

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

Issued by the Chief Inspector

Name of designated centre:	The Gables
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	22 May 2024
Centre ID:	OSV-0005289
Fieldwork ID:	MON-0034899

About the designated centre

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

This is a service providing care and support to four men with disabilities. The centre comprises of a four bedroom detached bungalow located in County Louth, just outside a small busy town. Each resident has their own bedroom which are decorated to their individual style and preference. Communal facilities include a shower room, a bathroom, a kitchen/dining room and a suitably furnished sitting room. There are also well maintained garden facilities to the front and rear of the property with adequate private and on street parking. Systems are in place to meet the assessed needs of the residents and their health, social and emotional care needs are comprehensively provided for. The service is managed and staffed by an experienced and qualified person in charge, staff nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 22 May 2024	10:00hrs to 17:15hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre was a residential service which provided care and support for adults, and there were four residents living in the centre on the day of inspection.

The inspector had the opportunity to meet three residents, and also met with a staff member and the person in charge. One resident was receiving care in hospital on the day of inspection. On arrival to the centre, two residents were getting ready to go to the zoo, and had planned this trip as part of their goals. The residents appeared happy and excited about the day ahead, and one of the residents in particular really liked to visit the city and see the buses. A third resident had just finished their breakfast, and had planned to go out for lunch later in the day.

The inspector was shown around the premises by the person in charge, and it was clear that the unique preferences of residents, was reflected in the décor of the centre. For example, a resident liked nature, and their bedroom was decorated in a woodland theme. Another resident, if needed, could choose spend time alone, and a comfy seat and a voice activated virtual assistant had been purchased for their room. Residents displayed photographs of their families and of birthday celebrations in their rooms also.

One resident had a cabin room in the garden, and since the last inspection, had decorated the cabin with LED ceiling lights, a comfortable chair, pictures of their family, and this had been a personal goal for the resident. The person in charge told the inspector the resident liked to spend time here and chose to do small household tasks there such as folding laundry. The inspector found this was a warm and welcoming space, and the important things in the resident's life had been carefully considered in the development of this space.

Residents also liked to spend time in the garden during the summer, and a range of seating was provided. Residents were encouraged to be part of the upkeep of their home, and had planted flowers in the gardens, as well as watering plants in line with their skills development plans.

The person in charge and staff knew the residents well, and a staff member described what was important for one resident, and how this was incorporated into their day to day life. For example, the staff outlined how the resident liked a structured routine, and a picture schedule was on display in their room, to help them know what was happening for the day. They also outlined how activities were planned around the preferences of the resident, for example, the resident preferred quiet uncrowded spaces, liked to go for drives, and to the local cafes for a hot drink, and how important it was for the resident to dress well every day. The person in charge also outlined that residents really enjoyed a mindful movement session that was provided in the local community.

Residents accessed a range of amenities in the community, for example,

restaurants, coffee shops, shopping centre, cinema, a mens' shed, theatres and banks. The centre was located in a large seaside village, and most community amenities were within walking distance of the centre.

Staff were observed to respectfully communicate with residents, and residents appeared happy and relaxed in the presence of staff. While the inspector was not familiar with all the communicative preferences of residents, staff were observed to interpret and respond to residents' verbal and gestural communications effectively.

Overall the inspector found the residents were enjoying a varied and meaningful lifestyle, and the team in the centre embraced opportunities to enhance residents experiences, while respecting residents' rights to choose the type and pace of lifestyle they wished to lead.

The next two sections of the report outline the governance and management arrangements, and how these positively impacted of the quality and safety of care and support residents received in the centre.

Capacity and capability

The purpose of this inspection was to ascertain the provider's compliance with the regulations in order to inform the renewal of registration decision. An application to renew the registration of this centre had not been received at the time of the inspection.

The inspection was facilitated by the person in charge. High levels of compliance were found on this inspection, with 15 of 16 regulations inspected found to be compliant.

The provider had the systems and resources in place to ensure residents were provided with a good quality of care and support. The centre was managed by a full-time person in charge, and there were sufficient numbers of staff employed in the centre. Staff had the required skills and knowledge, and had been provided with training in order to safely meet the needs of residents.

There was ongoing monitoring of the services provided, and all actions arising from reviews and audits were found to be complete on the day of inspection. There was a clearly defined management structure and management support was available 24 hours a day.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew the registration of this centre was not received by the

Health Information and Quality Authority (HIQA).
Judgment: Not compliant
Regulation 14: Persons in charge
<p>The person in charge was employed on a full time basis and had responsibility for this and one other designated centre. The person in charge attended the centre four days a week while on duty, and knew the residents well.</p> <p>The person in charge had the required experience and qualifications for the role.</p>
Judgment: Compliant
Regulation 15: Staffing
<p>There were sufficient levels of staff in the centre, and consistent staffing was provided. There were nurses and care assistants employed in the centre, and three staff were on duty during the day and one at night time in a waking capacity. There were no staff vacancies in the centre, and where vacancies arose due to planned or unplanned leave these were filled by a core group of relief staff. This meant that residents were provided with continuity of care and support. The inspector met with a staff member, who described a range of supports in place for a resident to meet their specific needs, in line with their personal plan.</p> <p>The inspector reviewed a sample of three rosters over a three month period, and staff had been provided as per the needs of residents. For example, a risk assessment had outlined the requirement for staffing was three staff in the day time and one at night, and this had been consistently provided. Planned and actual rosters were available and were appropriately maintained.</p> <p>Three staff files were previously checked in April 2024 and contained all of the information required, as per schedule 2 of the regulations.</p>
Judgment: Compliant
Regulation 16: Training and staff development
<p>Staff had been provided with a range of mandatory and additional training that ensured they had the necessary knowledge and skills to support residents. Staff</p>

were effectively supervised appropriate to their role.

The inspector reviewed a training matrix and a sample of certificates of infection prevention and control (IPC) trainings. All staff had completed mandatory training in fire safety, managing behaviour that is challenging, and safeguarding. Additional training had been provided in medicines management, food safety, crisis prevention, dysphagia, manual handling and in children first. All training was up-to-date and the person in charge reviewed the training requirements on an ongoing basis. Where refresher training was due in the coming months, training dates had been booked. All staff had completed ten online IPC modules, for example, hand hygiene, donning and doffing personal protective equipment (PPE) and aseptic technique. All staff had completed training in human rights.

The person in charge outlined the arrangement for staff supervision. The person in charge was in regular attendance in the centre, and provided direct supervision of the care and support provided to residents. Supervision meetings for staff were facilitated three times a year, as well as one performance development review meeting a year. The inspector reviewed a sample of supervision records for two staff and a range of topics and actions were discussed and agreed at these meetings.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was resourced to meet the needs of the residents, and the management systems had ensured the service provided to the residents was safe, effective and was monitored on an ongoing basis.

There were sufficient resources in the centre in terms of staffing, staff training, a well maintained premises, a centre car and a household budget.

There was a clearly defined management structure. Staff reported to the person in charge, and the person in charge attended the centre regularly throughout the week. The person in charge reported to the director of nursing, who was also nominated as a person participating in management. The person participating in management reported to the regional director. There was an out of hours on call system in place.

The person in charge and person participating in management were in regular contact by phone and email, and met every month, and a range of issues were discussed. These included for example, incidents, safeguarding, risk management, maintenance, staff training and a review of each resident's needs and progress. Staff meetings were facilitated every six to eight weeks and the inspector reviewed minutes of three staff meetings this year. A broad range of topics were discussed at staff meetings including a review of incidents, complaints, infection prevention and control, the quality improvement plan, and new policy developments. Each of the

resident's needs and updates on their goals were also discussed at these meetings.

The centre was monitored on an ongoing basis, and a schedule of audits had been completed throughout the year. These included for example, fire safety, medicines management, person centred plans, hygiene and finances, and the inspector reviewed nine recent audits. Where actions arose, they were found to be completed on the day of inspection. For example, a medicine protocol had been documented, a hospital passport was updated and new goals developed for one resident, and food had been labelled with opening dates.

An annual review of the quality and safety of care and support had been completed for 2023, and residents and their representatives views had been sought as part of this review. An unannounced visit had been completed in January 2024, and all actions arising from this review were completed on the day of inspection.

The person in charge maintained a quality improvement plan, and all actions from audits were collated onto this plan, and reviewed at management meetings. There were actions in progress relating to upgrades to the premises, and this is discussed further in regulation 17.

The inspector spoke with a staff member who said they could raise concerns with the person in charge or management team about the care and support provided to residents if needed, and that the management team provided good support.

Judgment: Compliant

Quality and safety

Residents in this centre enjoyed a varied lifestyle, and were supported to make their own decisions as to how they wished to live their life. The care and support provided was of a good standard, and there was a responsive and positive approach to risks as they emerged.

Residents were provided with timely access to healthcare, and there was ongoing review of the healthcare needs of residents. Where required, residents had been supported to attend reviews with their general practitioner, and a range of allied healthcare professionals, and a multidisciplinary approach was adopted, to support residents as their needs changed. Residents were provided with a varied and nutritious diet, and the meals provided were based on their preferences, and specific dietary needs.

Residents' communication needs had been assessed, and staff members knew the residents well, respectfully interpreting their expressive communication, and responding appropriately. Residents were supported to avail of a range of social and service amenities in the community, and community activities were an integral part of the day to day life of residents. Residents were provided with accessible

information to support them to make choices, and to inform them of the care and support being provided to meet their needs.

Residents were provided with the supports to help them manage their emotions, and this in turn had a positive impact on the residents' quality of life, and on reducing the risk of safeguarding incidents.

Adverse incidents in the centre were responded to and reported appropriately, and control measures outlined in risk management plans had been implemented. There were safe and suitable arrangements in place for fire safety and for infection prevention and control.

Regulation 10: Communication

Residents' communication needs had been assessed, and residents were supported to communicate as they preferred.

Residents' communication needs had been assessed by a speech and language therapist, and how residents communicate was set out in plans, for example, expressive communication, making choices, understanding and accessing information. Each healthcare plan also outlined how residents make decisions, consent to treatment, and how their will and preference was considered with regard to their specific healthcare needs.

Some residents communicated verbally, while some residents used single words and gestures, and the inspector observed that where a resident indicated using a word and a gesture that they wanted a drink, a staff member interpreted and responded promptly to this request.

Photos and pictures were used to support residents to make choices, for example, with their meals, and accessible information was used to support discussions with residents about their rights, and about services available to them.

Residents could access the internet, phone, television and radio if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to avail of activities both in the centre and in the community, and to develop goals to enhance their experiences and skills. Appropriate care and support was provided to residents in line with their assessed needs, and their wishes.

Residents' needs had been assessed, and their likes and dislikes, and preferences of how they may wish to spend their day were identified. Residents participated in an annual review meeting with their families, and the staff team, and discussed goals they would like to achieve for the year. They also reviewed achievements from the previous year. The inspector reviewed records for two residents, and residents had been supported go to shows, museums, the races, dances, overnight trips, and ferry trips. Planned goals included for example, going to a country music show, a summer festival, a dance ball, and skills teaching activities. Two residents went to the zoo on the day of the inspection as per their identified goals.

On a day to day basis, the residents were actively engaged in community activities, for example, the mens' shed, the Arch club, going for drives, shopping, having meals out, and going on walks. Staff reported that residents particularly enjoyed going to a mindful movement class. The centre was located in a seaside village and there was a range of amenities that residents used, within walking distance of the centre.

Judgment: Compliant

Regulation 17: Premises

The centre was homely and well maintained, and residents could access all parts of the premises.

The inspector was shown around the premises by the person in charge. Each of the residents had their own bedroom, and bedrooms were decorated to residents' unique preferences, for example, their choice of colour schemes. There was ample storage in residents' rooms for their belongings, and residents kept photos of their families on display. Residents had been provided with equipment in line with their needs, for example, profile beds, a bath lift, a comfy chair, and a voice activated virtual assistant.

The person in charge outlined that the bathroom did require refurbishment, and flooring, the bathroom suite, and wall tiles would be replaced. In addition, there was a plan to replace flooring in the kitchen, refurbish wood flooring throughout the remainder of the property, and replace an unused door between the kitchen and sittingroom with a wall. At the time of the inspection a survey had been completed by a builder and the person in charge was awaiting costings for submission to the provider.

There was a sittingroom, and a fully fitted kitchen dining room. There was a second bathroom adjoining a rear utility room. There was a back garden with planting and seating, and a front garden with parking.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with the support needed, consistent with their identified needs, and food was suitably stored and prepared.

The inspector reviewed records of meals provided to residents, and a variety of wholesome and nutritious food had been provided. Residents were supported to make choices of the food they wanted, and used pictures and photos to help them decide. Where needed residents had been assessed by a speech and language therapist, and guidelines on recommended modified diets were available in residents' files. A resident had been provided with a raised table top, to support them with independently managing their meals.

The kitchen area where food was prepared and stored, was clean, and well organised. Colour coded chopping boards were available, and temperatures of cooked foods, and the fridge and freezer were recorded.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place, for responding to adverse incidents and for management of risk in the centre.

There was an up-to-date risk management policy that included the measures to control the risks of the unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence, and of self-harm. Risks specific to the centre were also included for example, a risk of choking, epilepsy, and lone working. The inspector reviewed control measures, and found these were in place, for example, a panic alarm for lone workers, and staff training in dysphagia, in the administration of rescue medicine, and in crisis prevention. There was an emergency response plan that had been reviewed in August 2023, and outlined the actions the provider would take in response to, for example, fire, severe weather, or a major power failure.

Individual risks had also been assessed, and were reviewed as risks emerged or incidents increased. For example, there had been an increase in falls, and a range of healthcare reviews were completed, and recommendations implemented, for example, the use of a handling belt was observed. This is further discussed in regulation 6.

Incidents were reported to the person in charge, and followed up as required. These included, for example, behavioural incidents, falls, and safeguarding incidents.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable arrangements in place for infection prevention and control (IPC).

The inspector followed up on actions following an IPC inspection in February 2023 and all actions were complete. In the kitchen, cupboard doors and an internal shelf had been replaced, and all presses were observed to be clean. The cooker hood was visibly clean, and was checked by an external supplier every three months, and replaced if needed. A new bin had been provided in the kitchen. A new storage unit for mops had been purchased, and mops were suitably stored. The garage had been cleared of all unused items, and suitable storage was provided for personal protective equipment (PPE), and residents' personal care products.

All areas of the premises were observed to be clean and well maintained. The inspector reviewed cleaning records for a six week period, and all cleaning tasks were recorded as complete. There were suitable arrangements in place for hand hygiene, including the provision of handwashing and hand sanitising facilities.

Judgment: Compliant

Regulation 28: Fire precautions

There were safe systems in place for fire safety, including adequate measures for the detection, containment, and fighting of fire.

The centre was fitted with a fire alarm, fire call points, emergency lighting, and fire doors with self-closing devices. The fire panel was located in the hall, and a fire evacuation plan was on display in the centre. All exit routes were observed to be unobstructed.

The inspector reviewed the fire safety register, and a sample of three records of induction on fire safety for staff new to the centre were reviewed by the inspector. The inspector reviewed the records of four fire drills in the past year, including a night time drill, and all residents had been supported to evacuate the centre in a timely manner. The support residents needed to evacuate the centre were set out in personal emergency evacuation plans (PEEP's) and all plans had been reviewed in 2024. There were adequate staffing levels to support residents to evacuate the centre, in line with PEEP's.

The inspector reviewed fire equipment service records for the past year, and all

equipment had been serviced at the required intervals.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs were met through timely access to healthcare professionals, ongoing monitoring interventions, and prompt responses to emerging healthcare concerns.

Each of the residents' healthcare needs had been assessed, and residents regularly attended their general practitioner in the community. A staff member described the healthcare needs of one resident, and the interventions in place to support the resident. Healthcare plans were in place and guided practice in the provision of care to support the residents, for example, with their nutritional, mobility and cardiac needs.

In response to an emerging risk of falls, a resident had been reviewed by a number of healthcare professionals including their general practitioner, dietician, physiotherapist, and psychiatrist, and plans were implemented to reduce a risk of injury for the resident. Where follow up recommendations were made these were completed for residents, for example, blood testing, monthly observations, and monthly weights. Residents had been supported to avail of national screening programmes, as well as vaccinations.

Residents had been provided with health information in an accessible format including their healthcare needs and plans, medicines prescribed, the local pharmacy, and on vaccinations available.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were suitable arrangements in place to support residents with their emotional needs.

Residents could access the services of a psychiatrist and a clinical nurse specialist in behaviour. The inspector reviewed two behaviour support plans, that outlined the proactive and responsive supports to help residents manage their behaviour. Plans were observed to be implemented, for example, providing meaningful activities for residents, the provision of an outdoor cabin for a resident, and providing a structured predictable routine for another resident. Proactive supports were incorporated into day to day plans for residents, for example, attending clubs and

classes, and spending time alone listening to music.

Records were maintained of behavioural incidents, were submitted to the clinical nurse specialist, and regular review meetings had been completed throughout the year.

Judgment: Compliant

Regulation 8: Protection

Satisfactory measures were in place to protect residents.

There was a policy on safeguarding vulnerable adults at risk of abuse, and local guidelines had been developed and reviewed in July 2023. A staff member outlined the procedure to take in response to an allegation of abuse, and the relevant personnel incidents were required to be reported to. The staff member also outlined the arrangements in place to ensure residents' finances were protected and balances were checked daily by two staff, and checked by the person in charge every week. All staff had up-to-date training in safeguarding.

The person in charge had notified HIQA of three recent allegations of abuse, and these incidents had been reported to the relevant authorities, and managed appropriately. Measures had been put in place to reduce the risk of reoccurrence, and included a range of healthcare supports for a resident, as well as ongoing reviews with allied healthcare professionals.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld, and they were supported with accessible information to make choices and decisions regarding their care and support.

The inspector spoke to the person in charge and a staff member both of whom described how residents make choices and consent to care. Some residents could verbalise their specific decisions, while some residents used gestures and words to indicate their preferences. Assessments of residents' communication needs included how residents make choices, and as mentioned each healthcare plan set out how individual residents make decisions, consent to treatment, and how their will and preference is considered.

Accessible information had been provided to residents about their care and support, their rights, and about public services, for example, advocacy services, registering to vote, as well as the assisted decision making act. Residents could access the support

of an assisted decision making officer, and at the time of the inspection a resident was being supported to change their financial decision making arrangements following a change in legislation.

Residents' meetings were facilitated every week, and residents were supported to make choices with their meals and snacks, with the aid of pictures and photos. The day to day life of residents was based on their known preferences, and on specific goals residents had decided on, and activities were planned around these goals and preferences.

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	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Gables OSV-0005289

Inspection ID: MON-0034899

Date of inspection: 22/05/2024

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: A full application for registration was submitted on 19.6.2024	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	19/06/2024