation arrangements also required adjustments. These issues were previously identified on the last inspection of this centre.

Residents who used this service had needs varying from moderate to high, with the majority of residents requiring intensive staff supports with regards to social access, safety, mobility and nutrition. Some residents also required support from two staff and used equipment such as hoists to transfer.

The inspector reviewed activity trackers and daily notes for three residents with high needs over the month of October. One resident had three meaningful activities outside of the centre in the month of October while another had four. The third resident enjoyed more access to the community and had been out in their local area seven times in the same period. Each resident also attended a Halloween party in a nearby hotel which is included in the above number of activities for the month of October. This issue was highlighted on the last inspection of this centre and inspectors found that little progress had been made to resolve access to the community for residents with high support needs.

Although improvements were needed in regards to community access for residents

with high support needs, residents with moderate support needs had good access to their local community and they were out and about on a daily basis. These residents explained to an inspector that they enjoyed meals out, going shopping and popping out for coffee and cake. One resident explained to an inspector that they were going to get the public bus with staff into town, where they were going to go shopping and then go to their favourite fast food restaurant. They also planned to buy some snacks and be back in time to watch "I'm a celebrity" on television which was their favourite programme.

Many residents had complex health care needs, and required on-going multi-disciplinary input, and specific care and support from staff. Nursing support was available to these residents, and there was good communication maintained between all staff, where any changes to residents' health care needs occurred. Good examples of care was especially observed in relation to recent changes to one resident's nutritional care needs. To further support this, the provider had organised for a specialised chef to attend the centre in the days following this inspection, to give training to staff on meal preparation and presentation, for those with recommended modified diets. However, similar to outcome of the last inspection of this centre, this inspection found that there was still improvement required to the assessment and personal planning of some specific health care needs. This was particularly observed in relation to residents' mobility, neurological and nutritional care needs. Although staff were very knowledgeable on the care and support that they were required to give to these residents, the same quality of information was not available in supporting personal plans.

Resident associated risks were well-known by staff, and staff were aware of the various control measures that were required to keep residents safe from harm. This was especially observed in relation to nutritional and neurological care risks. The last inspection of this centre found that improvement was required to the assessment of risk. Although there was evidence that the provider had since reviewed this aspect of their risk management system, improvements were still required, particularly in relation to the on-going monitoring of specific risks relating to this centre. Furthermore, due to the mobility needs of some residents, falls prevention was a fundamental risk management activity that required on-going review in this centre. However, in response to a suspected falls incident that occurred one month prior to this inspection, the provider had failed to put additional controls in place, resulting in a similar suspected fall reoccurring two days prior to this inspection. When brought to the attention of the person in charge, they gave assurances that this would be addressed, however, the provider's own arrangements for responding to risk, had failed in this incidence to be promptly implemented.

Overall, inspectors found that the centre was warm, inviting and homely. Staff were kind in their approach to care and it was clear that the residents' best interests were promoted. However, issues had not been resolved since the last inspection and improvements were still required in regards to healthcare and risk management, with further attention and review required in regards to community access for residents with high support needs.

## Regulation 13: General welfare and development

Residents who lived in this centre did not attend day services and they received an integrated care package whereby their social, developmental and residential needs were facilitated by the provider. Although activities such as arts and crafts, cookery and reflexology were offered in the centre throughout the week, significant improvements were required in regards to community access for some residents.

This issue was also highlighted on the last inspection of this centre. Inspectors found that some residents did have good community access and were out and about on a daily basis. However, three resident files which were reviewed indicated that their access to the community was limited and the actions which were implemented since the last inspection of this centre did not bring about sufficient change for these residents.

Judgment: Not compliant

## Regulation 18: Food and nutrition

Within each area of this centre, separate kitchen facilities were provided, to allow for residents to dine with their peers. Due to the assessed needs of these residents, staff prepared residents meals for them, and ensured that where residents had specific nutritional care needs, that recommended guidelines were followed. Some residents required a quiet environment when having their meals, and the provider had reviewed meal times arrangements to allow for this. Residents were provided with a choice at each meal time, and staff done so in a manner that worked well, given the communication needs of some resident. Some residents required support at mealtimes, and sufficient staff were rostered daily to provide this level of assistance.

Judgment: Compliant

## Regulation 26: Risk management procedures

Although the provider had a risk management system in place, improvement was required to the prompt response to some incidents, and to also aspect of risk assessments.

Although the occurrence of falls was well-monitored, inspectors observed where the provider had not promptly responded to a falls incident to reduce the likelihood of re-occurrence. For instance, in October, a resident had a suspected un-witnessed fall in their bedroom in the early hours of the morning. Although this was reported

and reviewed, no additional control measures were implemented. Two days prior to this inspection, the same resident had a further suspected un-witnessed fall in their bedroom, again at early morning. Although the resident did not sustain an injury on either occasions, there was a lack of urgency on the part of the provider to effectively respond to the first falls incident to prevent re-occurrence. Before the close of this inspection, the person in charge gave assurances that additional control measures would be immediately put in place, and monitored.

The previous inspection of this centre identified that improvement was required to the assessment of risk. Although there was evidence that risk assessments had since been reviewed, further improvement was still required. For instance, the assessment of falls risks in this centre focused on assessing for the impact of injury as a result of falls, and did not give due consideration to assessing for the actual risk of falls occurring. Furthermore, although the person in charge routinely reviewed specific risks relating to this centre, in relation to residents' changing needs, staffing and falls management, improvement was required to ensure a better system was in place, to support them in their on-going monitoring of these risks relating to this centre.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider had taken fire safety seriously and the previous inspection of this centre found that in general, fire safety was held to a good standard. Improvements were required in regards to fire drill records to ensure they accurately recorded and demonstrated that residents could evacuate the centre promptly.

An inspector reviewed the evacuation plan for one area of the centre and found that recent fire drills had not been conducted in line with this plan. In addition, fire drills had not utilised the full staff resource which was available and as a result the provider failed to demonstrate that residents were evacuated in line with evacuation plans and also in a prompt manner.

Judgment: Substantially compliant

### Regulation 6: Health care

There were residents with assessed health care needs that required on-going support from staff, particularly in relation to their nutritional, mobility and neurological care needs. These residents received on-going reviews from various multi-disciplinary professionals. The last inspection of this centre in February 2024, found that some improvement was required to the assessment and personal

planning of residents' health care needs and although there was evidence that these supporting documents had been reviewed since the last inspection, these still required further improvement.

Three resident files were reviewed with regards to this aspect of their care. Staff who met with the inspector were very much aware of the daily care and observations that these residents required; however, the quality of this information was not always documented within associated personal plans, especially in relation to falls management. Furthermore, some protocols were not in place to guide staff on what to do, should a risk to resident's nutritional care needs occur. In addition, the last inspection observed that improvement was required to one particular resident's protocol regarding the administration of emergency medicine in response to their neurological care needs. Although a review of this document was since completed, better clarity was still required around such administrations.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no safeguarding plans required in this centre and residents who met with the inspector stated that they felt safe in their home and that staff were nice. Inspectors also observed staff interacting with all residents in a warm and caring manner.

Information in relation to safeguarding was clearly displayed and the provider had appointed a designated person to manage all allegations of abuse. In addition, the provider had ensured that vetting disclosures were in place for all staff, who had also completed safeguarding training. Overall, inspectors found that safeguarding was well promoted by the actions and measures implemented by the provider.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors found that residents were treated with dignity, respect and they were actively consulted in regards to the running of their home. Some residents attended weekly house meetings whereby they discussed the upcoming week including appointments, preferred activities and any concerns or requests which they may have.

Information on rights was clearly displayed and residents had access to advocacy services should it be required. An inspector also observed that a resident had completed a piece of work in regards to their own rights and they displayed in their

apartment which rights were the most important to them.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cois Saile Services OSV-0004995

Inspection ID: MON-0036738

Date of inspection: 19/11/2024

## 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: The Person in Charge will ensure that rosters have full names (First and Surname) and that where there are changes to the roster due to unexpected leave, the replacement staff name will be added to the actual roster.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider will ensure that all residents have a suitable and sustained level of community access. Team Leaders will develop an action plan around improving and supporting community participation in accordance with individual resident's choices. Team Leaders will audit the plans weekly to ensure all residents are receiving a suitable level of community access of their choosing. The Person In Charge will continue to audit incidents to ensure prompt implementation of additional controls should these be required in line with the Brothers of Charity Ireland (BOCSI) Risk Management Policy. Team Leaders will attend Risk Management refresher training. The provider will continue to audit the service in line with Regulation 23 (2a).	

Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The provider will continue to ensure a Staff: Resident ratio is in place to support all residents to access the community. The Team Leader and Key Workers will ensure Individual Personal Plans (IPP) have a particular emphasis on community participation in accordance with individual resident's choices. Information gathered from each individual's IPP will be used to inform monthly activity sheets. Residents' daily schedules and report writing will be a standing item at Team Meetings. Team Leaders will audit weekly plans to ensure all residents are receiving a suitable level of community access of their choosing. The Person in Charge will continue to audit the service on a 3 monthly basis or more frequently if required.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Provider will continue to audit incidents to ensure prompt implementation of additional controls should these be required in line with the BOCSI Risk Management Policy. Team Leaders will follow up on actual or suspected falls in a timely manner to reduce re-occurrence of incidents. An individual risk assessment will be in place for each individual in addition to the Falls Prevention and Care Management Plan, which is developed in conjunction with the Multidisciplinary Team. Team Leaders will report all falls incidents to the Person in Charge and organise a Multidisciplinary strategy meeting when required. The Person in Charge will continue to audit the service on a 3 monthly basis or more frequently if required.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider will continue to audit fire drills. The most recent evacuation drills had followed the centre's evacuation plans but had not included the staff from the nearby centre. The Provider will ensure that future evacuation drills will include the support provided by the nearby centre to ensure prompt evacuation of all residents.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge will liaise with the Clinical Nurse Specialist in their local hospital to ensure protocols regarding the administration of emergency medication are clear and easy to understand by all staff. Protocols and their implementation will be discussed at team meetings going forward. Risk Assessments will be reviewed and updated in line with the BOCSI National Risk Management Policy and Procedure. Risk Management training is in place for all Team leaders to support the follow up of incidences in a timely manner and to ensure actions required to prevent further incidents occurring are in place. Specific care planning training is available for nursing staff and the Person in Charge will ensure all nursing staff attend this training.</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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	30/01/2025
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	10/12/2024
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	Not Compliant	Orange	30/01/2025

	to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	30/01/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/01/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	17/12/2024

	event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/01/2025