

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:	Unannounced
Date of inspection:	27 February 2024 and 28 February 2024
Centre ID:	OSV-0004995
Fieldwork ID:	MON-0042966

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:	11
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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 27 February 2024	13:30hrs to 18:30hrs	Ivan Cormican	Lead
Wednesday 28 February 2024	09:00hrs to 13:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported by a staff team who knew their needs well. The centre had a very pleasant atmosphere and residents were observed to smile and enjoy interactions with staff members. This centre supported up to 13 residents who could have high support needs. On the day of inspection there were 11 residents using this service and eight of these residents had high support needs and required assistance in relation to their personal care, social care, safety and nutritional needs. The remaining three residents had moderate care needs but they also required assistance with mobility, personal care and also accessing the local community.

The inspector met with nine residents on the day of inspection. One resident attended day services five days per week and the inspector met with them prior to their departure. They had communication needs and they smiled and also used no verbal gestures as they interacted. They were relaxed and at ease in their home and they responded warmly when staff chatted to them and advised them of the day ahead.

Five other residents which the inspector met with all had communication needs and they interacted with the inspector in line with these needs. Again, they were relaxed and they also responded warmly to staff throughout the days of inspection. On the afternoon of inspection, some residents were being assisted with their meals. One resident, who had high support needs, was supported to have their meal independently as they used adapted cutlery and plates. Others required support, and the inspector observed that staff sat closely with residents and chatted and smiled with them as they ate. It was clear that this was an everyday occurrence as residents were familiar with these interactions and they were relaxed and comfortable with the support they received.

The three remaining residents who the inspector met with lived on the second floor of the centre and they chatted freely with the inspector on several occasions on both days of inspection. All three residents voiced their overall satisfaction with the service and they all said that staff were very nice. This area was divided into two separate apartments, with two residents occupying one apartment and one resident occupying the other. The inspector observed that residents enjoyed each other's company and they often visited each other for tea and a chat. They had a very good rapport with staff on duty and they freely interacted, laughed and joked with them throughout the inspection. The inspector spoke at length with one of the residents and they explained that they loved their home and that staff were very kind. They explained that they were well supported to go home to visit their family and that they enjoyed meeting up with them for lunch. They also said that they enjoyed getting out and about; however, they stated that they would also prefer more community access.

This was a purpose built centre which provided a residential service primarily for

residents with high support needs. The centre was warm, cosy and generally well maintained. Each resident had their own bedroom which either had an ensuite facility or access to a shared bathroom. Bedrooms were large, comfortably furnished and residents had decorated them with personal items and also photographs of family and attending social events. The centre had three separate areas, with two of these areas supporting up-to-ten residents on the ground floor level. There was also a second storey level which could be accessed by a lift, stairs and stair lift, and this area was home to three residents.

The ground floor catered for residents with high support needs. Residents in this area generally required assistance with their mobility, with several wheelchair users present on the day of inspection. Both the private and communal areas were large and spacious and overhead tracking hoists were in place in residents bedrooms to assist with their safe transfer.

The centre had a very homely atmosphere and the staff who were on duty were found to have detailed knowledge of residents' collective and individual needs. Some residents attended day services; however, the majority of residents received an integrated service from their home. Throughout the days of inspection, the inspector observed very pleasant interactions between staff and residents. Staff were observed to chat freely with residents as they assisted them, and they kept them informed as to the plans for the day including meal times, activities and assisting them with their individual care needs.

Overall, residents day-to-day care was well catered for and the centre had suitable equipment in place to meet residents' personal and mobility care needs. Many aspects of the care offered was maintained to a good standard and the actions which were taken by the provider since the last inspection had improved areas of care such as medication management and fire safety. However, improvements were required in regards to supporting some residents with community access and also with regard to the provision of staffing. In addition, documentation in relation to risk management, nutritional support and care planning required further review to ensure it was up to date and relevant to current care practices.

Capacity and capability

The inspector found that the centre was a very pleasant place in which to live and the provider ensured that residents were supported by a familiar and knowledgeable staff team. There was also a clear management structure in place, which had identified roles in terms of the oversight of care. Many of the actions from the last inspection had been completed and had brought about positive change in terms of fire safety and medication management; however, improvements were required in regards to some staffing arrangements and supporting residents to access their local community. In addition, several sources of documentation within the centre required

review to ensure that it was reviewed and relevant to care.

The person in charge facilitated this inspection and they were found to have a good understanding of the centre, residents' needs and of the resources which were implemented to meet these needs. They openly discussed the day-to-day operation of the centre, including the oversight of safeguarding, meeting residents' changing needs and the provision of health care. They were supported in their role by a team leader and clinical nurse manager 1 (CNM 1). The centre was divided into two separate areas with one of these staff responsible for the day-to-day management of each area. Both of these managers had a good understanding of residents' care needs and they provided both support and supervision to their individual staff teams.

In general, there was good oversight of care in this centre. The provider had completed the centre's six monthly audit which identified some areas of care which required improvement. The person in charge had also recently completed the centre's annual review which was in draft on the day of inspection. The person in charge also explained that the provider was introducing a quality improvement plan for this centre which aimed to provide a central action plan to address any identified issues. Although there were good oversight arrangements in place for the day-to-day provision of care, this inspection also found that there had been a difficulty in sustaining the staffing ratios in this centre. The last inspection identified that improvements were required in regards to supporting residents to access their local community and in response the provider had secured funding for an additional 112 staff hours per week which was divided equally between both areas of the centre. However, in one of these areas the additional staffing allocation was not consistently implemented which did have an impact on the ability of the staff team to support all residents with meaningful community activities. In the other area the inspector found that the staffing allocation was consistently implemented and had improved community access for some residents; however activity records which were reviewed indicated that further improvements were required to ensure that all residents enjoyed a good level of community access.

Staff who were on duty had a very pleasant approach to care and they actively assisted in creating a warm and homely environment. They also discussed with the inspector how the person in charge had a regular presence in the centre and there was ample opportunity to raise issues or concerns which they may have. The team leader and CNM 1 also scheduled house meetings and individual staff supervision sessions which facilitated a formal review of both performance and care within the centre.

Overall, the centre operated at a level which ensured that resident's individual intimate, nutritional and health care needs were well met; however, supporting residents with meaningful community access remained an issue in this centre.

Regulation 15: Staffing

The provider had a staff team in place which had a good understanding of residents' collective needs, and they also had an indepth knowledge of resident's individual complex medical conditions. The staff team who were on duty were kind and considerate in their approach to care and it was clear that the welfare and well being of residents was promoted.

The centre's management ensured that staff had opportunities to discuss the care provided and raise any concerns which they may have. Staff also attended scheduled support and supervision which aided in their personal development.

Although the provider had ensured that a competent staff team was in place, a review of the staff rota, indicated that additional staffing which had been approved since the last inspection, was not consistently offered to residents in one area of this centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had a mandatory training programme in place which assisted in ensuring that staff could care for the assessed needs of residents. Staff had completed mandatory training in relation to safeguarding, fire safety and manual handling. Additional training, which was based on the assessed needs of residents, was also provided in areas such as epilepsy, modified diets and the administration of rescue medication.

A refresher training programme was also in place to ensure that staff skills and knowledge were kept up to date with developments in care practices.

Judgment: Compliant

Regulation 22: Insurance

The provider had a insurance in place which was in line with the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a management structure in place which ensured that there was

good oversight of care. The person in charge was supported by a full time team leader and a CNM 1 who held responsibility for the day-to-day management of the two areas of this centre. All three managers had a good understanding of the centre, residents' care needs and also the resources which were in place to meet their collective needs.

All required audits and reviews of care were completed; however, this inspection found that some residents were not fully supported to freely access the community and engage in activities which they enjoyed. This had been an issue since the last inspection and although funding had been secured for additional staffing, this had not been of benefit to some residents in this centre.

Judgment: Substantially compliant

Quality and safety

The inspector found that many aspects of care in this centre were held to a good standard. Staff also had a good knowledge of residents intimate and complex care needs. However, care planning and risk management required review and significant improvements were required in order to provide all residents with ample opportunity to access their local community.

Residents who used this service had high support needs and they required support with intimate care, nutritional support and also maintaining their safety. Some residents also had complex medical needs, with one resident requiring almost daily interventions by staff with regard to their epilepsy. Staff who met with the inspector had detailed knowledge of this resident's individual care needs and they talked the inspector through their prescribed response which involved observations, and the escalated response in the form of a nerve stimulator and also the use of medicinal intervention. Staff also clearly explained how to best support the resident to recover and also situations where emergency services should be contacted. Although, the staff on duty were knowledgeable of this resident's needs, the associated care plan did not possess the level of detail which staff demonstrated and required review to ensure that a consistent approach was offered to this resident. In addition, the inspector also found that a nutritional plan for one resident was outdated and did not reflect staff knowledge or their care requirements at the time of inspection.

All but three of the residents in this centre had high support needs and they required intensive support with regards to their intimate care, nutritional support, activities and social interactions. The inspector observed, and a staff member explained, that supporting residents with their care needs commenced at approximately eight am each morning and generally concluded around midday. Residents were assisted by three-to-four staff members each morning and in the afternoon some residents required additional support with prescribed exercises and as some residents liked to rest on their beds. The inspector observed that care was

offered at a pace which was respectful and in line with resident's individual preferences. The person in charge explained that three staff were the minimal requirement to meet residents' basic care needs and that resources for a fourth staff were in place for activities and support with their social needs. However, the inspector found that in one area this fourth staff was not consistently provided which impacted on opportunities for these residents to access their community. In the other area of this centre, the fourth staff was consistently in place but they were not utilised to their full potential in supporting residents to access the local area. The CNM 1 described how one resident loved going out for coffee and meeting and observing people; however, records showed that this resident had not been consistently offered opportunities for this. Even though, improvements were required in regards to everyday community access, staff were supporting residents with planned activities. Several residents were planning to attend an upcoming Galway football match and another resident had a hotel break booked. In addition, residents had commenced their goals for the upcoming year with various holidays and trips planned. Overall, the inspector found that there was good support with planned trips and excursions, but improvements were required with regard to everyday access for all residents to the local area.

There were significant improvements in regards to the fire safety arrangements since the last inspection. Due to the nature of residents' collective needs and the layout of the building, detailed fire evacuation procedures were required. The previous inspection highlighted that significant improvements were required in regards to supporting all residents to evacuate and also in regards to the procedures for fire evacuation. In response, the provider completed individualised evacuation procedures for each area of the centre, which included both the day and nighttime arrangements. A fire safety staff member had also been appointed to reinforce learning from fire drills and also to support new staff members with understanding the evacuation arrangements. Although there had been marked improvement, some further attention was required. For example, evacuation drill times in one area of the centre required improvement and staff knowledge of the fire procedures in one area of the centre required better clarity.

Overall, the inspector found that many aspects of care were held to a good standard. There was good oversight of medication management and supporting residents with their finances. Staff who met with the inspector offered person centred care and they had an in-depth knowledge of residents' complex care needs. In addition, the centre was a pleasant place in which to live and the measures which were in place ensured that residents were safeguarded at all times. However, there were insufficient opportunities for all residents to do community activities which they enjoyed and this impacted on the overall quality of this service.

Regulation 12: Personal possessions

The provider had good arrangements in place to support residents with their personal possessions and property. Each resident had their own bedroom where

they could store their property and the provider ensured that up to date property logs were completed.

The centre had recently identified discrepancies in regards to some residents' finances and additional measures were promptly introduced to safeguard residents.

Residents had their own bank accounts, which promoted their rights, and there were detailed checks and reviews in place for all financial transactions which were completed on their behalf.

Judgment: Compliant

Regulation 13: General welfare and development

The last inspection of this centre highlighted that significant improvements were required in regards to supporting residents with community access. In response, the provider had secured additional funding for the provision of care and community access.

Although, this was a positive response, the implementation of additional staffing had not brought about sustained improvements in regards to supporting residents to get out and about in their local area. Residents who used this service had high support needs and required robust staffing arrangements to support community access. Although one area of the centre had additional staff in place, this had not resulted in a notable increase in community activities. In addition, the second area of the centre had not ensured that this additional staffing was consistently in place which again impacted on residents' access to the community.

Judgment: Not compliant

Regulation 17: Premises

This was a purpose built centre to cater for residents with high support needs. The centre was well maintained and it also promoted accessibility both internally and externally.

Residents had their own bedrooms which had which they had decorated and communal areas had displays of residents' photographs. There was also a number of reception rooms in which residents could relax and there were four separate kitchen areas where meals were prepared.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management and the response to incidents underpin the safety of care which is provided to residents. Management of the centre had a good understanding of the risks which had the potential to impact upon the provision of care with risk assessments in place for relevant issues such as falls, choking and epilepsy. Although there was a good understanding of these risks and also the measures which were in place to mitigate against their impact, improvements were required to supporting documentation as some relevant risk assessments had not been reviewed and kept up to date as required.

Improvements were also required in regards to the response to low level incidents which had occurred in the months prior to the inspection. For example, staff had reported a number of falls for one resident and although post falls reviews had been completed by staff, the individual incidents had not been signed off as reviewed by the relevant manager.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The centre was clean and well maintained to a visual inspection. Hand sanitising stations were readily available throughout the centre and staff were observed to frequently wash and sanitise their hands. Personal protective equipment was also freely available to staff.

The centre had designated people to clean and sanitise the centre and two people were completing these duties on the day of inspection in each area of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety measures had improved since the last inspection with detailed evacuation plans in place on the day of inspection. Staff were conducting regular evacuation drills, and all staff were up to date with their fire training.

Although there were improvements since the last inspection, adjustments were still required in this area of care. For example, evacuation drill times in one area of the centre required improvement and staff knowledge of the fire procedures in one area

of the centre required better clarity.

In addition, some fire doors were not functioning properly on the first day of inspection; however, this issue was rectified prior to the conclusion of the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There had been sustained improvements in the management of medications since the last inspection. Detailed rescue medication plans were in place and a review of records indicated that rescue medication was administered as prescribed and in line with agreed protocols.

There was also suitable storage facilities for medicinal products in place. A review of prescription sheets and associated administration records also indicated that medications were administered, to residents as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which clearly outlined their care requirements and how they preferred to have their care delivered.

Residents attended their annual reviews where they were kept up to date with developments in their care. Residents were supported at their reviews to identify and choose goals for the upcoming year. A review of associated documents indicated that residents were well supported in this area of care and had achieved holidays, day trips and activities throughout the year.

Judgment: Compliant

Regulation 6: Health care

Residents who used this service had high support needs and the provider had secured additional nursing supports for this centre since the last inspection. Residents had good access to their own general practitioner for regular health screening and also in times of illness. A review of records also indicated that allied health support, such as physiotherapy and occupational therapy was offered to

residents and in general the inspector found that the health and wellbeing of residents was promoted.

However, some improvements were required in regards to health support care plans. A review of some plans in regards to epilepsy and nutritional support showed that they were not kept up to date with recommended care and they required further review.

Judgment: Substantially compliant

Regulation 8: Protection

The centre was a pleasant place in which to live and there were no compatibility or safeguarding concerns between residents. Staff reported that some residents were great friends and the inspector observed pleasant interactions between all residents who lived in the centre.

Information in regards to safeguarding was clearly displayed and all staff had undertaken safeguarding training which promoted the safety and wellbeing of residents in this centre.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cois Saile Services OSV-0004995

Inspection ID: MON-0042966

Date of inspection: 27/02/2024 and 28/02/2024

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In accordance with Regulation 15 (1), The registered provider will ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.</p> <p>The registered provider has a continuous advertisement on its website. Due to the shortage of locum staff, we have linked with external agencies and can ensure that the number and skill mix of staff on duty is appropriate to the needs of the residents as per the statement of purpose of the designated centre.</p>	
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 accordance with 23 (1) (a), The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.</p> <p>The registered provider has a continuous advertisement on its website for locum staff. To cover unexpected leave, we have linked with external agencies to ensure that the number and skill mix of staff on duty is appropriate to the needs of the residents as per the statement of purpose of the designated centre. This will ensure residents are supported to freely access the community and engage in activities of their choosing.</p> <p>In accordance with Regulation 23 (1) C, The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service</p>	

provided is safe, appropriate to residents' needs, consistent and effectively monitored.

The person in charge will review and update risk assessments in relation to staffing. Controls will be put in place to ensure that the number and skill mix on duty is sufficient to provide a safe and quality service to the residents. The PIC will continue to liaise with the Human Resources department to recruit locum staff.

Regulation 13: General welfare and development

Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

In accordance with Regulation 13 (2), C, The registered provider will ensure that supports are in place for all residents to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

The registered provider has a continuous advertisement on its website. We have linked with external agencies and can ensure that the number and skill mix of staff on duty is appropriate to the assessed needs of the residents as per the statement of purpose of the designated centre.

The PIC will continue to audit the designated centre to ensure residents can be supported to access the community and engage in activities of their choosing.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

In accordance with Regulation 26 (2), The registered provider shall ensure that there are systems in place that are in line with the organisations Policy on the Management and Reporting of Accidents, Incidents and Critical Incidents in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

The PIC will continue to audit the center quarterly to ensure all risk assessments are reviewed and updated. This will include a review of the Accident, Incident Reporting Systems.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In accordance with Regulation 28 (3) (D), The registered provider shall make adequate arrangements for evacuating where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations in line with the Registered Providers Fire Safety Guidelines.</p> <p>The PIC will continue to liaise with the organisations health and safety officer to ensure evacuation times are in line with the organisations health and safety policy.</p> <p>In accordance with 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 in line with the Registered Providers Fire Safety Guidelines.</p> <p>A health and Safety representative is in place for the designated center and fire evacuation is on the agenda for all team meetings.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: In accordance with Regulation 6 (1), The registered provider shall provide appropriate health care for each resident, having regard to that resident’s personal plan will ensure that all care plans are reviewed and up to date.</p> <p>Training has been provided by the organisation in conjunction with the Centre of Nursing and Midwifery Education for staff nurses in care planning.</p> <p>The PIC will audit personal plans quarterly to ensure they are reviewed and current.</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	30/04/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Substantially Compliant	Yellow	30/04/2024

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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	30/04/2024
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.	Substantially Compliant	Yellow	15/03/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/03/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	15/03/2024

	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 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	10/05/2024