



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

Issued by the Chief Inspector

Name of designated centre:	Wyattville DC
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	14 July 2021
Centre ID:	OSV-0002893
Fieldwork ID:	MON-0026241

About the designated centre

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

The designated centre is based in a suburban area of South County Dublin and is comprised of one community based residential unit and one community based respite unit. Residential services are provided to four adults, while respite services are provided for up to five adults at one time from a respite use group of 83. The residential service is provided through a four bedroom detached house while the respite service is provided through a four bedroom terraced house. While residential services are provided on a 24 hour basis over 365 days, respite services are provided on a 24 hour basis across 363 days of the year, with provision to of funding to remain open 365 days in the event of an emergency admission in the centre. There is a person in charge, two social care leaders, and a staff team in place in the centre to support residents and respite users.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 - 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 14 July 2021	10:20 am to 4:30 pm	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met and greeted all residents in the designated centre on the day of inspection. Conversations between the inspector, residents and staff took place from a two-metre distance as much as possible, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

Wyatville D.C. designated centre comprises of two residential houses located in close proximity to each other in a South Dublin suburb. One house is a full-time residential setting for up to four residents, the second house operates as a respite service and can accommodate up to 5 residents at any time. The inspector had carried out an inspection of the residential house in September 2020 where good levels of compliance were found. This inspection focused on the respite service and the purpose of this inspection was to ensure a comprehensive inspection of the centre had been carried out for the purposes of making a recommendation for renewal of registration.

During the course of the inspection, the inspector also took the opportunity to inspect the premises and facilities in the respite house and to review fire safety measures.

The inspector met with all three respite users on the day of inspection. One resident the inspector met with had been staying in the service for an extended period of time. This arrangement was acceptable to the resident and they told the inspector they were very happy living in the centre and were looking forward to moving to their full-time residential home in the coming months. The resident had made their choices and preferences known to the provider and staff in relation to their placement and were very knowledgeable of the time-line for their stay and the proposed transition plans that would occur in the future.

The resident took time to show the inspector their diary which they filled in each week and used to tell them the days they were working and when their planned holidays were and visits to their family home. They also used photographs in the diary to demonstrate the art work they had completed in their job and showed the inspector the various pieces they had made.

The inspector observed the resident engage with staff and their peers during the course of the inspection and observed them to be very content and happy in the centre. They also told the inspector they liked their bedroom and they had activities and pastimes to occupy themselves each day. The inspector also noted, the provider and person in charge had ensured the resident had a comprehensive assessment of need completed and full access to multi-disciplinary allied professional services and supports. The statement of purpose for the designated centre also provided for the resident's residential placement, ensuring the provider was adhering to their conditions of registration for this designated centre.

The inspector met and spoke with another resident during the course of the inspection. They were having some lunch at the time and invited the inspector to sit and chat with them. They showed the inspector their smart phone and explained they had access to Wi-fi on their phone which allowed them to keep good contact with their family and friends during their stay. They told the inspector that they liked coming into use the respite service, it gave them an opportunity to meet friends and go out and engage in activities in the local community. They said respite wasn't boring and they liked it. They also told the inspector that they would speak to staff if they had a problem or were not happy with anything.

The third resident the inspector met briefly chatted about the centre, they liked coming into respite. They showed the inspector some jewellery they were wearing and talked about the weather also. The inspector observed the resident interacting with their peers and staff for the remainder of the inspection. The inspector observed kind and attentive interactions between the staff and the resident. Staff were observed helping the resident to apply sun cream to their face and singing along to songs before heading out on a social outing.

Observations carried out of the premises demonstrated it was maintained to a good standard and there was a good level of cleanliness throughout. Residents were provided with comfortable bedrooms for their stay and a choice of bathing and toilet facilities. However, there was considerable improvement required to the garden area to the rear of the property.

The route to the garden area to the rear of the property was not easily accessible and required residents to pass through the utility space, past a heavy fire door. In addition, access to the garden space required residents to use steps which led up to a higher level. This meant the garden space was not easily accessible for residents that required additional mobility supports.

It was also noted hand rails were only provided on one side of the steps leading up to the garden area which further impacted on the accessibility and safety for residents while using these steps to access the garden area. The inspector also observed broken fencing to the rear of the garden and overgrown shrubs. Overall, this part of the premises required considerable improvement to ensure respite users could fully access all areas of the premises and enjoy using outdoor spaces for occupation and leisure during their stay.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by ongoing pandemic restrictions.

Overall, a good level of compliance was found on this inspection and a fire safety non-compliance had been addressed, demonstrating the provider's adherence to a restrictive condition on their registration related to Regulation 28: Fire Precautions. As mentioned, considerable improvement was required to the garden area to the rear of the property.

The next two sections of this report present the inspection 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 findings from this inspection demonstrated the provider had the capacity and capability to provide a good quality respite service. It was demonstrated the provider had addressed non-compliances from the previous inspection and had enhanced fire safety measures in the centre by completing a suite of fire safety improvement works to the respite house of the centre.

This work completed was aligned to a restrictive condition to the registration of the centre whereby the provider was required to come into compliance with Regulation 28: Fire Safety Precautions. It was demonstrated on this inspection that the provider had adhered to this condition of registration.

The person in charge had commenced an extended pre-planned leave in the weeks prior to the inspection. The provider had appointed a new person in charge to fill their post in their absence as required by the regulations. The provider had submitted a notification to the Chief Inspector in relation to the newly appointed person in charge as required by the regulations.

The newly appointed person in charge was also responsible for two other designated centres all within a close distance to each other. The person in charge had worked with all of the residents in this centre in their previous role as social care leader and knew them very well and were aware of their support needs.

There were arrangements in place to monitor the quality of care and support, the provider had completed six-monthly provider led audits. These were found to be of a good quality and reviewed specific regulations in detail, providing a quality action plan for any areas that required improvement. It was noted that the provider had continued to carry out a provider-led review of the service during COVID-19 restriction period. The provider had also completed a 2020 annual review for the centre as required by the regulations.

There was a planned and actual roster in place and staffing levels had been maintained as per the statement of purpose for the centre for the most part. It was however, identified that there had been a shortage of nursing staff resources in the full-time residential house that made up the centre. To this end the provider had recruited additional nursing staff to meet this resource deficit and evidence was provided to the inspector to show the this additional nursing resource was due to commence shortly after the inspection.

However, some improvement was still required. It was not demonstrated the provider had adequately assessed if this nursing resource would adequately provide enough nursing supports for the residential house. This required some

improvement.

The inspector reviewed actions from the previous inspection in relation to mandatory staff training and noted all staff working in the centre had received such training. There were however, some gaps for staff training in the area of breakaway techniques. This was required as behaviour support was an assessed need for residents and respite users of this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration for this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge to manage the designated centre that met the requirements of Regulation 14 and its associated sub-regulations. They were found to have a good regulatory knowledge and knew the needs of respite users very well.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual staff roster was in place.

The roster clearly documented the name of staff, their role and the management arrangements in the centre on a given day.

Some improvement was required to ensure the provider had put in place nursing supports which could meet the assessed needs of residents in the residential house of the designated centre. The inspector did note the provider had made arrangements to appoint an additional staff nurse who would commence their post within a short time after the inspection.

However, it was not demonstrated if the provider had assessed that these additional resources would adequately meet the assessed nursing needs of residents. This required some improvement.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had been provided with training in mandatory areas such as safeguarding vulnerable adults and fire safety.

Refresher training was also provided and the inspector noted staff had received up-to-date training in this regard.

There were some improvements required in relation to the providing training to staff in the area of breakaway techniques and management of behaviours that challenge.

The inspector noted some gaps in staff training in this regard, which was required given the assessed needs of some residents across the residential and respite service of the designated centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The person in charge maintained an up-to-date directory of residents which met the requirements of Regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

The provider had addressed the matters of a restrictive condition relating to fire safety.

Quality and safety review audits carried out on a six-monthly basis by the provider were comprehensive and detailed and provided an action plan following each review.

An annual report of the service for 2020 had been completed by the provider.

The provider had appointed a social care leader as part of the operational management team for the centre and to support the person in charge in their regulatory and management remit.

The person in charge and social care leader carried out operational management audits in the centre on an ongoing basis. The inspector observed comprehensive auditing of respite users' personal plans, for example.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured the statement of purpose met the requirements of Schedule 1 of the regulations.

The statement of purpose accurately reflected the service provision in the designated centre and provided for the matters of emergency admissions and for situations where resident's may require long term stay in respite services.

The findings of the inspection demonstrated the provider had adhered to these matters.

Judgment: Compliant

Quality and safety

Overall, residents and respite users of this designated centre were in receipt of a safe good quality service.

A number of non-compliances from the previous inspection in 2018 had been in relation to findings pertaining to the respite unit that made up part of the centre. A restrictive condition related to fire safety was applied the registration of this centre at the time requiring the provider to bring about compliance in fire safety in the centre, in particular the respite unit of the centre.

Since then, the provider had appropriately addressed the fire safety improvements in the centre. Evidence of a schedule of works and certificates of completion with regards to these matters were available to demonstrate the provider had addressed the non-compliances demonstrating their adherence to the restrictive condition.

The inspector carried out a further review of the fire safety precautions in the respite residential unit on the day of inspection. Each resident's personal evacuation plan had been regularly reviewed and updated following each drill and revised on foot of learning following each drill. It was also demonstrated there were frequent drills occurring in the respite service. Residents engaged in weekly drills ensuring all residents that attended the service were given the opportunity to practice and

engage in the fire drill process.

Fire containment measures were in place, fire doors with smoke seals were located throughout the premises. Automatic door closers were also in place. Fire servicing checks were up-to-date and had been serviced regularly. Daily fire safety checks were also carried out regularly and staff had been trained in fire safety with refresher training available also.

The provider had 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 with contingency plans in place for staffing and isolation of residents if required.

The person in charge ensured that all staff were made aware of public health guidance and any changes in procedure relating to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution.

The inspector reviewed a sample of residents' personal plans and noted they provided a comprehensive information in relation to the care and support needs of respite users attending the centre. Appropriate planning arrangements were in place for residents on longer term placements and were reflective of their residential support needs with evidence of allied health professional reviews and recommendations in place.

There was evidence of person centred planning arrangements for residents on longer term placements with identified goals, action plans for supporting the implementation of those goals with additional skills teaching plans in place to support the resident in learning independence skills.

Personal planning audits were carried out as part on behalf of the provider as part of a quality assurance process. These audits identified where improvements, if any, were required. It was demonstrated on inspection that the person in charge had undertaken to address most of the actions identified from such audits with ongoing review occurring also.

Residents' healthcare needs were well supported in the respite service of this centre. Resident's respite plans included healthcare guidelines for staff to implement while using the respite service. The person in charge also ensured up-to-date information and allied professional guidelines in relation to respite users' nutritional guidelines, modified diets and food allergies. These recommendations were reviewed regularly and updated as required.

Residents on longer term placement arrangements were also provided comprehensive healthcare supports. There was evidence of annual medical health checks, documented reviews by clinicians involved in their care and support provided

to them to attend outpatient appointments and dental checks.

As referred to in the opening paragraphs of this report there were considerable improvements required to the garden area to the rear of the respite house. As discussed, this area of the house was not easily accessible to residents and required improvements to ensure it was maintained in a manner that ensured respite users had an outdoor space for recreation and occupation during their stay.

Residents' assessed behaviour support needs were met in this centre. Detailed behaviour support assessment and planning was in place for residents living in the residential and respite houses that made up this designated centre. These plans have been updated and reviewed by an allied professional with expertise and knowledge in the area of positive behaviour support. Assessments and reviews were detailed and analysed collated data and information and were of a high standard.

Some restrictive practices were required in this centre in order to maintain residents personal safety and as part of behaviour support planning. Each restrictive practice had been reviewed by a human rights committee. The person in charge had put arrangements in place to ensure regular review of restrictive practices in place and ensured they were applied to meet the identified need of the respite user during their stay and removed or ceased when their stay was over.

It was demonstrated that safeguarding National policies and procedures were implemented in this centre. Staff had received training in safeguarding vulnerable adults with refresher training available. Safeguarding plans were in place as required and reviewed regularly following any safeguarding incident that occurred. At times peer safeguarding incidents could occur in this centre and staff supervision and positive behaviour support planning formed part of the overall safeguarding planning and supports.

In addition, the person in charge carried out safeguarding audits and reviews of safeguarding plans to ensure all aspects of the plans were in place and within the time-lines specified in the plans. This was evidence of good oversight and governance of safeguarding arrangements in the centre.

Regulation 17: Premises

The provider had ensured residents were provided with a comfortable and well maintained respite service.

However, considerable improvements were required to ensure the garden area to the rear of the respite house was accessible to all residents and maintained and laid out in a manner that could meet the needs of residents availing of the service.

- The garden was only accessible through heavy fire doors and the utility space. Some respite users required additional assistance to open the doors leading to the rear garden area.

- The inspector observed broken fencing to the rear of the garden area.
- The garden area was only accessible by a number of steps which impacted on some residents being able to access the garden area independently.
- A resident had experienced a fall on the steps leading to the garden the week prior the inspection.
- There was only one grab rail to support residents in using the steps to the garden area.
- There were a number of overgrown shrubs in the garden area that needed attention.

Judgment: Not compliant

Regulation 27: Protection against infection

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate personal protective equipment (PPE) available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection and encourage and maintain social distancing procedures with residents and staff.

COVID-19 risk assessments had been drafted by the person in charge outlining the control measures for mitigating infection control risks in the centre.

Plans were in place to support residents to self-isolate should it be necessary in the event of a suspected or actual case of COVID-19 in the centre

Judgment: Compliant

Regulation 28: Fire precautions

The provider had adhered to a restrictive condition related to Regulation 28, on the registration of this designated centre.

They had carried out an assessment of fire safety precautions in the the centre and had made arrangements to address findings from the assessment.

Residents and respite users engaged in fire safety drills in the centre and had an associated personal evacuation plan in place.

Fire safety equipment had been serviced regularly and fire safety checks were

carried out by staff and documented.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each respite user had an up-to-date respite specific personal plan in place. These plans provided a good level of support plan guidance and detail with regards to the needs of residents and how to support them to safely enjoy their stay in respite.

For residents with longer term arrangements, the person in charge had completed a comprehensive assessment of need which was reviewed and updated as required. Their needs had been assessed through an allied professional framework. Support plans were in place where assessed needs were identified. There was also evidence of regular review of these needs by allied professionals on a regular basis.

Person centred planning goals were also in place with evidence of actions plans to support longer term residents in achieving their goals.

Skills teaching plans were also in place with associated task analysis steps identified for independence skills training.

The person in charge carried out audits of personal plans and made arrangements to address actions arising from these audits.

Judgment: Compliant

Regulation 6: Health care

Respite users of this service had their healthcare needs met during their stay.

Respite plans outlined the healthcare supports residents required during their stay and provided staff with information and guidance.

The person in charge also collated and managed respite users' nutritional and modified meal recommendations and requirements. They updated these plans regularly and ensured staff were aware of these nutritional needs.

Where there were residents availing of longer term placements there was good evidence to demonstrate their health care needs were also being met to a good standard.

Appropriate healthcare planning was in place. There was evidence to demonstrate they had been supported to attend dental and outpatient appointments and

procedures.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents were had an assessed behaviour support need, positive behaviour support planning arrangements were in place.

Positive behaviour support plans were comprehensive, based on an assessment, developed by an appropriately skilled and qualified allied professional and reviewed regularly and updated.

Overall, there were a low number of restrictive practices in place in the centre. Where such practices were implemented they were to manage a specific personal risk.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in safeguarding vulnerable adults.

There was evidence of the person in charge implementing National safeguarding policies and procedures within the centre. Where required safeguarding plans were in place.

Where required, intimate care planning arrangements were in place to support residents in this regard. Such plans focused on supporting residents with their personal care while maintaining their privacy and dignity as much as possible.

The person in charge also carried out safeguarding governance reviews regularly to ensure actions arising from safeguarding plans were put in place within the time-lines specified.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not 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 Wyattville DC OSV-0002893

Inspection ID: MON-0026241

Date of inspection: 14/07/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A full time staff Nurse has been recruited as an additional staff for 7 Wyattville with a start date of 30-08-2021. Allowing for Service and local level inductions, the staff nurse will commence frontline work on 13-09-2021.</p> <p>A fourth staff Nurse is due to commence in 7 Wyattville on 27-09-2021 on a full time basis.</p> <p>This will facilitate an increase in WTE staffing x 1.0, and furthermore, increase nursing levels in the location from 2 WTE to 4 WTE in order to support administration of a specific medication for one resident.</p> <p>As an interim measure there is a group of 4 nurses and CNMs who are scheduled to administer this medication when nursing staff are not on shift in 7 Wyattville to reduce cross over and ensure familiarity with the resident.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All current permanent staff in 7 wyattville now have MAPA training. 2 relief staff are scheduled for 01-10-2021 to complete MAPA. 1 new staff due to commence in August is schedule for MAPA training on 01-10-2021.</p> <p>There are four staff from 13 Wyattville who are due refresher training in MAPA and they are all scheduled for training dates between 01-10-2021 and 26-11-2021.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none">1) OT to assess the garden in terms of accessibility. Completed, and report due by 30-08-20212) Architect to complete feasibility study and plans for the garden by 30-09-20213) Scope of Works meeting to be held by 30-10-20214) Commencement of works planned to take place by 15-02-2022 with an intended completion timeline of 30-04-2022, weather permitting. It is not feasible to complete the works at present as all respite users will lose access to the garden for the remainder of the summer/good weather period. (One respite user is currently residing in the location until December 2021 and undertaking the works will limit access to his environment.)	

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(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	27/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	26/11/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Substantially Compliant	Yellow	30/04/2022

	internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/04/2022