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

Issued by the Chief Inspector

Name of designated centre:	Cill Caisce
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	04 August 2021
Centre ID:	OSV-0002355
Fieldwork ID:	MON-0026038

About the designated centre

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

Cill Caisce is a designated centre operated by St Michael's House located in North County Dublin. The centre provides a residential service for up to five adults with intellectual disabilities, and can provide support to residents who have additional physical or sensory needs. The centre is a two storey house which comprised of five bedrooms, kitchen/dining room, living room, staff room and two shared bathrooms. The centre is staffed by a person in charge and six social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 - 2015 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
Wednesday 4 August 2021	09:45hrs to 17:10hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met all four residents who lived in the designated centre, and spoke with some family members, staff members and the person in charge during the day of the inspection.

Residents and family members felt the designated centre was a nice place to live, was safe and comfortable and they liked where it was located. Some residents grew up in close-by areas and liked that they were still nearby. Residents were glad to be back in day services on some days of the week and really liked their bedrooms and the centre in general. Residents told the inspector that the staff were really nice and very supportive and family members complimented the person in charge and staff team for being so caring and supportive, especially during the previous year.

Some residents were spending time in the living room during the morning, sitting in their favourite chair and listening to music on their device. For residents who required them, their mobility aids were close-by to them so that they could easily move around the house when they decided to. The living room was a good size and had enough furniture for the number of residents, it was bright and nicely decorated. There was a drawing on the wall of two residents who used to live in the house, but had sadly passed away. Residents had items of comfort close to them in the living room, such as soft toys and magazines. Due to some limited space, some mobility aids were discreetly stored in the corner of the room.

During the day some residents were preparing their own meals and refreshments in the kitchen. The inspector was invited to see some residents bedrooms. Each resident had their own private bedroom and residents explained to the inspector about their choice of decoration, personal belongings that were meaningful to them and what they liked about living in the centre. Residents knew how to use the complaints process and had copies of the forms in their rooms, should they need to use them. Residents had information available to them in an accessible format, regarding their goals and personal aspirations.

Residents liked to look well, and had enough space for their clothes and personal belongings in their bedrooms.

Some residents spoke to the inspector about how they would respond in the event of an emergency, and were comfortable with the evacuation plan and what to do in the event of an emergency. Other residents showed the inspector where the emergency information and reflective vests were kept, and explained that in the event of an emergency they had a role in collecting these as they exited the building.

The inspector spent time sitting in the front garden talking to residents. The garden areas were in need of some attention, to improve their look such as grass cutting and general gardening upkeep, but also to ensure a safe and even walkway at the

side of the driveway where the assembly point was located. The person in charge told the inspector that this was identified in a health and safety audit on behalf of the provider, and was being considered for improvement. The centre was across from local shops, pubs and other amenities and was located on public transport routes.

Some residents showed the inspector the laundry facilities which were located outside the main house in stone shed. There was fire fighting equipment located in this area, and a fire alarm in place.

Throughout the previous year, residents had been using the back garden area a lot more. Residents showed the inspector that they had painted the wall outside the patio area recently to make it more colourful. The back garden was a nice space, with garden furniture, potted plans and outdoor decorations along with a shaded gazebo for residents to use. However, it was not fully accessible for all residents to use in a manner that promoted their independence and mobility. For example, for residents who used mobility aids in the centre independently, they required the use of a wheelchair to use the garden area due to uneven ground and its increased risk of falls.

Residents showed the inspector the easy-to-read information located in hallway, such as the statement of purpose and the annual review. There was also information on how to raise a complaint or a safeguarding issue. The centre was homely, nicely decorated and had photographs around the house of residents spending time together and enjoying different events.

In the afternoon, residents were having their meal. Residents were using both the kitchen and the living room to eat their dinner to keep space and to ensure people who required a quieter environment for meals had this. Since the previous inspection, the kitchen now had an additional armchair and television to give alternative space for residents to spend time alone or apart from each other. The inspector saw residents enjoying their home during the day, using tablet devices to watch a movie,or using their phone to look at photos of family and to listen to music or spending time alone in their own bedrooms. Some residents were out at day services, or went out during the day for a coffee.

Since the previous inspection the person in charge had trialled a spare room upstairs as a second living room, however due to mobility needs or personal choice residents did not utilise this space as they preferred to be downstairs. During COVID-19 restrictions this room was being used as a sleep-over room for staff, to ensure office space and sleeping space were separate to reduce risks of cross infection. Residents told the inspector they were happy with this, as they preferred to be downstairs or else in their own bedrooms during the day.

The inspector saw the shared en-suite bathroom downstairs which was used by two residents who required ground floor facilities. Both residents required different aids to support them during personal care, and the space was limited to store these, and limited in space for supporting with manual handing requirements. It was also not ideal for an en-suite bathroom with two door access to be shared between

residents, in relation to privacy and dignity. However, there was locking devices in place to ensure privacy during bathroom use.

The next two sections of the report present 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 service being delivered.

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service within a community-based home. Due to the changing needs of residents, the premises of the designated centre and staffing model were no longer fully suitable to meet residents' mobility needs. While the provider had planned to change staffing shift patterns at night-time in response to this and to increase supervision and supports, the premises issue was proving more of a challenge as residents were supported to grow older in their home. Therefore, improvements were required in respect of the layout of the premises and showering facilities to ensure they were suitable to meet the current and future needs of residents.

The provider had ensured there were effective leadership and oversight arrangements in place in the designated centre. The provider had appointed a full-time person in charge. The person in charge reported to a services manager, who in turn reported to a Director of Services. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risks.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. The provider had altered the manner in which they conducted their unannounced visits, to respect national restrictions and visitor guidance. These monitoring tools identified a need to address the bathroom facilities downstairs in the centre, and the requirement for more space in some bedrooms to support safer manual handling supports.

Since the previous inspection, the provider and person in charge had taken action as outlined in their compliance plan to address some areas identified at the last inspection. For example, the carpet on the stairs had been replaced, risk management documentation had been improved, restrictions were all approved and reviewed regularly by a established committee and there had been improvements in relation to staff training on the protection of vulnerable adults. There remained an

issue in relation to premises, that the provider was exploring but had not yet been addressed. The provider was aware of this issue and was monitoring it through their risk and governance frameworks, and a proposed plan for building work had been created in May 2021 which was awaiting further progression.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. Residents told the inspector that they knew the staff team very well, and they felt they were supportive of their needs. At the time of the inspection, there were no identified vacancies on the staff team. While it had been a positive decision to increase the staffing hours to support risk management in the designated centre, the provider had not increased the agreed whole-time equivalent of staff which resulted in the reliance on temporary staff working each month in the centre. For example, over 285 hours were covered by relief or agency staff members in the month of June 2021. While the person in charge promoted consistency by booking familiar temporary staff, overall improvements were required to ensure the staffing needs were clearly identified and agreed to further promote consistency in care.

Staff were qualified in social care or other care professions, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned for by the person in charge. The staffing at night time had been reviewed by the provider, with a change to waking night staff in the coming weeks, in place of sleep-over shifts. This would increase supervision and supports at night -time for residents who were a risk of falls.

The provider and person in charge demonstrated that they had effective governance systems and resources in place to deliver a good standard of care and support to residents living in the designated centre. Overall, this inspection found compliance with the regulations inspected with improvements required in respect of the layout of the premises and bathroom facilities to sufficiently meets residents' needs as they got older, and the consistency of the staffing resources.

Regulation 15: Staffing

There was an adequate number of staff on duty each day and night to meet the needs of residents. The staffing resources in the designated centre were well managed and the person in charge maintained a planned and actual roster.

Since the closure of day services in 2020, the provider and person in charge had amended the roster and staffing hours to ensure residents had activities and occupation from within the designated centre. The additional staffing hours had continued following the reopening of day services, to support changing needs in the designated centre.

While staffing hours had increased in the designated centre, the provider had not increased the agreed whole-time equivalent of employed staff which resulted in the

reliance on temporary staff. This did not fully promote the continuity of care and support for residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was good oversight of the training needs of staff, and arrangements were made to plan for training, as required.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider. For example, through monthly information reviews with the services manager.

The provider had completed unannounced visits to the centre on a six monthly basis, and had completed an Annual Review of the quality of care and support.

There was evidence that the provider and person in charge had taken action in response to these audits and reviews, to bring about improvements. For example, replacing carpet on the stairs. However, some issues in relation to the layout of the premises remained in need of further address.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the adverse events such as incidents and accidents, and

found that the provider had notified the Office of the Chief Inspector, when required for anything that should be notified.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was a part of the local community and offered residents a pleasant place to live.

The centre was managed in a way that identified and promoted residents' good health, personal development and well-being. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had access to their own General Practitioner (GP) and allied health professionals, and were supported to keep healthy through attending regular health appointments, follow-up appointments or adopting the advise of health professionals. Residents also had an "all about me" folder, and had time each month to discuss with their key-worker their goals and aspirations.

Residents were encouraged to decorate own bedrooms as they wished along with personal art work, photographs and belongings. There was a new comfortable seat and television in the dining area to offer more space downstairs for residents to spend time apart if they wished. The person in charge had previously created a second living room upstairs in the designated centre for residents to use, however this was not availed of by residents, who do to mobility, or personal choice, preferred to stay downstairs.

Residents enjoying using the garden area to the back of the centre, especially during restrictions it had been a welcome space. However, as mentioned it was not fully accessible for residents with additional mobility needs to use independently as the uneven ground posed a risk of falls.

There remained difficulties in the showering facilities in the downstairs of the premises. This was in relation to the shared use of a downstairs en-suite bathroom for some residents, and changing needs in relation to mobility. Due to the increase in aids to support mobility, the space available in some residents' bedrooms was also limited. The provider had identified this on their risk register and due to local control measures the impact to residents was well managed and controlled. However, it was not demonstrated the premises could provide for resident's longer term needs as they got older. Therefore, the premises were found to be not compliant with the provider required to make arrangements to improve specific

aspects of the premises to meet the changing needs of residents.

In recent weeks some residents had returned to attending external day services for periods of time during the week. Mostly, residents were happy with this return, as it gave them a chance to see other people and engage in different tasks and activities outside of their home. Residents showed the inspector their bedrooms, and discussed the different ways they had been supported to keep active during restrictions. For example, mindfulness colouring, online activity classes, local walks, video-calling friends and family and improving the garden area by painting walls vibrant colours and adding pot plants and outdoor decorations.

Residents' health and safety was promoted through effective risk management policies and procedures, emergency planning and incident recording and management systems. Where risks had been identified and assessed, control measures to reduce or remove these had been put in place by the staff team. Some risks were directly linked to the environment, and premises issues in relation to adequate space for manual handing supports and the available bathroom facilities in the location. The person in charge discussed with the inspector, the proposal for an extension to the building to offer improved facilities and room sizes. At the time of the inspection, this was in the planning stages. The provider had identified this in their own risk assessments as a medium risk due to ''inadequate bathroom'' and had put numerous control measures in place locally to alleviate and reduce the risk as far as possible within the current physical environment. For example, increased occupational therapy input, trial of different mobility aids, plans to create more space through seeking a smaller bed and smaller wardrobes.

Residents appeared relaxed and happy in their home and comfortable in the presence of staff. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. If required, safeguarding plans were put in place, to promote residents' safety. Residents knew how to raise a complaint or a concern, and felt comfortable raising issues with the person in charge or staff team. Some residents showed the inspector where the complaint forms were kept, and knew who to send them to if there was an issue.

Any restrictive practices that were in place in the designated centre, had been reviewed by an external committee to ensure they were required, and the least restrictive option available. Where some environmental restrictions were required to support some residents' safety, these were not restricting the rights and access of other residents. For example, residents were able to use the keypad lock on the front door and demonstrated this to the inspector during the day.

If required, residents had access to psychology services and had clear written plans to support them to manage behaviour positively. Staff were aware of the proactive and reactive strategies to support individuals, and overall residents were supportive of each other and their needs.

Residents were protected against the risk of fire in the designated centre, through fire safety systems and local procedures. Each resident also had a written personal

evacuation plan that supported their safe evacuation in the event of an emergency. Some residents discussed this with the inspector during the day and how they had been supported to understand what to do in the event of a required evacuation. Residents were familiar with the process to be followed, through regular drills and practical exercises and some residents had particular tasks in the event of an emergency which they told the inspector about.

The provider had also ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments. Personal protective equipment was available along with hand-washing facilities and hand sanitiser. Residents were supported to eat meals and spend time in a way that gave adequate space.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their individual needs and wishes.

Residents were supported to remain active and occupied during national restrictions, with staff ensuring residents had meaningful activities to take part in,and safe access to community amenities and services. Residents had been supported to attend formal day services again on a staggered basis, and to utilise community services again since the lowering of restrictions. For example, hair dressers, and coffee shops.

Judgment: Compliant

Regulation 17: Premises

The space available in some residents' bedrooms, and showering facilities were not appropriate to the needs of residents. For example, there was a small en-suite bathroom downstairs for two residents to use which was limited in size for the number of staff required to support them, and the mobility aids needed. Similarly, a downstairs bedroom was limited in floor space available to support the manual handling needs of residents.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre. Residents had a written personal evacuation plan which was reviewed following each fire drill or evacuation practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Advice or recommendations from health and social care professionals was incorporated into residents' personal plans, and put into practice by the staff team.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had the knowledge and skills to respond to behaviour of concern, through guiding individual behaviour support plans and risk assessment control measures. Staff were offered training in de-escalation and intervention techniques.

Where required, residents had clear plans in place to guide staff on how to proactively support them in relation to any behaviour of concern. There had been input from health and social care professionals in the creation of these plans.

There was oversight and review of any restrictive interventions being used, mainly environmental restrictions. These were seen to be used for the shortest duration necessary and residents could easily access all areas of their home throughout the day.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge was aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

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 - 2015 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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cill Caisce OSV-0002355

Inspection ID: MON-0026038

Date of inspection: 04/08/2021

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: · WTE staffing requirement of 6 staff within the DC.Currently there is 0.29 vacancy . Utilisation of regular relief and agency staff to ensure consistency. · Regular relief staff have received the training specific to support needs of the DC · Additional staffing within the DC were in place to support residents during Covid re; day service activation and these hrs will no longer be required when the residents return to day service provision . · Additional support at night time- DSMAT submitted to HSE for approval.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 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 · Unannounced visits by the Registered Provider to be carried out within the required 6 month time frame	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The registered provider shall make provision for the matters set out in Schedule 6.
· Risk management review in place for the center and all areas requiring redress within the environment, have been escalated for consideration.
· Bespoke furniture sourced and in place to allow for much needed floor space
· Ongoing inputs by Physiotherapist, Occupational therapist and Manual handling trainers.
· Overview of the facilities within the DC, by Technical services team, Occupational/ Physiotherapy Departments and Architect with plans drawn up for the development of additional facilities to support the changing needs of the residents in downstairs area. 30/6/2023
· Referral of plans for the purpose of planning permission with submission to the local planning authority..
· Requirement for space to house additional assistive equipment when not in use. Garage area to the front of the property to have new door fitted and space to be utilized accordingly 15/10/2021
· Upkeep of the garden area to the front of the DC has been referred to SMH gardeners

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(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	01/11/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/11/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/06/2023

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	15/10/2021
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.	Substantially Compliant	Yellow	30/12/2021