

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

## Issued by the Chief Inspector

Name of designated centre:	Boroimhe
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	22 September 2025
Centre ID:	OSV-0002390
Fieldwork ID:	MON-0048098

## About the designated centre

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

Boroimhe is a designated centre operated by St Michael's House located in an urban area in North County Dublin. It provides a community residential service to six adults with an intellectual disability and low medical needs. The designated centre is a detached large two-storey house which consists of a living room, kitchen, relaxation room, utility room, staff office/sleepover room, six individual bedrooms, a toilet, and two bathrooms. There was a well maintained garden to the rear of the centre. The centre is staffed by the person in charge and social care workers.

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

Number of residents on the date of inspection:	6
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## 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 (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
Monday 22 September 2025	10:10hrs to 15:30hrs	Jennifer Deasy	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to review the safeguarding arrangements in the centre. Residents living in the centre were in receipt of a very high standard of care and support which was upholding their rights. The inspector used conversations with residents and staff, observations of care and support as well as a review of documentation to inform judgments on the safeguarding arrangements in the centre. Ten regulations were explored as part of this thematic safeguarding inspection and there was a very high level of compliance identified.

The designated centre is located in a busy suburb of North County Dublin and is close to many public services and amenities. The centre is serviced by good public transport links which, the inspector was told, were regularly used by the residents. There were six residents living in the centre on the day of inspection, and the inspector had the opportunity to meet with five of them. One resident was at day service during the course of the inspection. Many of the residents spoke in detail with the inspector about their experiences of living there over the course of the inspection.

The inspector was greeted at the door by a resident and a staff member. The resident shook the inspector's hand and asked about the reason for their visit. The inspector sat at the kitchen table with this resident and another resident who was having breakfast. With the support of the staff on duty, the inspector explained why she was there and asked the residents if they would speak with her about their experiences of living in the centre.

All of the residents spoken with over the course of the day spoke very positively of the care and support provided in the centre. The inspector saw that this was also reflected in the provider's annual review of the service from 2024. Through the annual review, residents communicated that they were very happy with the house, and their bedrooms, and that they felt well supported to participate in their preferred activities. Family members said, in the annual review, that they were very happy with the standard of care and that the staff team knew the residents and their needs well. Two family members remarked that they had no complaints but that they knew they could easily contact staff if they had any issues or concerns.

Residents communicated similar messages to the inspector on the day of inspection. All of the residents spoken with said that they were happy living in the house and told the inspector of how they had busy and active lives. Many of the residents had retired from day services, or had chosen not to return to day services after the COVID-19 pandemic. The inspector was told that an activities coordinator supported residents to avail of personally meaningful activities. The inspector saw that residents were busy, coming and going from the centre during the day, and that they had choice and control in their everyday lives.

One resident told the inspector that they had lived in this house for many years and that they liked living there. They spoke positively of the staff team and of the other residents. They told the inspector about their hobbies and interests which included attending art classes, going swimming and watching soaps with a fellow resident and staff member in the evening. They were particularly proud of their role in teaching jewellery making in a nearby day service.

Another resident chatted to the inspector about their interests which included football, movies and socialising. Positive and familiar interactions were seen between this resident, the other residents at the table and staff on duty during breakfast. Residents joked with each other about their different interests in football and music.

Many of the residents had enjoyed holidays over the summer. Some residents had travelled abroad while others had holidayed in Ireland. Residents talked about how much they had enjoyed these trips and about other trips which they were planning.

Five of the residents showed the inspector their bedrooms. Many of the residents said that their bedrooms had been painted recently and told the inspector how much they liked the colour scheme. Some residents had gotten new furniture and wardrobes for their bedrooms and were very happy with these. Residents' bedrooms were clearly decorated in line with their own preferences and their possessions, including important photographs, were proudly displayed.

Residents told the inspector of how important their family were to them. The inspector saw that staff members were knowledgeable regarding the important relationships in residents' lives and could support the residents to tell the inspector about these. Some residents were in relationships and told the inspector of how they enjoyed meeting up with their partner. Many of the residents had also developed positive relationships with neighbours and others in the local community. This had resulted in increased autonomy for the residents and is discussed more in the quality and safety section of the report.

The inspector saw that the designated centre was generally very clean and well-maintained. Residents shared two sitting rooms, a kitchen, two bathrooms, a utility room and a large back garden. The kitchen had been replaced in recent years and residents said that they were very happy with it. The two bathrooms had also had works completed however, the inspector observed further upkeep was required.

The inspector had the opportunity to meet with four staff members and spoke with one staff member in detail about their safeguarding roles and responsibilities. The inspector found that staff members were informed of their responsibility to safeguard residents from abuse. Staff members were knowledgeable of the reporting arrangements and of any safeguarding plans that were in place.

The inspector also found, from talking with staff, that staff were well informed regarding a rights-based approach to care. Staff members described how they upheld residents' privacy and dignity and how they worked to empower residents to achieve their goals and to be self-advocates. It was clear to the inspector that residents were placed at the heart of this service and that their opinions were

considered in respect of the delivery of all care and support, and in the day to day running of the service.

The next two sections of the report will describe the governance and management arrangements and how effective these were in ensuring the quality and safety of care.

## Capacity and capability

This section of the report describes the governance and management arrangements for the centre. This inspection found that the designated centre was being overseen in a manner that supported the active participation of the residents living in the service. Managers of the service demonstrated that they understood the needs of the residents and had directed sufficient resources to provide a person-centred and safe service.

The designated centre was adequately resourced to support the residents. The management of the service had ensured that resources were utilised in a manner which filled any gaps in the roster and ensured continuity of care for the residents. Residents and staff members were seen to have positive relationships which were effective in promoting residents' rights and ensuring their safety.

Staff members spoken with understood their roles and responsibilities. They had clear reporting lines and were aware of the policies and procedures to be followed, in particular in respect of safeguarding. Staff members had access to supervision to support them to effectively exercise their personal and professional accountability in delivering safe care and support. Staff members also had access to ongoing training in the prevention, detection and reporting of abuse. There were some gaps identified in the completion of refresher training, and in delivering supervision as frequently as defined by the provider's policy however, these were not found to be resulting in any negative impact to residents.

The provider had systems in place to gather information about the quality and safety of the service. This was captured through regular governance meetings, monthly data reports and provider level audits. This information was used to inform management decisions and to drive continuous improvements in service provision. Provider level audits reflected the views of residents and their representatives and action plans were implemented to address any deficits in the service.

## Regulation 15: Staffing

The inspector was told that there had been staff resourcing issues in the centre over the past year. At the time of inspection, the last remaining staff vacancy had just

been filled and the inspector was told that the new staff member was due to commence employment in the coming weeks.

The person in charge told the inspector that gaps in the roster were filled from the centre's staff team completing additional shifts and from the provider's panel of relief staff. The inspector saw, on reviewing the rosters from August and September, that these arrangements were effective in ensuring continuity of care for the residents. Only one relief staff was required for one shift in August.

The inspector saw that residents were very familiar with staff members and that there were positive relationships between residents and staff. Staff members were familiar with residents' preferences, their assessed needs, and the important relationships in their lives.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector was told that there were some gaps in staff supervisions due to the resourcing issues which the centre had experienced over the last year. The inspector reviewed the supervisions of two staff members and saw that they had both received a one to one supervision since March 2025; however, the supervision was not completed as frequently as defined by the provider's policy.

Staff training records were also reviewed by the inspector and it was noted that there were some gaps in compliance with refresher safeguarding training. For example, one staff required refresher training in safeguarding vulnerable adults and two staff required refresher Children First training.

Monthly staff meetings were held in the centre. The inspector reviewed the records of these and saw that they covered important areas such as residents' needs, safeguarding and infection prevention and control. There was good staff attendance at these meetings. A staff member spoken with told the inspector that they felt well-supported in their role.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were clearly defined management arrangements in the centre. The centre was staffed by a team of social care workers who reported to the person in charge. Staff members spoken with were informed of the reporting arrangements and of how to escalate any concerns, including safeguarding concerns, to the person in



charge and to the designated officer.

The person in charge reported to a service manager. Monthly management meetings were held between the person in charge and service manager. A monthly data report was compiled for discussion at these meetings. The data reports covered service related issues including the progression of required action plans.

The person in charge was also in receipt of quarterly supervisions for their own support needs. The inspector reviewed the most recent quarterly supervision record for the person in charge and the monthly data reports from July and August 2025. These records were maintained in a consistent and cohesive manner and showed that risks were being escalated and action plans implemented, therefore demonstrating the effectiveness of this record keeping in monitoring and recording actions being taken.

There were a suite of audits implemented at local level, and at provider level, to identify any risks to the quality and safety of care and to drive service improvement. Local audits were completed in areas such as medication management, and health and safety.

Provider level audits included six-monthly unannounced visits and an annual review of the quality and safety of care. The provider level audits were completed in consultation with residents and their representatives and reflected their feedback on the service. The audits were seen to be comprehensive and clearly detailed service level needs. Action plans were progressed across audits which showed that they were effective in driving service improvement.

Judgment: Compliant

## Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. This inspection found that residents were living in a service which was promoting their privacy, dignity and wellbeing. Residents were protected from abuse and, where a concern arose for a resident's safety, the staff team and management took timely and proportionate measures to protect the residents involved. Residents living in this centre were treated with dignity and respect. They were empowered to exercise choice and control in their daily lives and their choices and decisions were respected.

The premises of the designated centre was homely, warm and comfortable. The living environment promoted the independence of residents; and many residents were seen to, or told the inspector of how they, completed activities of daily living such as making breakfast or doing laundry independently. Residents had their own bedrooms which were decorated in accordance with their preferences and bedrooms had sufficient storage for each resident's possessions. The bathrooms of the centre

required some upkeep, along with some painting to communal areas.

The health and development of each individual resident was promoted through the regular review and updating of comprehensive assessments of need and care plans. Residents were informed of their care plans, and the inspector saw that much of this information was created in an accessible manner for residents to engage with. Education and support was provided to residents to develop their autonomy in managing their health and social care needs.

Some residents required support with communication. The inspector saw that staff members were familiar with residents' communications and could support residents to engage in conversations with the inspector. Easy to read information about the daily running of the centre was displayed to keep residents informed.

There had been an increase in the number of reported incidents of abuse in the centre in recent months. The inspector found that when concerns arose, measures were implemented to protect the resident from further abuse. Additional support, through the multidisciplinary team was provided to residents and allegations of abuse were reported to the statutory authorities.

Residents were also supported to develop knowledge and skills for self-care and protection. Areas of vulnerability were identified and individual safeguards were put in place. Individual risk assessments, to protect residents from identified areas of vulnerability, were seen to be proportionate and person-centred. They clearly reflected the wishes and preferences of the resident.

There was very limited use of restrictive practices in the centre. Where a restrictive practice was deemed necessary, residents were informed of this and there were strategies in place to minimise the impact of this on their lives. There was one additional restrictive practice identified on this inspection which required review to ensure that it was being monitored in line with the provider's policies.

Residents were empowered to have choice and control in their daily lives and a sensible balance was achieved between balancing the choices made by residents and risks associated with these decisions. Residents were facilitated to develop and maintain personal relationships in accordance with their wishes. Many of the residents had integrated into the community and were well-connected with their neighbours, friends, families and loved ones.

## Regulation 10: Communication

Most of the residents who lived in this centre communicated verbally and were clearly able to tell the inspector their opinions on the service. Some residents required support to engage in conversations with the inspector. The inspector saw that staff members clearly understood residents' communications and were able to support conversations.

One resident had a communication support plan on their file. This had been recently updated and was seen to be person-centred and reflected their communication support needs.

Residents had access to relevant communication media including personal mobile phones, televisions and streaming services.

Important information, such as the schedule of activities for the week were displayed in an easy to read format. Many of the residents' important care plans were also created in an easy to read manner. This supported residents to understand and engage with the information provided.

Judgment: Compliant

### Regulation 17: Premises

The premises of the centre was very clean and was seen to be comfortable and homely. Each resident had their own bedroom which was personalised to reflect their tastes. Photographs of the residents were displayed in communal areas and the decor of the sitting rooms reflected the residents' interests.

The centre had a new kitchen which was very clean and well maintained. Residents shared sitting rooms and a utility room. The utility room was also very clean.

Works had been completed to two bathrooms however, the inspector observed the wall covering around the showers and baths was lifting away from the wall. In the downstairs bathroom, the wall covering had started to peel away beside the shower. This meant there was a potential for grime or mould build up due to the compromised surfaces. Additionally, there was evidence of mould or mildew on the ceiling of the downstairs bathroom.

Upkeep was also required to metal fixtures such as radiators and grab rails in bathrooms as there was evidence of rust developing on these and the windowsill of the upstairs bathroom required painting, so that it could be effectively cleaned.

There was some painting required in communal areas such as stairways, the kitchen and doors and architraves.

The provider was however, aware of the above premises deficits and had highlighted them through their own audits as requiring actions to address them.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had implemented a comprehensive risk management policy which had been reviewed within the past three years as required by the Regulations. A risk register was maintained in the service for known risks. The inspector reviewed the risk register and saw that risk assessments were regularly reviewed and updated. The risk assessments were comprehensive and the control measures were person-centred.

There was a culture of positive risk taking in the service. Residents were supported to develop and maintain their autonomy and independence.

For example, one resident had expressed a wish to stay at home by themselves. A risk assessment was implemented and detailed the education provided to the resident and the support networks in place to enable the resident to achieve this goal in a safe manner.

Some community activities, which residents engaged in independently, also posed a potential risk. Again, the inspector saw that control measures were proportionate and considered the needs and rights of each individual resident to engage in positive risk taking and opportunities to achieve self-determination.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the residents' files which contained their individual assessments and care plans in detail. The inspector saw that each resident had an up to date individual assessment which detailed their needs and was informed by multidisciplinary professionals, where required.

The assessment was used to inform care plans, which reflected residents' preferences in respect of their care and support. Residents were informed of their individual assessment and care plans, with one resident telling the inspector that they would be attending their annual review in the coming weeks.

Care plans were in place for each assessed need, and the inspector saw that two of the residents' files contained easy to read versions of the care plans. The inspector saw that care plans were reviewed with residents, and that many of the care plans were used as a tool to provide education and support to the residents in developing their autonomy in managing their health and social care needs. This is discussed further under Regulation 8.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents in this centre were living in an environment in which there were a very low number of restrictive practices. There was only one recorded restrictive practice, relating to a locked kitchen press. This was to support a resident with an assessed need. All residents had been consulted with regarding this practice and had consented to it.

The inspector saw, on reviewing risk assessments and in speaking with the person in charge, that there was an additional restrictive practice implemented in respect of residents' finances. This had not been identified as such and required review, to ensure that it was monitored in line with the provider's policy.

Residents who required support with managing behaviour had access to multidisciplinary professionals including psychiatry and psychology. Behaviour support plans were in place on residents' files. These were reviewed and updated regularly. Staff were informed of the recommendations in place to assist residents in this area.

Judgment: Substantially compliant

## Regulation 8: Protection

There had been an increase in reported peer-to-peer safeguarding incidents in this centre within the past 12 months. The inspector reviewed the safeguarding arrangements for three of these incidents.

All incidents were responded to immediately by the staff team to ensure the safety of the residents. The incidents were recorded and reported to the designated officer and to the relevant statutory authorities. Safeguarding plans were implemented to protect residents. Staff were informed of the safeguarding plans and the measures to ensure the safety of residents. Where required, the person in charge had referred residents to multidisciplinary professionals for further assessment and intervention to better understand possible contributory factors to the safeguarding concerns.

The inspector spoke with five of the residents over the course of the day. Residents told the inspector that they felt safe and were happy living in the designated centre. All of the residents were seen to be comfortable and relaxed in each other's company. A staff member spoken with in detail described their roles and responsibilities in respect of safeguarding resident. They described how the centre had a culture of not tolerating abuse and of upholding residents' privacy and dignity. The staff member expressed that they felt that the residents were safe and happy in their home.

Residents were provided with education and support to safeguard themselves from

abuse. For example, the inspector saw that one resident had easy to read care plans in respect of relevant risks such as risk of cyber abuse, financial abuse or social media use. These were written in consultation with the resident and the resident's views on these areas were recorded.

Residents also had up-to-date intimate care plans which detailed their needs and preferences in respect of care being provided in this area. Safeguarding measures in the centre were underpinned by the provider's policies which included up-to-date policies in areas such as intimate care, Garda vetting and safeguarding.

Risk assessments were implemented where there were concerns regarding safeguarding for residents. The control measures were seen to be proportionate and person-centred and reflected residents' preferences and their consent to certain protective measures.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff in this centre had completed training in a human rights based approach to care, and described to the inspector how they ensured that residents' rights were upheld. The inspector saw that residents were treated with dignity and respect by staff members on the day on inspection, and saw that interactions were respectful. Residents' privacy was respected. Staff were seen knocking on residents' bedroom doors and offering support with care needs.

Residents were empowered to direct their lives. Their days were individualised and residents chose to engage in their preferred activities. Some residents attended day services, others attended classes in the community and one resident was being supported to look for employment. The staffing arrangements in the centre ensured that residents could have choice in respect of their everyday lives.

Residents told the inspector about meaningful relationships that they had with their families, partners and other people in the community.

There were systems in place to consult with residents and to ensure that their views and preferences were ascertained in respect of the delivery of care in the service. The provider's audits consulted with residents and reflected their opinions. Residents also had weekly resident meetings. One resident told the inspector that the meeting was due to take place on the day of inspection and that it would be used to discuss meal planning, activities and staffing arrangements.

Each resident had a monthly keyworker meeting where they were supported to discuss any concerns and to receive additional support to understand safeguarding issues as they related to them.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Boroimhe OSV-0002390

Inspection ID: MON-0048098

Date of inspection: 22/09/2025

## 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• All staff have now completed outstanding training and the audit for this premises is now at 100% and the PIC has contacted the training department to update the organisational audit. This issue is now completed and in compliance</li><li>• The PIC has scheduled supervision dates with all staff members and they will be completed and in compliance by the 30/11/2025.</li></ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• The works required on bathrooms under this regulation have been referred to the Estates Manager and escalated for action through their department. The bathrooms will be assessed, costed and scheduled for work this will include upgrades of metal fixtures. This work will be completed by the end of Q1 2026.</li><li>• Painting upkeep in the house has been requested through the maintenance department and technical services have commented that the works will be completed by the end of Q1 2026.</li><li>• The Occupational Therapy department has been contacted around the updating of the grab rails in the bathroom. This will be complete and in place by end of Q1 2026</li></ul>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• The PIC will review, and risk assess the way in which residents access their money in Boroimhe. This will be done in consultation with the residents. If the restriction is deemed to be still needed. The PIC will link with clinical psychologist and complete an application to the organisational PAMG committee. Once reviewed and approved this will be added as a restrictive practice and returned to HIQA accordingly in quarterly notifications and reviewed yearly through the PAMG committee. This will be complete by the end Q4 2025.</li> </ul>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	31/12/2025

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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