

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

Issued by the Chief Inspector

Name of designated centre:	Kare DC12
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	13 May 2024
Centre ID:	OSV-0001990
Fieldwork ID:	MON-0034139

About the designated centre

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

This designated centre is a two-storey house situated in a large town in Co. Kildare. The designated centre provides full-time residential services for four adults over the age of eighteen years with an intellectual disability. The layout of the building includes a sitting room, a kitchen and a sun room which is set up for residents to dine in. There is a utility room and toilet downstairs. There are four bedrooms, three upstairs and one downstairs which includes an en-suite. There is a bathroom with toilet upstairs. There is a garden and patio area out the back of the house. The residents are supported by social care workers during the day and night.

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
Monday 13 May 2024	09:00hrs to 17:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The provider KARE, Promoting Inclusion for People with Intellectual Disabilities operates 20 designated centres and has demonstrated a good regulatory history. Inspectors of Social Services completed nine inspections of designated centres over two days, including visiting the provider's head office to discuss oversight and progress with quality improvement initiatives with members of senior management. Overall, the inspections found high levels of compliance with the regulations and effective governance and oversight systems which were identifying and acting upon issues in response to the needs of residents.

This report outlines the findings of an announced inspection of the designated centre DC 12. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's certificate of registration. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The designated centre consists of a two-storey house located in a housing estate in County Kildare. The house comprises of four individual bedrooms (one with ensuite), living room, dining room, sun room, bathroom and garden space to the front and the back of the property. The designated centre was in close proximity to a large town and residents were supported and encouraged to access the local community including shopping centres, hotels, cinemas, gyms and cafes. The centre had access to transport Monday to Friday from 5pm until 9am each morning and full access over the weekends. The provider also had a system in place which allowed the centre to book a bus from across the service if required. However, residents told the inspector that a bus was not always available through this system and that they would like to have greater access to transport. One resident told the inspector that the transport they had was no longer suitable to all residents in the house. The transport consisted of a seven seat people carrier, however only one resident could now use two of the seats located in the back of the car. The staff also discussed that this seat was becoming more difficult for the resident to maneuver due to changing needs. The residents told the inspector that they like to go out for dinner together at least once a week, however, this has not always been possible as they can not get suitable transport that will accommodate all residents in the designated centre. The centre had a garden area which was equipped with garden furniture and was accessible to all residents in the designated centre.

The centre was decorated in line with each residents tastes, the centre was found to be clean and tidy with a schedule in place to ensure that the house was maintained to a high standard. The centre was decorated with residents art work, one resident

had an interest in completing large jigsaws, these jigsaws were then framed to make up some of the decor of the house. The inspector observed a number of residents' interests were used within the house for example, residents identified past time was music the house was equipped with keyboard, bodhrán and smaller instruments. Residents informed the inspector that everyone in the house had a great love for music.

There were four residents living in the designated centre on the day of the inspection, the inspector had the opportunity to speak to all residents during the course of the inspection. In addition, all four residents completed the questionnaires in relation to support in the centre prior to the inspection. The information in these questionnaires presented that residents were happy in their home, that they felt they had support to make decisions and that the staff team were kind and supportive of their choices. One resident used the questionnaire to further discuss their wish for greater access to transport for the designated centre. The resident had also highlighted their wish through the providers complaints procedure and had highlighted it through the providers advocacy group on behalf of the designated centre.

One resident told the inspector that they love their home and that they get along really well with residents and the staff team. The resident told the inspector that they work in a local factory and have been working there for over ten years. The resident told the inspector that they had recently been supported by the organisations community employment officer to change the terms of their work contract. The resident told the inspector that after a number of years working they would like to reduce their working hours so that they can have the opportunity to participate in more activities during the day. The resident told the inspector that they love where they work and had recently received employee of the quarter. The resident told the inspector that they were currently deciding holiday plans and that they had a number of concerts that they were attending in the coming months.

One resident told the inspector that they sit on a number of advocacy groups both for the provider but also for external organisations. The resident had recently assisted in the completion of a new easy read information leaflet with the Health Service Executive (HSE) to highlight the Cervical Screening Check initiative. The resident spoke to the inspector about the enjoyment they get from taking part in a large number of external advocacy groups, being part of the groups involves a lot of travel around Ireland. The resident spoke to the inspector about how it is essential that the information that they receive as part of these groups is brought back to the designated centre for peers and staff. The resident told the inspector about a number of college courses they had completed in order to receive a Quality and Qualification (QQI) Award.

The inspector met one resident who was relaxing in their living room watching television. The resident spoke to the inspector with the support of staff. The resident spoke to the inspector about their love of music, the resident attends a local choir for a large number of years. The staff informed the inspector that the resident greatly enjoys traditional Irish music. The inspector observed traditional Irish musical instruments throughout the residents living room. The resident also

told the inspector that they love horses and horse racing, the resident with the help of staff informed the inspector that they had recently joined a syndicate for a race horse and that they regularly attend races to watch their horse.

One resident met the inspector while getting ready to attend work in a local hotel. The resident told the inspector that they were coming up to 25 years working in the same hotel and that they still get great enjoyment from work. The resident told the inspector that they love living in their home with the other residents and that the staff were always offering help and support. The resident told the inspector about their upcoming milestone birthday. The resident had planned a mediterranean cruise with the help of staff. The resident also had a party planned with family and friends for later in the year when their birthday would occur. The resident told the inspector that they love their home and would not like to live with anyone else. They discussed with the inspector that the staff will always listen to what they want and that all of the staff could really cook.

The next two sections of the report present the findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. Overall the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with strong local governance and management supports in place. The inspector found that each resident was at the forefront of their service with their views and wishes driving the direction of their service. However, improvements were required in relation to transport resources and the accessibility of transport for residents.

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently monitored. The provider had systems in place to monitor and review the quality of services provided. These systems included a series of audits such as an annual review and six-monthly unannounced visits. The annual review was completed in consultation with resident, residents

representatives and staff. Audits were used to inform time-bound plans and actions were allocated to responsible individuals. On review of residents meetings, questionnaires and from discussion with residents and staff the inspector found that the current transport arrangements in the centre were not meeting the needs of all residents in the designated centre. Residents informed the inspector that the current transport was not always available to them and that when they had access to the centre transport it could not facilitate all residents at the same time. Residents and staff informed the inspector that two of the seats in the bus had become too difficult for residents to access due to changing mobility needs. The residents discussed that going out for dinner once a week was very important to them and they all wished for this to continue. Residents had been support by the person in charge and staff to team to highlight their concern with the provider.

Staff had access to regular and quality supervision. A review of supervision records found that the content of supervision was thorough and sufficient to meet the needs of staff. There was a high level of mandatory and refresher training maintained for staff in the designated centre. The inspector found that all staff in the designated centre had completed training in Human Rights, this training was incorporated into further education for residents as highlighted through residents meetings and discussion with residents during the course of the inspection.

A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for additional services, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities. The inspector found evidence of monthly meetings between the person in charge and the PPIM, these meetings the governance systems in the centre and concerns as they arise in the centre.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the

renewal of the centre's certificate of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge was responsible for the management of one other services, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive assistance, care and support in a respectful, timely and safe manner. There was good continuity of care and support being provided to residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre. The inspector reviewed a sample of supervision notes and found them to be in-depth and promoted the personal and professional development of staff.

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. The inspector found that the staff team excelled in areas of training that would further enhance residents quality of life for example, the staff team had completed training in human rights.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined lines of authority and accountability in the designated centre. The centre was run by a person in charge who was supported in their role by a person participating in management (PPIM) an operations manager for the provider. The person in charge and PPIM were well informed regarding the residents' needs and the presenting risks in the centre.

There were a series of audits in place in the centre which were effective in identifying risks in the centre. A six monthly audit had been completed for the centre. These audits reflected the stakeholders' views on the quality of service and set out SMART action plans to address risks where required. Staff in this centre were performance managed and facilitated to raise concerns about the quality and safety of care provided to residents.

However, as previously discussed the centre did not have access to full time transport. The vehicle attached to the designated centre was shared with another service within the provider. The designated centre had access to this transport at weekends and weekdays in the evening from 5pm to 9am the following morning. The inspector also found that the current transport was no longer meeting the accessibility needs of all residents in the centre. The centre had access to a system where buses could be booked, however, the inspector found that this was not always available to residents which resulted in residents being required to seek alternative transport such as taxi's.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces for residents to avail of. Each resident had their own bedroom which was decorated in line with individual tastes with family portraits and pictures of hobbies, holidays and sports teams on display. Residents had televisions and music players in their bedrooms. Each of the houses in the designated centre had access to an accessible garden which were equipped with garden furniture.

Residents engaged in activities in their home and community and were supported to develop and maintain relationships with friends and family. Residents had access to opportunities for leisure and recreation with a number of residents having recently completed a number of further education courses and seminars.

There was a risk management policy and associated procedures in place. There was an accurate risk register in place that reflected the risks identified in the centre. The processes in place ensured that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans. Residents had access to numerous technology devices. Residents spoke to the inspector about the importance of having quick WiFi in the centre to access areas of interest, for example reviewing holiday plans and flight details.

The provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of

personal possessions. Residents were supported to manage their finances as independently as possible with support in place for each resident who required assistance with financial management.

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. Records reviewed showed that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety, including training in specific evacuation techniques.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference.

There were procedures in place for the prevention and control of infection. The inspector observed that all areas in the centre were in a good state of repair and clean. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control had been provided for staff.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

The individual choices and preferences of the residents were promoted and supported by management and staff and there was evidence that residents were supported to choose their daily routines and engage in activities they liked and enjoyed. Residents had access to advocacy services if required, and were listened to with care and respect by staff. Residents were also involved in the running of their home and participated in resident house meetings. The inspector found these meetings to be of high quality and were lead by the residents.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. The inspector found that residents had detailed accessible information available to them in relation to medical diagnosis and the supports required in order to maintain maximum health post diagnosis. The registered provider had ensured that residents had access to media sources and technology. Residents had televisions, tablets, and mobile

devices, and there was Wi-Fi available in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property and received support to manage their finances in accordance with their abilities and preferences.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with residents participating in a number of educational opportunities and also participating in advocacy committees and research groups through various third level colleges. Residents were encouraged to maintain relationships with their families and friends.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. The centre had been recently refurbished and the inspector found that residents bedrooms reflected their personal tastes and interests. The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. Adverse incidents were then discussed at each staff meeting in order to promote a culture of shared learning and reduce risk for residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place, Staff had attended appropriate training and were knowledgeable about infection control arrangements.

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 had taken place on a routine basis in the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and procedures in place for the ordering, administration, storage and disposal of medications. The person in charge had completed a risk assessment and assessment of capacity for each resident. This was reviewed regularly with residents in line with their preferences. Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that arrangements and procedures were in place to protect and safeguard residents from abuse. The arrangements and procedures were underpinned by a policy on safeguarding residents.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights. Residents attended weekly meetings, the inspector found these meetings to be of high quality discussing an abundance of topics relevant to each individual and to the centre. Topics discussed at residents meetings included educational sessions to support residents to vote, updates from the providers CEO, residents understanding of the providers strategic plan, human rights and advocacy. Residents rights were further supported by staff who advocated for services on behalf of the residents.

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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kare DC12 OSV-0001990

Inspection ID: MON-0034139

Date of inspection: 13/05/2024

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
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>1. Kare owned transport The house has use of a 7-seater bus every afternoon / overnight from 3.30pm Monday to Friday, all weekend, bank holidays and Local Service close downs. The current bus they use no longer meets the needs of the service user. A new bus from the fleet was provided for use by the house as and from the 19th of June 2024 to trial for suitability. This will be trialed for a two week period and another option created if required after this point. Bookable buses are available for booking in advance by the leader in this location. They are generally used for appointments and holidays.</p> <p>2. Public Transport Two of the service users living in this location could possibly utilise public transport. This is currently under review and will be discussed at the next staff team meeting on the 9th of July 2024. The actions arising from it may include supporting individuals with Travel training if required.</p> <p>3. Staff owned cars Generally the staff in this location are indemnified to use their own vehicles to provide access to activities. The budget for mileage for 2025 will be created to ensure it covers a more accurate use of the vehicles. This will be completed by the end of October 2023.</p> <p>Kare are developing a new service agreement which will ensure that the fees payable are clarified for each individual, including taxi costs. This will be completed as a bespoke document for each individual residing here by the end of December 2024.</p> <p>Kare transport policy will be reviewed and updated prior to the end of November 2024.</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 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.	Substantially Compliant	Orange	31/12/2024