



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group L
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	27 June 2023
Centre ID:	OSV-0005159
Fieldwork ID:	MON-0031526

About the designated centre

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

St. Anne's Residential Group L is a designated centre operated by Avista CLG. The centre can provide residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Offaly, close to shops and local amenities. Residents have their own bedroom, some en-suite facilities, a shared bathroom, kitchen and dining area, sitting room and utility. Staff are on duty both day and night to support the residents who live here.

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
Tuesday 27 June 2023	09:50hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection and was facilitated by the person in charge. Over the course of the day, the inspector also met with two staff members and with three of the residents who lived in the centre.

This designated centre comprised of one two-storey building, located on the outskirts of a town in Co. Offaly, and was home to four female residents. These residents were of an aging profile and had lived together for a number of years. They each had their own ground floor bedroom, some with en-suite facilities, and had access to a shared bathroom, sitting room, utility, staff office and kitchen and dining area. To the rear and front of the centre, was a well-maintained garden area, that provided outdoor seating for these residents to use, as they wished. Since the last inspection, the provider had made some home improvements to this centre, to include, new kitchen and utility units. The addition of a new assisted bath was also made, which provided residents with better and more accessible facilities with regards to their personal care. At the time of this inspection, the provider also had plans in place to re-decorate each resident's bedroom, and in light of some residents' changing needs, there were also plans in place to convert an existing en-suite into a wet room.

Upon the inspector's arrival, they were greeted at the door by a member of staff and a resident, who welcomed the inspector into their home. In the sitting room, two other residents were relaxing while watching television, with the fourth resident already gone out for the day. All three residents sat in the company of the inspector and told of how they were heading out that afternoon to an organised community lunch, where they were going to get the opportunity to meet with other locals from the surrounding area. They told of how they had recently been away for a few nights, and of how they were planning to head to the seaside for another break in the coming weeks. One resident told the inspector that they had lived in the house for a long time, felt safe in their home and were very happy there. They also showed the inspector a pendant alarm that they wore on their arm and told the inspector she used it, should she need the assistance of staff. Another resident, in preparation for heading out later, was getting ready to have her bath, and staff told the inspector of how each resident really enjoyed doing this, since the new assisted bath was installed. Later on in the inspection, a resident who had assessed communication needs, showed the inspector various photographs she had displayed in her bedroom. As this resident typically used gestures to communicate, staff had created a visual board in this resident's bedroom, which guided on the meaning behind frequently used gestures that this resident made. While in the company of this resident, the inspector observed staff to confidently communicate with them and were very familiar with interpreting the wants and wishes of this resident. The house was well-presented with each resident's bedroom displaying many photos and memorabilia that were personal to them. One resident spoke of how she was thinking about putting wallpaper in her bedroom, while others spoke of the colours they had chosen to re-decorate their bedroom with. The layout of this centre was

considerate to the assessed needs of these residents, with easy access to manoeuvre between all rooms, particularly for residents who used mobility aids. Overall, there was a very pleasant and homely atmosphere in this centre and it provided residents with a very comfortable living environment.

All four residents led very active lifestyles and liked to get out and about each day. This was made possible due to the adequacy of staffing and transport resources, whereby, each resident had the support and means to get out and about as much as they wished. Some liked to do activities by themselves, while others often went on outings in the company of their peers. They enjoyed going to the hairdresser, going out for lunch, shopping and visiting family. In the comfort of their own home, the provider had arranged for regular reflexology and mindfulness sessions, which the residents had responded positively to. The planning of the days activities was very much resident-led and regular resident meetings were happening, along with frequent engagement with staff, to ensure residents were provided with multiple opportunities to be involved in the planning of their days. This level of involvement was also observed with regards to aspects of residents' assessed needs, whereby, residents were supported to be involved in decision-making around their care. For example, where restrictive practices were in place for some residents, staff had consulted with those residents about this process to ensure they understood the rationale for use, and were happy for this practice to be used.

There were many examples of good practice observed upon this inspection, particularly in areas such as residents' rights, fire safety, residents' assessment, staffing and behavioural support. However, this inspection did identify some failings on the part of the provider, with regards to aspects of safeguarding and governance and management. This, along with other findings from this inspection, will now be discussed in the next two sections of this report.

Capacity and capability

The purpose of this inspection was to assess the provider's compliance with the regulations. The last inspection of this centre in April 2022 specifically looked at this centre's infection prevention and control arrangements. On foot of the findings of that inspection, the provider put a number of measures in place, to better these arrangements. Although the provider was found to be in compliance with most of the regulations inspected against upon this inspection, improvement was needed in relation to the provider's ability to effectively oversee and monitor specific aspects of this service.

The person in charge held overall responsibility for this centre and was regularly present to meet with residents and staff. Good continuity of care was maintained for residents, with many staff having worked in this centre for quite some time. Where new or agency staff were appointed, the person in charge ensured they were inducted to the centre and familiarised with the assessed needs of the residents,

prior to working directly with them. Should this centre require additional staffing resources, the provider also had adequate arrangements in place for this. Over the course of the inspection, pleasant and friendly interactions were observed between staff and residents, and residents appeared very comfortable in the company of those who were supporting them. Staff team meetings were occurring on a regular basis, which gave both the person in charge and staff, an opportunity to frequently discuss and review resident specific care arrangements.

The monitoring of the quality and safety of care in this centre was primarily overseen through six monthly-provider visits and internal audits, and the person in charge and their line manager also maintained regular contact to review any operational matters. However, a review of these monitoring systems was required to ensure they were effective in identifying where specific improvements were required to certain aspects of this service. The findings of this inspection found specific failings in the provider's oversight of safeguarding arrangements for this centre, whereby, interim safeguarding measures that were to be implemented following receipt of a safeguarding allegation, were not being consistently implemented. There was also a lack of urgency on the part of the provider to follow-up on the progress being made towards reaching a conclusion on this allegation. Although safeguarding processes were regularly subject to review by the provider, they had failed to identify these deficits for themselves, through their own internal monitoring and oversight systems. For instance, although safeguarding arrangements in this centre were recently reviewed as part of a provider visit, this visit didn't identify the failings in the implementation, adherence and follow-up of specific safeguarding arrangements, as found upon this inspection.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and was regularly present to meet with residents and with their staff team. They knew the residents and their assessed needs very well and were also familiar with the operational needs of the service delivered to them. They held responsibility for another designated centre operated by this provider, and current governance and management arrangements, provided them with the capacity to fulfill all duties associated with their role.

Judgment: Compliant

Regulation 15: Staffing

This centre' staffing arrangement was subject to regular review, to ensure a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of these residents. Where additional staff support was required from time to time, the provider had arrangements in place for this. A well-maintained planned and actual roster was available at the centre, which clearly outlined the names of staff and their start and finish times.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received the training that they required, appropriate to their role. Furthermore, where refresher training was required, the person in charge ensured this was scheduled. At the time of this inspection, the provider was in the process of introducing training in the area of residents' rights for all staff. Suitable arrangements were also in place, to ensure all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had suitable persons appointed to manage this centre and had ensured that the centre was adequately resourced to meet the assessed needs of residents. However, this inspection found that although there were oversight and monitoring systems in place, significant review of these was required, to ensure that these systems were effective in identifying where improvements were needed, to specific aspects of the operations of this centre.

Six monthly provider-led visits were occurring in line with the requirements of the regulations; however, these visits broadly looked at various aspects of this service, which didn't always allow for specific improvements to be identified. For instance, although a six monthly provider-led visit was recently completed in this centre, it failed to identify the deficits that were found upon this inspection, particularly in relation to safeguarding arrangements. Even though this visit did include a review of safeguarding processes, the extensiveness of the visit, didn't allow for a specific focus to be placed on how the centre was performing, with regards to the

implementation and adherence of safeguarding measures that were specific to this centre, thus failing to identify where improvements were needed to the monitoring of safeguarding arrangements in this centre. Furthermore, up until this inspection, the improvement and follow-up required to this aspect of service, was also not detected by the provider through their own internal communication and oversight processes.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, which was in the process of further review by the person in charge to ensure it included all information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Residents in this centre were encouraged and supported by staff to lead their care. Daily activities were individualised to the wishes and preferences of residents, resulting in them regularly getting out and about to enjoy various activities, events and oversight stays. However, this inspection did identify where improvements were required to the assessment of risk and also in relation to safeguarding arrangements.

The provider had procedures in place to guide staff on the identification, reporting, response and monitoring of any concerns relating to the safety and welfare of residents. However, this inspection found deficits in some of these arrangements, particularly with the adherence of safeguarding measures and also with regards to timely follow-up on the progress being made towards conclusion. The inspector brought this to the attention of the person in charge, who took action before close of this inspection to seek clarity in relation to this. Furthermore, the day after this

inspection, a senior member of management provided assurances to the inspector, that this clarity had been sought. Although there had been no further allegations made since the aforementioned allegation was reported, the provider had failed to implement their own safeguarding procedures, to ensure all required safeguarding measures were put in place and that suitable follow-up was made on the progress of this allegation moving towards conclusion.

As previously mentioned, the residents living in this centre were of an aging profile and both staff and the person in charge were cognisant of identifying, re-assessing and responding to any changes to their assessed needs. For example, for one resident who had recently experienced falls, a review of their mobility and falls management arrangements was promptly completed to identify any new interventions that needed to be put in place to maintain their safety. However, although this review included a re-assessment of this resident's mobility, the inspector observed that the current falls risk assessment tool being used, didn't provide staff with the means to calculate a falls risk-rating for the resident, based on the information gathered as part of this assessment. Similar improvements were also required in relation to the assessment of organisational risk, particularly in relation to the risk register, to ensure this system fully supported the person in charge in their on-going monitoring of specific risks relating to this centre.

The provider had effective fire safety precautions in this centre, with fire drills regularly occurring with all residents. Fire safety checks were routinely carried out by staff, and maintenance of all fire safety equipment, detection and containment systems was conducted, as and when required. A waking staff was on duty every night, which assured that should a fire occur at night, staff were available to quickly respond. There was a fire procedure in the centre and this document was in the process of further review by the person in charge, to give better clarity on some aspects of the procedure to be followed by staff, in the event of fire.

Overall, this was a centre that demonstrated very good practices with regards to many aspects of residents' care and support arrangements. However, where safeguarding allegations were made, significantly better oversight of the implementation of specific safeguarding measures is needed, particularly with regards to ensuring adherence to these measures and in prompt follow-up to the progress made towards conclusion.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured adequate arrangements were in place to support those residents. For instance, for one resident who had assessed communication needs, staff were familiar with the gestures and vocalisations made by this resident and were able to interpret what the resident was trying to express. Furthermore, all residents had access to speech and language service, as and when required.

Judgment: Compliant

Regulation 11: Visits

Residents were encouraged to welcome visitors to their home and were equally supported to visit family and friends. Many residents visited their families on a regular basis and looked forward to when this happened.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that each resident was provided with appropriate care and support in accordance with their assessed needs and wishes. Due to the age profile of the residents living in this centre, staff were vigilant in providing residents with a choice of activities and social outings, that was in accordance with their capacities and interests. A schedule of activities was in place for each resident and they regularly went out and about in their local community to avail of local amenities.

Judgment: Compliant

Regulation 17: Premises

The premises comprised of one two-storey dwelling, that provided residents with their own bedroom, some en-suite facilities, shared bathrooms, a sitting room, kitchen and dining area, staff office and utility. The centre was clean, nicely decorated and well-maintained, and a system was in place, should any maintenance works be required. At the time of this inspection, re-decoration works were planned for residents' bedrooms and residents were fully involved in the decision making around these planned works.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that there was adequate provision for the storage, preparation and cooking of food in this centre. Residents were offered a choice at

mealtimes and supported to assist in cooking, if they so wished. Meals were consistent with residents' dietary requirements and should residents require assistance at mealtimes, a suitable number of staff were on duty to assist with this.

Judgment: Compliant

Regulation 20: Information for residents

There was Residents' Guide available at this centre and the person in charge was in the process of reviewing this document to ensure it contained all information as required by the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

At the time of this inspection, there was no planned transition of a resident to another designated centre. Furthermore, as the centre was at full capacity, there was no planned admissions to this service.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of risk. The identification of risk was largely attributed to the incident reporting system, and to the regular presence of the person in charge at the centre, who had regular oversight of various care practices. However, there was some improvement needed to the overall assessment of risk in this centre. For example, although falls risk assessments were carried out, the current falls risk assessment being used, didn't allow for a score to be calculated to indicate the level of risk that was to be managed. Furthermore, the person in charge was routinely overseeing and monitoring various risks associated with this centre in relation to areas, such as, fire safety, falls, management, maintenance of the centre, staffing levels and residents' changing needs. Although there was a risk register in place for the oversight and monitoring of organisational risk, this didn't always include a risk assessment to support the person in charge in their on-going monitoring of these aspects of service.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the last inspection of this centre, the provider made improvements to the infection and control arrangements for this centre. New kitchen and utility units were installed, that provided better surfaces, work spaces and facilities within the kitchen area. Revised storage areas were also made available for the storage of cleaning equipment. Furthermore, a new assisted bath was installed in the main bathroom, for residents to use as they wished. Staff continued to avail of refresher courses in various aspects of infection prevention and control and the overall arrangements in this centre for this aspect of service, were continually reviewed by the person in charge. Residents vaccinations were maintained up-to-date and at the time of this inspection, no resident had an acquired health care associated infection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, all staff had up-to-date training in fire safety, all fire exits were maintained clear and regular fire safety checks were being conducted by staff. Fire drills were regularly occurring and the records of these demonstrated that staff could support residents to evacuate the centre in a timely manner. In addition, a waking staff member was on duty each night, which meant that should a fire occur, staff were available to quickly respond.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were regularly re-assessed and personal plans were available to guide staff on the support that residents required with various aspects of their care. Where changes to residents' needs were identified, the timely re-assessment of their needs was overseen by the person in charge, who also ensured that staff were informed of any new care interventions required. Residents' were supported to identify personal goals and staff were allocated with responsibility for supporting each resident to work towards achieving their chosen goal.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that adequate arrangements were in place to support these residents. Residents had access to a wide variety of allied health care professionals, as and when required. Where residents did require allied health care professional input, staff liaised with these professionals to inform the care provided to residents. The person in charge also maintained oversight of residents' vaccinations and various health screening, and scheduled these accordingly.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where some residents required positive behaviour support, the provider had ensured that this was available to those residents. Behaviour support plans were in place and these were subject to multi-disciplinary review. Where behavioural related incidents occurred, these were reported by staff and reviewed by the person in charge, to establish if any new behavioural support interventions were required. Where restrictive practices were in place, these were also subject to regular multi-disciplinary review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

Although the provider had arrangements in place for the safeguarding of residents, this inspection identified where improvement was required to the adherence of recommended safeguarding measures and also in the provider's follow-up towards reaching conclusion of any safeguarding allegation.

Two months prior to this inspection, an allegation of abuse was made and subsequently sent to the designated officer for safeguarding to review. However, at the time of this inspection, no follow-up had been made on the progress on concluding the outcome of this allegation. Furthermore, while this allegation was being referred for further review, the provider was advised to implement interim measures, specific to this centre's staffing arrangement. However, following a review of relevant documentation by the inspector, it was identified that the provider had not consistently adhered to implementing this interim safeguarding

measure.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had ensured that this centre was operated in a manner that was respectful of residents' rights, dignity, individual preferences and disability. Residents' meetings were regularly occurring, whereby, residents were encouraged to be involved in the running of various aspects of their home. Residents' involvement was also sought in relation to upcoming decoration works and they each were actively involved in deciding how they wanted to spend their time. Staff engaged in a friendly and thoughtful manner with residents and were familiar with the individual likes and dislikes of each resident.

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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially 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	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services Group L OSV-0005159

Inspection ID: MON-0031526

Date of inspection: 27/06/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has reviewed and now ensures that the resolution on safeguarding and trust in care issues is communicated to all relevant stakeholders and documented effectively. The 6 monthly provider audits carried out on behalf of the provider will ensure that issues relating to safeguarding and trust in care are identified and appropriate action plans developed.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Since the inspection the PIC has reviewed the falls risk assessment and ensured that appropriate risk ratings are included. The PIC has reviewed the risk register and all risk assessments in the designated centre and has ensured that appropriate risk ratings are aligned to each risk assessment and updated as necessary. The PIC ensures that oversight and monitoring of organisational risk is now managed effectively.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The provider has reviewed and now ensures that the resolution on safeguarding and trust in care issues is communicated to all relevant stakeholders and documented effectively.</p> <p>The provider has ensured that safeguarding measures and any relevant follow-up towards reaching conclusion of any safeguarding allegations are completed promptly as per policy.</p> <p>The provider has ensured that any interim measures, identified in a safeguarding plan specific to this centre's staffing arrangement have been implemented.</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)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/07/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/07/2023

Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/07/2023
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