

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

Issued by the Chief Inspector

Name of designated centre:	Meadow View
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	09 April 2024
Centre ID:	OSV-0008057
Fieldwork ID:	MON-0034576

About the designated centre

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

This is a service providing care and support to four individuals with disabilities. It comprises of a large detached single-storey bungalow with each resident has their own bedroom (two being en-suite). Communal facilities include a large kitchen cum dining room a sitting/sun room, a second sitting room, a utility facility and a large of communal bathroom facility. The house is located in a rural setting but within driving distance to a nearby large town and a number of smaller villages. Private and public transport is also available the residents as required. The house is staffed on a 24/7 basis by a team of staff nurses and healthcare assistants. The centre is managed by a person in charge and a house manager.

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 9 April 2024	11:30hrs to 20:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were for the most part positive. The inspector found that good quality care and support was being provided to the residents.

However, some improvements were required with regard to training and staff development. The inspector also observed that some improvements were required relating to the residents' general welfare and development with regard to the level and frequency of meaningful activities available to residents. These areas will be discussed in more detail in following sections of the report.

The inspector had the opportunity to meet the four residents that lived in the centre. One resident was attending their external day programme that they attended Monday to Fridays. When they returned they spoke with the inspector to share their views on what it was like living in the centre. They said that the house was comfortable and that they were happy living there. They said they liked the food and the staff that worked in the centre were nice. They explained that they picked how their room would look when they moved in and chose some of their furniture. Their plan for the evening was to relax as they were tired after their day.

Some residents, with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection in their home.

When the inspector tried to speak with another resident they demonstrated that they did not want to talk to the inspector by closing their eyes and pretending to be asleep. The inspector respected their choice to not speak with them. The staff then joked with them about pretending to be asleep. The resident kept trying not to smile which made everyone enjoy the jovial interaction even more.

Two residents went out to do some shopping and have lunch. On their return they relaxed for a short time before one of them along with another resident went to the cinema.

Over the course of this inspection, the inspector observed staff members use gentle and reassuring communication when speaking with the residents. For example, when preparing for going out for lunch. Residents were observed to appear relaxed and comfortable in their home and in the presence of staff members.

One resident that had lived in the centre had sadly passed away in January. Easy-to-read information related to grief was provided to the residents and discussed with them at residents' meetings. Residents were involved as per their choice in the funeral and months mind of their house mate. It was evident to the inspector that the resident was greatly missed. For example, staff and residents took part in a planting ceremony whereby they planted an apple tree in the back garden. This was

to remember the resident that had passed away as they had loved apple pie. Residents were also supported to attend the grave and display flowers.

The provider had arranged for the majority of staff to have training in human rights. One staff member spoken with said that, the training supported them to realise the importance of involving residents with regard to their healthcare options. They explained that in the past if a medication was recommended for a resident then the resident would have automatically been supported to take the medication. The staff member went on to explain that now the recommendation would be questioned to see if it was really needed and to involve the person. They said that the resident should have the right to refuse and right to choice in the matter.

The inspector observed the house to be homely and tastefully decorated. It was observed to be clean and tidy. The tiles in the main bathroom were self-identified by the person in charge as requiring repair. The provider had agreed arrangements in place as to when this would be addressed.

Each resident had their own bedroom and there was adequate storage facilities for their personal belongings. Bedrooms were observed to be decorated to the individual style and preference of the residents. For example, one resident had a sign with the county they were from on it. Residents had personal pictures of themselves and family members displayed.

The front and back gardens were observed to be large. There was garden seating available in two areas for use in good weather and there was a swing bench in the back garden for relaxing. There was also a poly tunnel in the back garden. This was where staff and residents grew different vegetables and salad options, for example onions, parsnips and lettuce.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires was returned by three residents' by way of staff representatives and one friend/advocate representative on their behalf. The questionnaires demonstrated that they were happy with all aspects of the care and supports provided in the centre.

The provider had also recently sought family and residents' views on the service provided by way of questionnaires. Staff members supported residents to complete their questionnaires. For the most part, communication received demonstrated that people were happy with the service. The only point for improvement was that residents wanted to go out more.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in October 2022 where an infection protection and control (IPC) only inspection was undertaken. It was observed at that inspection that for the most part there were good arrangements and practices in place to manage infection control risks. Any actions from the previous inspection had been completed by the time of this inspection.

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, as previously stated some improvements were required in the area of training and staff development.

The statement of purpose was reviewed by the inspector and found to meet the requirements as per the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The provider had completed an annual review and unannounced visits to the centre as per the regulations. There were other local audits and reviews conducted in areas. For example, the person in charge or the house manager completed a monthly quality and safety report for the person participating in management for the centre. Some of the topics reviewed in this report were safeguarding and incidents.

The inspector reviewed a sample of rosters and additionally staff personnel files were reviewed centrally in the provider's office. They indicated that there were sufficient staff on duty to meet the needs of the residents and that staff files had the required information as set out in Schedule 2 of the regulations.

While there were supervision arrangements in place, supervision was not fully occurring in line with the frequency described in the organisational policy.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. For example, staff had training in fire safety, manual handling and eating, drinking and swallowing training.

The inspector observed that the most recent admission to the centre was supported in moving to the centre through an individual transition plan. In addition, from a sample reviewed, residents were provided with a contract of care.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil the requirements of the role. They were employed in a full-time capacity and split their

time across the four designated centres that they managed. They were supported in their role by a house manger who also split their time across the four centres in order to provide appropriate oversight.

A staff member spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

A sample of rosters were reviewed over a three month period. They demonstrated that there was sufficient staff in place at the time of the inspection to meet the needs of the residents. There was a planned and actual roster maintained by the house manger with oversight from the person in charge. The inspector found that while there had been issues with staffing, they were self-identified, in the latter part of last year and had been addressed. There was now a full staffing complement employed in the centre.

A sample of three staff personnel files were reviewed in the provider's office on a separate day to this inspection. They were observed to have all the required information as set out in Schedule 2 of the regulations and facilitated safe recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding and fire safety.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

While refresher training was available, there were some deficits in the provision of refresher training within the time frame set out by the provider. From a review of the training oversight document and a sample of staff certification, the inspector found not all training was up to date. They related to:

- two staff required hand hygiene refresher training (one of which was the person in charge)

- five staff required refresher training in personal protective equipment (PPE)
- one staff member required refresher training in standard and transmission based precautions
- one staff member required refresher training in respiratory hygiene and cough etiquette training.

In addition, while three staff were provided with training on adult safeguarding it was not evident if they had safeguarding training that included training on the national policy.

The majority of health care assistants working in the centre had epilepsy awareness and rescue medication training and one was scheduled to receive it on 16 April 2024. However, that staff member's training was observed to be expired several months. This meant that staff members did not always have access to refresher training in a timely manner in order for them to safely support the residents.

The inspector also reviewed staff supervision and there were formalised supervision arrangements in place. While staff were receiving supervision it was not as per the frequency of the organisational policy. For instance, all staff received three formal supervisions instead of four in 2023.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in the centre which consisted of a person in charge and a clinic nurse manager (also referred to as the house manger).

The provider had arrangements for unannounced visits and an annual review of the service to be completed as per the regulations. The annual review included consultation with residents and their representatives.

There were other local audits completed to assess the quality and safety of care and support provided to residents in the centre. For example, audits on fire safety, medication, finance and infection prevention and control. Actions from audits were monitored on a quality enhancement plan to drive quality improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the most recent admission to the centre. They had visited

the centre on a number of occasions and met with the other residents prior to moving to the centre. They had a meeting with the organisation's assisted decision making co-ordinator to see if they wanted to move into this centre and given time to process the information before giving their decision. The inspector spoke with the resident and they said they were glad they moved to the centre and they felt safe here.

From a sample of two residents files reviewed, they were provided with a contract of care that laid out the services and conditions of their service and fees to be charged to the resident and they were signed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was found to meet the requirements of Schedule 1 of the regulations. For example, it informed the reader of the aims and objectives of the service and the services that were to be provided to the residents. Some areas required further clarification, for example with regard to the criteria for admission. The person in charge completed any revisions required and resubmitted the statement of purpose.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There were designated complaints officers nominated. There had been one complaint in the centre in 2023 to date. It was submitted by a staff member on behalf of the residents with regard to access to suitable transport. It had been recorded, investigated and resolved.

Judgment: Compliant

Quality and safety

Overall, the residents were receiving care and support which was in line with their

assessed needs. However, as previously stated some improvements were required in relation to general welfare and development.

The provider had ensured that the health needs of the residents were known and appropriate healthcare was provided for them. For example, residents had access to a general practitioner (GP).

The inspector reviewed restrictive practices and while there were some in place, for example a lap belt for a wheelchair, they were assessed as necessary for the safety of the residents and subject to review. Where required, residents had access to a behaviour specialist to support them to manage their behaviour positively.

From a review of the safeguarding arrangements in place, the provider had safeguarding arrangements in place to protect residents from the risk of abuse. For example, staff had received training in adult safeguarding.

Residents' rights were found to be respected in the centre, for example through weekly meetings with residents. The inspector observed that residents had documented communication plans in place and information was presented to them in a manner to better support their understanding.

While residents had access to some opportunities for leisure and recreation, some activities appeared more repetitive in nature and limited in the variety of activities explored.

The inspector observed the premises was clean, tidy and in a good state of repair.

Systems were in place to manage and mitigate risk and keep residents safe in the centre. For example, there was an organisational risk management policy in place. In addition, the inspector observed that medicines were found to be ordered, received and stored appropriately.

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' personal emergency evacuation plans (PEEP).

Regulation 10: Communication

Some residents were supported by staff members to use their mobile phones to look up pictures to assist them with making choices. Two staff spoken with were very familiar as to what the residents maybe trying to communicate through their actions and vocal sounds and they provided some examples to the inspector.

Based on a sample of two residents' documentation, there were communication passports in place for each resident. It supported staff as to how the residents communicated and to how best to communicate with them. For example, their likes and dislikes, please 'do and don't' when communicating with me and how to know

when I am unwell or in pain.

The inspector observed that the residents had access to the radio, televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to develop goals to work towards. For example, one resident wanted to have a day at the races and attend a particular farm. Another resident wanted to take part in a charity walk in the local community

Residents were encouraged and facilitated to keep in contact with their family through phone calls or visits. For example, one resident made periodic trips to their family home and another resident was being supported to purchase a tablet device to better facilitate video calls to their sister.

The inspector reviewed just over a month's period of documentary evidence for two residents on their daily recreation and activities they participated in. While residents were observed to participate in activities, some were often repetitive. The inspector also observed on some days the activities that they participated in were limited in nature. For example, some days the only activity a resident participated in was a walk. It was observed that the residents went shopping and to mass occasionally, went on some drives and went on many walks. Some in-house activities were offered, for example a footspa, baking and watching movies.

As previous stated, there was one complaint in 2023, that related to limited community access and activities for residents. This was as a result of issues with availability of appropriate transport on and off across a number of months. This was also self-identified by the provider. Transport was rectified towards the end of October 2023.

There were some indications that residents would like to engage in a wider variety of activities. The person in charge and house manager communicated to the inspector that the residents loved to go out; however, there was limited evidence that activities were based on residents preferences. Given the limited nature of some activities that residents engaged in, improvement was required to ensure that residents had opportunities to develop new interests and try new activities.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was homely and found to be clean. The house had been repainted internally in 2023. There was adequate space for the residents to have recreation and space.

The provider had identified that some of the tiles on one wall of the main bathroom had cracked. The inspector was shown written confirmation from the external contractor hired to complete the job, that the works would be completed on the 31 May 2024.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available.

There was a risk register in place and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Risks specific to individuals, such as falls risks, had also been assessed to inform care practices. For example, one resident was prescribed hip protectors. They had received additional reviews by healthcare professionals following a recent bad fall. Recommendations were made and discussed with the resident for their consent. The incident had been escalated and reviewed by the local incident management team.

The inspector saw documentary evidence that equipment used to support residents in the centre was serviced within the last year. For example, the hoists available for use in the centre.

The inspector also observed that the centre's vehicle was taxed, insured and had an up-to-date a national car test (NCT).

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced.

Staff completed a range of daily, weekly and monthly fire safety checks. For example, they daily checked that exit routes weren't blocked. Some minor gaps were identified on those checklists; however, this was self-identified on the centre's

audits and observed to be highlighted to staff.

From a review of documentation, the inspector observed that each resident had an up-to-date PEEP in place which guided staff as to what supports a resident required in the event of an emergency. Regular fire evacuation drills were taking place. They contained details of scenarios used that recorded the possible source of the fire. They recorded what door was used for evacuation in order to demonstrate that residents could be evacuated from different parts of their home.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Prescribed medicines were dispensed by a local pharmacy, and found to be appropriately stored. For example, each medication had a pharmacy label attached and were stored in a locked medication cabinet.

The inspector observed, from a review of one resident's documentation, that medicines deemed no longer required were safely returned to the pharmacy and signed as received by the pharmacy. From a sample of two residents' medicines prescriptions and recording sheets, any medicines administered to residents were prescribed to them and appropriately recorded.

There were periodic medication audits being completed in order to provide oversight over medication management. For example, there were medication audits completed in March and July of 2023.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified, for example residents had an annual healthcare assessments completed. Healthcare plans outlined supports provided to residents to experience the best possible health, for example an eating, drinking and swallowing plan was in place were required. From a sample of two residents files, they were facilitated to attend appointments with health and social care professionals as required, for example a chiropodist and a general practitioner (GP). They were also facilitated to have necessary tests completed and attend specialised clinics, for example to attend bone density scans or respiratory clinics were required.

Some of the residents were on modified diets and staff spoken with were aware of the residents specific needs in this area. In addition, residents had been reviewed by

a speech and language therapist in relation to their diets were required.

Judgment: Compliant

Regulation 7: Positive behavioural support

While there were some restrictive practices used within the centre, for example a specific vest to be used to support a resident to keep their seat belt on, they were assessed as being required for residents' safety and subject to review.

Where residents presented with behaviour that may cause distress to themselves or others, the provider had arrangements in place to ensure those residents were supported. For example, there were behaviour support plans in place as required that were completed by a nurse that was specialised in behaviour support. From a sample of two residents' plans they provided staff with clear guidance on how best to support the residents.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. For example, staff were trained in adult safeguarding. One staff spoken with was clear on what to do in the event of a concern.

From a sample of two residents' finance documentation, the inspector observed that staff members were completing daily financial balance checks of each resident's money. Staff members completed a weekly overview of finances. There were periodic finance audits completed by staff members. For example, one was completed on 10 January 2024.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were protected by the systems for consultation with them, respecting their known preferences and wishes regarding their day-to day lives. For example, the inspector observed documentation of minutes of a meeting to support the resident to make an informed choice as to whether they wanted to commence a new medication. The meeting was attended by members of the resident's circle of support, including their GP and the organisation's assisted decision making co-

ordinator. The resident did not have to make the decision at the meeting and was given time to consider their answer.

There were weekly residents' meetings taking place to support the residents to make choices and keep them informed. Different topics were observed to be discussed, for example menu and activity planning were standing agenda items. Other topics were discussed as featured topics, for example consent and assisted decision making had been the focus in the March 2024 meetings.

The inspector observed that there were a number of easy-to-read documents available on different topics for staff to go through with residents. For example, complaints, rights, what their medication was for and 'how to keep my money safe'.

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	
Regulation 14: Persons in charge	Compliant
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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meadow View OSV-0008057

Inspection ID: MON-0034576

Date of inspection: 09/04/2024

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>two staff hand hygiene refresher training - One completed and one scheduled to be completed by 28.06.24 (person on leave of absence)</p> <ul style="list-style-type: none"> • five staff refresher training in personal protective equipment (PPE) four completed, one scheduled to be completed by 28.06.24 (person on leave of absence) • one staff member refresher training in standard and transmission-based precautions. one scheduled to be completed by 28.06.24 (person on leave of absence) • one staff refresher training in respiratory hygiene and cough etiquette training- one scheduled to be completed by 28.06.24 (person on leave of absence) <p>All staff will have Four formal supervision sessions in a calendar year (3 supervisions and 1 performance review)</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>All residents partake in daily activities external to the designated centre. A new method of recording activities has been drafted to accurately capture the resident's activities.</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	15/04/2024
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	28/06/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/04/2024