



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

## Issued by the Chief Inspector

|                            |              |
|----------------------------|--------------|
| Name of designated centre: | SVC - CN     |
| Name of provider:          | Avista CLG   |
| Address of centre:         | Dublin 7     |
| Type of inspection:        | Announced    |
| Date of inspection:        | 19 June 2024 |
| Centre ID:                 | OSV-0003167  |
| Fieldwork ID:              | MON-0035070  |

## About the designated centre

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

SVC-CN provides full-time residential care and support for adults with a moderate to significant disability. The centre is registered to accommodate 13 adult residents. It is located within a campus setting in a residential area of North Dublin and is close to local shops and other amenities such as cafés, public houses and a swimming pool. The centre comprises of two bungalows with seven bedrooms in one and six bedrooms in the other. The two bungalows are of a similar design, with residents having access to an open plan communal area which incorporates both a lounge, kitchen and dining room areas. The open plan area also has direct access to a well maintained garden with seating areas. Each bungalow provides laundry facilities which can be accessed by residents with staff support. The bungalows both have two toilets as well as a communal bathroom with an additional toilet facility as well as an accessible walk-in shower and adapted bath. A further smaller sitting room is also provided which is used for quiet activities and to enable residents to meet their friends and family in private. Residents are supported 24 hours a day, seven days a week by a staff team which comprises of nursing, care and domestic staff.

**The following information outlines some additional data on this centre.**

|  |    |
|--|----|
| Number of residents on the date of inspection: | 13 |
|--|----|

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 19<br>June 2024 | 10:00hrs to<br>17:00hrs | Maureen Burns<br>Rees | Lead |

## What residents told us and what inspectors observed

From what the inspector of social services observed, there was evidence that the residents living in the centre received good quality care and support. Some improvements were required regarding the maintenance in both houses.

The centre is situated on a campus based setting, with 10 other residential bungalows, all of which are operated by the provider. The centre comprises of two separate bungalows with a similar layout which are situated adjacent to each other. The centre had originally been registered to accommodate a total of 16 residents, with a shared bedroom for two residents in each of the bungalows. However, following the discharge of three residents, reconfiguration of the foot print of one of the bungalows and subsequent applications to vary the conditions of the centre's registration, the number of residents residing in the centre was reduced to 13.

Each of the bungalows had a comfortable and homely feel. Pictures of residents and their families were on display throughout the centre. There were seven resident bedrooms in one bungalow and six resident bedrooms in the other. Each of the bungalows had a kitchen come dining and sitting room area, laundry room, a visitor room and adapted bathroom and toilet facilities. Each of the residents had their own bedroom which had been personalised to their own taste and choice. There were good sized, secure, private and accessible garden for residents use to the rear of each of the bungalows. These included seating areas, planting and a gazebo. A number of sensory areas had been created by individual residents outside their bedroom areas. There was an upcoming competition for the best individual garden within the campus, It was evident that staff and residents were excited at the prospect of securing this award which they had previously won some years previous. Residents could also access a number of communal gardens within the campus and a larger sensory garden.

The centre is registered to accommodate up to 13 adult residents and there were no vacancies at the time of this inspection. The inspector met briefly with 11 of the 13 residents on the day of this inspection. These residents were unable to tell the inspector their views of the service but they appeared in good form and comfortable in the company of staff and their peers. Staff were observed to be respectful, kind and caring. Each of the residents had assigned keys workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

There were long term plans to de-congregate the centre in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". There were plans in place for one of the residents to transition to a new placement within the community. A proposed transition plan had been put in place but a discharge date had not yet been confirmed. A defined time-line for the de-congregation of the centre and remaining residents had not yet been determined. A discovery process had been completed with residents and their

families. The purpose of this was to determine the individual residents' needs, will and preferences in relation to their future life plans as they transition to live in their own home within the community. The provider had put in place a 'transforming lives' lead who was responsible for coordinating the de-congregation process. A number of management and staff had completed enhanced quality 'good lives' training for de-congregation.

Each of the residents had been living together for an extended period and were reported to generally get along well together. The age range of the residents was 40 to 80 years with the majority being in the older range. It was noted that the behaviours of a small number of the residents could on occasions be difficult for staff to manage in a group living environment. However, overall incidents appeared to be well managed and residents were provided with appropriate support. Staff were observed to interact with the residents in a caring, patient and respectful manner. Each of the residents had limited speech but were observed to be supported by staff to communicate their feelings and wishes.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported to communicate their needs, preferences and choices at these meetings in relation to activities and meal choices. The provider had consulted with residents' families as part of its annual review of the quality and safety of the service and the feedback from families was positive. A good number of residents with the support of staff or their relatives had completed questionnaires from the office of the chief inspector regarding the quality and safety of the service. The responses in these questionnaires were overall positive in all areas.

Residents were supported and encouraged to maintain connections with their friends and families. A number of the residents were supported to visit their family home on a regular basis and visits by friends and family to the centre were facilitated. There were no restrictions on visiting in the centre.

Residents were supported to engage in some meaningful activities in the centre and within the local community at a level that best suited the individual and their age profile. Majority of residents were engaged in a day service programme operated within the campus on a sessional basis. Two of the residents chose to engage more in individualised activities coordinated from the centre which it was felt best met these residents' needs. There was a horticulturist working on the campus who supported some of the residents with gardening tasks. Examples of other activities that residents engaged in within the centre and within the community included, walks within the campus and to local scenic areas and beaches, church and family grave visits, family home visits, cooking and baking, gardening, arts and crafts, meals out, theatre, concerts, shows and shopping. The centre had access to a vehicle which could be used to facilitate residents to access community activities and visits to families. Access for use of the vehicle was coordinated centrally through the provider's transport manager who was located on the same campus. The centre was

also located in close proximity to a range of public transport links.

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 affects the quality and safety of the service being delivered.

## Capacity and capability

There were suitable governance and management arrangements in place to promote the service provided to be safe, consistent and appropriate to residents' needs. However, some improvements were required regarding staff supervision and the information held in the contracts of care.

The centre was managed by a suitably qualified person. An interim person in charge had been appointed to the centre in February 2024. The interim person in charge was a registered general nurse and held a higher diploma in infection prevention and control and a certificate in management. She was in a full time position and was not responsible for any other centre. The interim person in charge had a sound knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations. She reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The interim person in charge was supported by a clinical nurse manager (CNM1) and senior staff nurses. The interim person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The interim person in charge and CNM3 held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, health and safety, finance, incident reports, care plans and medication. There was evidence that actions were taken to address issues identified in these audits and checks while other identified actions were being awaiting prioritisation. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to be appropriately qualified and experienced to meet the residents needs. This was a staff nurse led service with a registered staff nurse rostered on each shift. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents.

There was one whole time equivalent staff vacancy at the time of inspection but there were three other whole time equivalent staff members on long term leave. There was evidence that these vacancies were generally being filled by regular relief staff. This provided consistency of care for the residents. Recruitment was underway for the position. The actual and planned duty rosters were found to be maintained to a satisfactory level. There were regular staff meetings bi-monthly and evidence that agreed actions from each meeting were followed up on at the next meeting.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the time-lines required in the regulations.

### Regulation 15: Staffing

There were appropriate levels and experience within the staff team to meet residents needs. There was one whole time equivalent staff vacancy at the time of inspection but there were three other whole time equivalent staff members on long term leave. There was evidence that these vacancies were generally being filled by regular relief staff. This provided consistency of care for the residents. Recruitment was underway for the position.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. However, one new member of staff had yet to complete fire safety and managing of behaviours of concern training. It was noted that dates to complete this training had been scheduled. Staff supervision arrangements were in place. However, staff supervision for a total of six staff across both bungalows was overdue for completion.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Suitable governance and management arrangements were in place. The provider had completed an annual review of the quality and safety and unannounced visits to review the safety of care, on a six monthly basis as required by the regulations. There were clear lines of accountability and responsibility.



Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for sample of residents were reviewed. However it was found that a number of these contracts were not current and did not clearly state the fees payable in line with the requirements of the Regulations.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place, dated April 2024, which was found to contain all of the information required by the regulations. An easy to read version of the statement of purpose was also in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations. Overall, there were relatively low numbers of incidents in this centre. There were arrangements in place to review trends of incidents on a quarterly basis or more frequently where required.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were clear complaints procedures in place which were in line with national guidance. There were no open complaints at the time of this inspection. There was a complaints officer within the organisation and staff spoken with were knowledgeable about the complaints procedure. The complaints procedure was discussed at all house meetings. There was a complaint procedure statement on display in each of the houses.

Judgment: Compliant

## Quality and safety

The residents living in the centre appeared to receive person centred care and support which was of a good quality. However, some improvements were required regarding maintenance of the premises.

The residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication and personal care needs and choices. The majority of the residents were engaged with day activities programme which were coordinated on the same campus. There was evidence that residents were regularly engaged with some activities within their local community. A staff nurse was rostered on each shift to ensure that residents' medical needs were being met. There was a health action plan for each of the residents which included an assessment and planning for individual resident's physical and mental health needs. Detailed communication passports were in place to guide staff in supporting the resident to effectively communicate. A small number of the residents were engaged with the provider's speech and language therapist to support their communication. Personal support plans had been reviewed on an annual basis. However, it was not always evident that the effectiveness of the plans were reviewed, in line with the requirements of the regulations. Personal goals had been identified for individual residents which although limited for some were considered to be appropriate for the residents age profile, interests and abilities. However, it was noted that goal tracker sheets were not updated for some residents on a regular basis.

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. Suitable arrangements were in place for the management of fire.

There were infection control procedures in place. However, there were some worn surfaces in the centre. This negatively impacted on the staffs ability to effectively clean these areas from an infection control perspective. For example, there were some small areas of worn paint on walls and woodwork in both houses and on the radiator cover in one of the bathrooms, the bathroom floor in one of the houses was worn and the surface of a small number of kitchen presses, work top and hob were worn. Colour coded cleaning equipment was available in each of the bungalows and was found to be suitably stored. A cleaning schedule was in place which was overseen by the person in charge. All areas appeared clean. 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.

Residents were provided with appropriate emotional support. Support plans were in place for residents identified to require same and these contained detailed proactive and reactive strategies to support residents. The providers clinical nurse specialist in positive behaviour support was accessible to staff for support and had devised and reviewed plans were required. It was noted that a number of the residents presented with some behaviours which could on occasions be difficult for staff to manage in a group living environment. However, overall behavioural incidents were well managed. On the day of inspection, a small number of residents were observed to be effectively supported by staff in line with their behaviour support plans. There was a restrictive practice register in place which was reviewed at regular intervals. It was noted that there was a multi-disciplinary team decision making process regarding the use of restrictive practices. There were reduction plans in place for some restrictive practices.

There were measures in place to protect residents from being harmed or suffering from abuse. There were appropriate arrangements in place to respond, report and manage any safe guarding concerns. Staff spoken with were knowledgeable about safeguarding procedures and of their role and responsibility. The provider had a safeguarding policy in place.

### Regulation 10: Communication

Each of the 13 residents living in the centre were non verbal and were observed to be effectively supported to communicate in accordance with their individual needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises was clean and designed to meet the needs of residents. Each of the houses were found to be comfortable and homely. However, there were some areas which required maintenance as referred to under Regulation 27. In addition, in one of the toilets. a steel toilet bowl was in use and on the day of inspection there was no toilet seat on the bowl. This provided an institutional feel to the area.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

There were suitable risk management arrangements in place. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There was evidence of a regular hazard inspection.

Judgment: Compliant

## Regulation 27: Protection against infection

There were arrangements in place for prevention and control of infection. However, there were some small areas of worn paint on walls and woodwork in both houses and on the radiator cover in one of the bathrooms, the bathroom floor in one of the houses was worn and the surface of a small number of kitchen presses, work top and hob were worn. This meant that these areas were more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents was prominently displayed. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication and personal care needs and choices. Personal support plans had

been reviewed on an annual basis. However, it was not always evident that the effectiveness of the plans were reviewed, in line with the requirements of the regulations. Personal goals had been identified for individual residents which although limited for some were considered to be appropriate for the residents age profile, interests and abilities. However, it was noted that goal tracker sheets were not updated for some residents on a regular basis.

Judgment: Substantially compliant

### Regulation 6: Health care

The residents' health needs were being met by the care and support provided in the centre. There was a registered staff nurse rostered on duty at all times. Detailed health action plans were in place. Records were maintained of all contacts with health professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional support. Support plans were in place for residents identified to require same. The plans had been devised and reviewed by the providers' clinical nurse specialist in positive behaviour support. There was a restrictive practice register in place which was reviewed at regular intervals.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Safeguarding information was on display and included information on the nominated safeguarding officer. It was noted that safeguarding was discussed at staff and resident house meetings. It was noted that a number of the residents presented with some behaviours which could on occasions be difficult for staff to manage in a group living environment and could have an impact on other residents. However, overall incidents were considered to be well managed.

Judgment: Compliant

## Regulation 9: Residents' rights

Overall, residents' rights were promoted by the care and support provided in the centre. A number of the staff team had attended human rights training and told the inspector that it positively impacted their work with residents. There was evidence that residents were consulted with, regarding their choice and preferences for meals and activities. Staff were observed to treat residents with dignity and respect. Residents had access to advocacy services if so required. The residents guide had been reviewed and included information on residents rights. The provider had an identified human rights officer and a regional steering advocacy committee that provided oversight on advocacy issues as they arise. A rights assessment document had been completed for residents and included details of identified actions to be progressed. Each of the residents had their own bedroom. There was a 'rights awareness checklist' in place which was completed in consultation with the providers human rights officer.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                        | Substantially compliant |
| Regulation 23: Governance and management                             | Compliant               |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose                                   | Compliant               |
| Regulation 31: Notification of incidents                             | Compliant               |
| Regulation 34: Complaints procedure                                  | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 26: Risk management procedures                            | Compliant               |
| Regulation 27: Protection against infection                          | Substantially compliant |
| Regulation 28: Fire precautions                                      | Compliant               |
| Regulation 5: Individual assessment and personal plan                | Substantially compliant |
| Regulation 6: Health care  | Compliant               |
| Regulation 7: Positive behavioural support                           | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights                                      | Compliant               |

# Compliance Plan for SVC - CN OSV-0003167

Inspection ID: MON-0035070

Date of inspection: 19/06/2024

## 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 16: Training and staff development  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>New member of staff has completed both training mentioned:<br/>           Fire training completed on 20 June 2024<br/>           MBOC training was completed on 2 &amp; 3 July 2024.</p> <p>As of 16 July 2024, CNM2/PIC has completed the remaining 6 staff supervisions.</p> |                         |
| Regulation 24: Admissions and contract for the provision of services   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>COC remains under review by the Provider.</p>   |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Installation of a new porcelain toilet with seat cover was completed on 17 June 2024 by the maintenance department.</p> <p>Installation of new bathroom in one of the houses and new kitchen for both houses has not started yet. However, the budget and the timeframe are within 2024.</p>         |                         |
| Regulation 27: Protection against infection  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Worn out paint and woodwork will be completed with the Maintenance Department by</p>   |                         |

December 31, 2024.

New Bathroom installation in one bungalow will be completed with Maintenance Department by 31st December 2024 including new radiator cover, new walls, and new floor.

New Kitchen facilities including presses, worktop, and new cooker with exhaust for both houses will be installed by the Maintenance Department by 31st December 2024.

|   |                         |
|---|-------------------------|
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
|---|-------------------------|

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

CNM2/PIC informed all staff members during the staff meeting on the 17th of July 2024 about updating nursing health action plans and quality of life activities and action plans as mentioned in the draft report.

CNM2/PIC, CNM1 and keyworkers continuous to update care plans and PCPs. All 13 care plans will be audited and updated by 31st December 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 |
|---------------------|---|-------------------------|-------------|--------------------------|
| 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      | 03/07/2024               |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised.  | Substantially Compliant | Yellow      | 16/07/2024               |
| 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 internally.          | Substantially Compliant | Yellow      | 31/12/2024               |
| Regulation 24(4)(a) | The agreement referred to in paragraph (3) shall include the  | Substantially Compliant | Yellow      | 31/12/2024               |

|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.   |                         |        |            |
| Regulation 27       | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 31/12/2024 |
| Regulation 05(6)(c) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.   | Substantially Compliant | Yellow | 31/12/2024 |