



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

Issued by the Chief Inspector

Name of designated centre:	Kinnegad Centre
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	07 October 2021
Centre ID:	OSV-0005824
Fieldwork ID:	MON-0026692

About the designated centre

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

Kinnegad Centre 1 is a dormer bungalow located on a cul de sac approximately 2km from a town in Co. Westmeath. Kinnegad Centre 1 is a full time community house which is based on a social model of support. The building design is currently suitable for individuals with high support needs and can accommodate four individuals. There are five bedrooms, four downstairs and one upstairs. The bedroom upstairs is used as a staff sleepover room. Three bedrooms are en suite. One bedroom is equipped with a ceiling overhead mechanical hoist. There is a large entrance hall and wide corridors. There is a main bathroom with a fixed to ceiling overhead mechanical hoist. There is an open plan kitchen and dining, a utility, and a sitting room. To the rear of the house is a large fenced garden with patio area and a lawn area to the front of the house. All entrances are wheelchair accessible. Services are provided from the designated centre to both male and female adults. 24 hour support is provided by staff. The designated centre supports individuals with a moderate to profound intellectual disability and specific support needs in relation to behaviours of concern, autism, physical disabilities and mental health care. Residents are provided with support from both social care workers, a programme assistant and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

How we inspect

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
Thursday 7 October 2021	10:00hrs to 17:55hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre was inspected following an application by the provider to renew the registration of the centre. The centre could accommodate four residents and the inspector met all residents on the day of inspection. The centre was located within driving distance of a large town and residents had access to a centre bus in order to access amenities in the community.

On the day of the inspection, one resident had gone to day services and returned later in the afternoon. Three of the residents were supported with activities in the community and in their home by staff. One resident had previously attended day services; however, following the COVID-19 restrictions had requested not to return, and alternatively be supported with activities in the centre. Two of the residents went out and met a long-time friend for a meal, and one resident was supported by staff to bake a pie. This resident also showed the inspector some of the activities they enjoyed doing in the centre including jigsaws, fine motor activities, and spoke about some of their preferred television programmes. There was also a focus on developing the independent skills of residents and residents were encouraged to help with some household chores such as laundry, cooking and recycling.

Residents accessed a range of amenities in the community such as restaurants, hairdresser, coffee shops and hotels, and activities were based around their specified preferences as well as their goals. For example, a one person had a goal regarding contact with friends and this had progressed from sending cards during the COVID-19 restrictions to more recently meeting up for a meal. Residents had also enjoyed walks and picnics over recent months.

Residents were supported to maintain links with their families and with their friends and residents used videocalls as well as visits to meet up with their significant others. Plans were progressing to re-establish visits with families and friends following the pandemic restrictions.

The development of residents' communication needs was integrated into their daily life. They had been assessed as to their communication needs, and the recommendations outlined by a speech and language therapist were implemented. Staff told the inspector of these communication plans and how the residents were supported in this regard. For example, a resident used an electronic tablet, and pictures were used to introduce and explain upcoming activities for the day, as well as introduce the sequence of steps in an activity such as cooking. Plans were progressing on the introduction of sign language for one resident.

The centre was comfortable, modern and accessible for residents. One of the residents showed the inspector their bedroom which was nicely decorated and had numerous photographs as was the resident's preference. Another resident showed the inspector around the centre, including their own room and ensuite. Their room was large, accessible for their needs and was personalised. The centre was laid out

to meet the needs of the residents and appropriate equipment was provided to promote accessibility.

Staff had a good knowledge of resident's needs and two staff told the inspector of some of their support needs and the plans in place to meet these needs. Staff were also aware of any risks in the centre, and the safety measures in place. Staff were observed to be kind and respectful when talking with and supporting residents. There was a warm and welcoming atmosphere in the centre and a calm and quiet pace in all interactions and activities observed with residents, as was the residents' preferences.

From meeting residents, observing interactions between residents and staff, and from talking with staff members the inspector found residents were provided with a good quality of care and support. The residents' needs and preferences on how they wished to live their life were central in the organisation and running of the designated centre. There was a focus on the development and maintenance of key relationships between residents and the people they had identified as important in their life. This was further enhanced, with residents being supported to use a range of communication methods and devices in line with their assessed needs.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The inspector found the provider had the appropriate management systems in the centre to ensure the residents received an effective, safe and consistent service. The services provided were monitored on an ongoing basis, and risks and emerging needs were responded to effectively. There were high level of compliance with the regulations found on inspection, with 18 of 19 regulations inspected being fully complaint. However, staffing was not provided in line with the stated levels in the statement of purpose.

The inspector found that there was planned and actual roster in place which was appropriately maintained. The staff team consisted of social care workers, and there was a staff on duty in a sleepover capacity daily. An additional staff member was also on duty, ranging from three to seven hours a day. However, this was not in line with the staffing levels described in the statement of purpose, and there was a shortfall of approximately 38 hours per week. Additionally, the person in charge had identified a need for an increase in staffing to enhance residents' access to the community in the evening and at weekends. The increase in staffing had also been approved by the regional director, however had not been provided to date. The inspector reviewed a recent advertisement for the additional post required, and plans were progressing to complete interviews. However, in the interim these required additional hours had not been included in the roster, once identified. The

statement of purpose, while containing all of the required information was also not reflective of these additional staffing requirements. This was subsequently amended and submitted to the Health Information and Quality Authority (HIQA) following the inspection.

Staff had been provided with a range of mandatory and additional training. Mandatory training included safeguarding and fire safety, and additional training such as epilepsy, medicines management and administration of emergency medicines, food safety, first aid, use of a fire evacuation aid, dysphagia and use of a nebuliser. Some staff required refresher training in for example, epilepsy, first aid and the administration of emergency medicine, and records confirmed outstanding training was booked for the coming weeks. Staff confirmed they were provided with supervision and the person in charge facilitated this approximately every 12 weeks. Staff were supervised on a day to day basis by a team leader.

There was a fulltime person in charge in the centre. The person in charge, was a person in charge for two other designated centres, and was also an area director, in which eleven services reported to them. The person in charge had taken up this role on an interim basis in May 2021, and recruitment for a replacement person in charge was near completion on the day of inspection. The inspector found the person in charge had the required skills, qualifications, knowledge and experience to fulfil their role in accordance with the regulations. A team leader was appointed in the centre and supported the person in charge in the day to day running of the centre.

There was clearly defined management structure in place. Staff reported to the team leader and person in charge. The person in charge reported to the regional director, who in turn reported to the chief executive officer. The person in charge provided a monthly written report to the regional director, and met every two months in person. Staff spoken with told the inspector they could raise concerns about the quality and safety of care and support should the need arise, and that there was ongoing support from the management team. Out of hours management support was also available by phone. Staff team meetings were held monthly, and included, for example, a review of residents' needs, plans and goals, incidents, risks, restrictive practices, infection control and fire safety. The inspector reviewed a sample of actions arising from staff meetings and found these were complete on the day of inspection.

The services and facilities were monitored on an ongoing basis. There was a schedule of audits completed on a monthly basis and included residents' assessments and personal plans, fire safety, medicines management, infection control, and vehicle checks. Issues identified through audits had an action plan developed, and there was evidence that all actions were complete on the day of inspection. For example, maintenance and servicing of the centre vehicle had been attended to promptly once issues were identified, and residents were supported with the preparation for vaccinations using role play.

Similarly, actions arising from the provider's six monthly unannounced visits in 2020 were complete on the day of inspection. The provider had also completed annual

review of the quality and safety of care and support, and the residents' and families' views were considered as part of this review.

A full application to renew the registration of this centre was received by HIQA, which included an up-to-date insurance certificate.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by HIQA.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge had the required skills, qualifications, knowledge and experience to fulfil their role in accordance with the regulations. The inspector found the person in charge was knowledgeable on the residents' needs and their support requirements.

Judgment: Compliant

Regulation 15: Staffing

The staff employed in the centre were suitably qualified, and had the skills and knowledge to meet the specific needs of residents. However, the number of staff employed were not reflective of the needs of the residents, or the statement of purpose, and there was a shortfall of approximately 38 hours per week. The person in charge had identified the requirement for additional support hours to be provided in the centre. While a recruitment process was underway the additional hours had not been included in the roster to date.

Planned and actual rosters were maintained appropriately in the centre.

Schedule 2 documents were not reviewed as part of this inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had been provided with the appropriate mandatory and additional training in order to meet the specific support needs of residents, and to keep residents safe. Refresher training was scheduled for those staff requiring it.

Staff were supervised appropriate to their role on a day to day basis and scheduled supervision meeting took place approximately every 12 weeks. Supervision records were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 22: Insurance

Up-to-date insurance was observed to be in place in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable management systems in place to ensure the service provided was safe, effective and was monitored on a continuous basis. There were a suite of audits completed monthly in the centre and actions arising from these reviews were complete on the day of inspection. Six monthly unannounced visits had also been completed and all actions were also completed on the day of inspection. An annual review of the quality and safety of care and support had been completed and the views of residents and their families had been considered as part of this review.

There was a clearly defined management structure in the centre, and the day to day responsibility for the management of the centre had been delegated to a team leader supported by the person in charge. There were monthly staff meetings and staff were kept up-to-date on key matters related to the care and support of residents. Staff could raise concerns about the quality and safety of care and support should the need arise.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre and contained all of the requirements as per Schedule 1 of the regulations. The statement of purpose was updated following the inspection with the correct staffing requirements in line with

the assessed needs of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications had been made to HIQA with regards to incidents and practices in the centre.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, enabling their welfare and wellbeing to be maintained, and their rights to be upheld. There was a focus on the importance of relationships for residents, and their daily lives were centred around accessing activities, community amenities, and enhancing communication in order to build on those relationships.

Up-to-date assessments of needs were available for each resident, and the outcome of reviews and recommendations of healthcare professionals informed these assessments and subsequent personal plans. Health, social and personal plans were in place for all identified needs of residents, and detailing the care and support to meet residents' needs.

Residents met with their keyworkers regularly and plans and goals were developed and reviewed. The progress of goals was documented in personal plans and once goals were achieved, new goals were subsequently developed.

Residents had access to a range of healthcare professionals, for example, a general practitioner (GP), speech, physiotherapist, occupational therapist and general hospital services. The healthcare needs of residents had been regularly reviewed and the recommendations made were implemented in practice. For example, modified diets were provided, a physiotherapist attended the centre for direct interventions weekly, recommended health tests and screenings were completed, and there was ongoing monitoring interventions completed as recommended.

Communication assessments had also been completed by a speech and language therapist and the recommendations were implemented for residents. This included the use of assistive technology, pictures, communication approaches, and a recent introduction of sign language. Communication assessments reviews had also recently been requested as required for some residents. Residents had access to

media such as radio, television and the internet.

There were some restrictive practices in place in the centre, related to healthcare conditions and mobility risks. All equipment in use relating to restrictions had recently been reviewed by an occupational therapist as to assess their need, and all practices had been reviewed by the service committee. Consent had been received from residents' representatives for the use of these restrictions.

Measures were in place to ensure residents were safeguarded. There were no safeguarding concerns in the centre. All staff had been trained in safeguarding and there was a designated officer appointed to the centre. A staff member described to the inspector the actions they would take in response to a suspected safeguarding concern. There were measures in place to ensure residents' finances were safeguarded, and a robust system for checking money spent by or on behalf of residents. The inspector reviewed two residents' financial records, and all purchases were recorded, with corresponding receipts available.

The rights of residents were promoted in the centre. Residents met every week and discussed their plans and activities for the upcoming week, decided on their meals, discussed plans to visit friends and family, and issues such as safety, COVID-19, inspections and maintenance were communicated to residents. This meeting also gave residents an opportunity to discuss any concerns, and in one meeting a resident had expressed their dissatisfaction with the limitations of the pandemic restrictions. Staff provided weekly updates on changes in public health guidance and how this may impact the residents. They also discussed ways to minimise such impact, for example, ensuring residents could access video calls to family, and informing residents of the importance of social distancing once restrictions began to ease. Accessible information had also been provided to residents on a range of topics such as centre policies, contract of care, advocacy and fire safety.

There were safe and suitable practices relating to medicines management. On the day of inspection, protocols relating to the administration of an emergency medication had not been signed by a registered prescriber and there was no corresponding prescriptions to confirm the circumstances under which this medicine should be administered. This was pointed out to the person in charge, and this issue was rectified by the end of the inspection. Medicines were securely stored and a record of all medicines received was maintained. Prescription and administration records were complete, and there were suitable arrangements in place for the disposal of medicines. The residents availed of the services of a local pharmacist. There had been no medicine incidents in the centre.

There was a system in place for recording and reporting adverse incidents in the centre, and there was appropriate follow up to adverse incidents involving residents in order to mitigate the risks. For example, appropriate first aid care was provided at the time of a resident falling, reviews were completed with a physiotherapist, and appropriate equipment was provided. Mobility plans were also updated, and provided guidance on the support in place to prevent falls. There was a risk register maintained, and control measures were in place to mitigate the risks identified.

There were suitable measures in place for infection prevention and control. Residents' and staff temperatures and symptoms were checked and recorded twice a day. The centre was clean and well maintained and cleaning records were signed as completed three times a day. Staff wore suitable personal protective equipment (PPE), adhered to social distancing, and there was suitable handwashing facilities in the centre. A COVID-19 contingency plan was in place, outlining the response to a suspected or confirmed case of COVID -19, and a staff member described the procedures in the event of an outbreak of COVID-19 in the centre. A lead person had been identified in the centre for COVID-19 response. An isolation unit was available in the service in the event a resident found it difficult to self-isolate. Staff had also been provided with a range of training, including hand hygiene, infection prevention and control, and donning and doffing PPE. The centre could access an infection control specialist nurse if required.

The premises was well maintained, accessible, and homely and all residents had their own bedrooms. There was adequate communal space including a large kitchen, dining room, and sitting room and a separate utility room. There were sufficient bathrooms and assistive equipment such as hoists, wheelchairs and hi-low beds were provided where required. Ramps were provided for residents to access the back garden and the front of the centre, and a centre bus was also provided.

Suitable fire safety systems were in place. Fire doors with self-closing devices were in place throughout the centre. There was also a fire alarm, emergency lighting, fire extinguishers and a fire blanket, and all equipment had been serviced. Residents' support needs had been assessed, and there were personal emergency evacuation plans in place. One staff member described the evacuation procedure at night time, and the support residents required to evacuate. The fire evacuation route was clear on the day of inspection. Regular and timely fire drills had been completed including day and night time drills, with a range of staff partaking, to ensure they were familiar with these procedures.

Regulation 10: Communication

Residents' communication needs had been assessed by a speech and language therapist and recommendations were implemented in practice. This included supporting residents to use assistive equipment, sign language, and picture communication, as well as staff interacting with residents in the communication approach as recommended.

Judgment: Compliant

Regulation 17: Premises

The premises was clean, accessible and well maintained and was laid out to meet the needs of residents. Residents had been provided with appropriate equipment and facilities in order to access the environment and keep them safe.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place for the management of risks in the centre and the reporting and responding to adverse incidents. There had been appropriate follow up to adverse incidents occurring in the centre. Risks in the centre had been identified, and the measures outlined in risk management plans were implemented so as to reduce the risk of harm

Judgment: Compliant

Regulation 27: Protection against infection

Suitable infection prevention and control procedures were in place. The provider had developed a contingency plan and staff were knowledgeable on the measures to take in the event of a suspected or confirmed case of COVID-19. Staff were observed to adhere to public health guidelines, and staff had been provided with a range of infection control training. The centre could access an infection control specialist nurse if required, and a COVID-19 lead person had been appointed in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place and suitable fire detection and fire fighting equipment was provided. Measures were in place for the containment of fire, and all equipment had been serviced. The support needs of residents to evacuate the centre had been assessed and staff were knowledgeable on these needs and the evacuation procedures. There were regular day and night-time fire drills completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate procedures in place relating to ordering, storing, prescribing, administering and disposing of medicines in the centre. The residents availed of the services of a local pharmacist. Residents had been assessed in relation to self-administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Up-to-date assessments of need were in place for residents, informed by assessments and reviews by multidisciplinary team members and GP's. Health, social and personal care plans were in place, outlining the support residents required to meet their needs and to achieve their goals. Residents were involved in the development of goals, and subsequent reviews. The progress of plans to achieve goals were reviewed monthly and once goals were achieved, new goals were developed.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate and timely healthcare, and had access to a range of healthcare professionals. Residents' healthcare needs were monitored on an ongoing basis. Health care plans were detailed and guided the practice in the provision of care. Staff were knowledgeable on resident's healthcare needs and support plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some restrictive practices in use in the centre, relating to residents' safety and mobility needs. Consent had been sought from residents' representatives for the use of these interventions, and restrictive practices were reviewed regularly by an occupational therapist and the service committee.

Judgment: Compliant

Regulation 8: Protection

The policies and procedures in the centre ensured residents were safeguarded. There were no active safeguarding concerns in the centre. Staff had up-to-date training in safeguarding and were knowledgeable on safeguarding procedures. Robust measures were in place to ensure residents were protected with regards to their finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted and protected in the centre. Residents participated in decision about their care and support, which informed how the centre was run on a day to day basis. Residents were supported to make choices in how they wished to live their life and their choices were respected and acted upon. Accessible information had been provided to residents on how to access an external advocacy service if they so wished. The privacy and dignity of residents was respected for example, personal information, personal space and intimate care.

Judgment: Compliant

Regulation 20: Information for residents

A guide for residents had been prepared and contained all of the required information.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 20: Information for residents	Compliant

Compliance Plan for Kinnegad Centre OSV-0005824

Inspection ID: MON-0026692

Date of inspection: 07/10/2021

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There is an active recruitment campaign in process. The statement of purpose was amended to reflect the staffing needs of the centre. The roster will be updated to reflect the staffing needs.	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/12/2021