



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

## Issued by the Chief Inspector

Name of designated centre:	Glendhu-Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	09 October 2024
Centre ID:	OSV-0003962
Fieldwork ID:	MON-0035780

## About the designated centre

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

Glendhu CRS is semi-detached house in a quiet residential area located in a suburb of Dublin. The house is home to four residents. Residents have access to a sitting room, kitchen, utility and their own single occupancy bedrooms. Outside, there is access to the back garden with a paved area with an outdoor dining table and chairs for the residents to sit out in. There is a team providing care 24/7 that consists of nursing staff and healthcare assistants.

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

Number of residents on the date of inspection:	4
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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
Wednesday 9 October 2024	08:45hrs to 14:45hrs	Jennifer Deasy	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision-making in respect of an application to renew the centre's certificate of registration. The inspection took place over one day and the inspector had the opportunity to meet three of the residents who lived in the centre. The inspector used conversations with residents and staff, observations of care and support and a review of documentation to inform judgments on the quality and safety of care. Overall, the inspector found that residents in this house were in receipt of a very good quality service which was upholding their human rights.

The designated centre is a semi-detached house located in a busy urban area of Dublin. The inspector arrived at the centre in the morning while residents were starting their morning routines. The house was seen to be calm and there was a positive atmosphere. Two staff members, as well as the person in charge, were on duty and they were seen to support the residents in a kind and gentle manner. Residents were provided with assistance to complete their morning routines including getting breakfast, showering and drying their hair. The inspector saw that staff members encouraged residents' autonomy. For example, residents were supported to complete tasks for themselves where possible however staff were available to assist residents if required.

Residents appeared comfortable in their home. Some residents had preferred armchairs where they relaxed while watching television. One resident had a desk in the sitting room where they sat while drying their hair. The premises of the centre was also laid out in a suitable manner to meet the needs and the number of the residents. For example, one resident had access to a downstairs bedroom in line with their assessed mobility needs and there was also a downstairs accessible bathroom available for the residents to use.

The inspector saw that the premises of the centre was very clean and well-maintained. Staff told the inspector about the significant premises works that had been completed in recent months. Previously, this centre had comprised of two interconnected semi-detached houses and was home to eight residents. The provider had, within the current regulatory cycle, applied to the Chief Inspector to reduce both the footprint of the centre and the number of registered beds in the centre. These applications to vary had been processed and the designated centre was, at the time of this inspection, comprised of only one house and was home to four residents.

The staff team spoke about the positive impact that these changes had on the lives of the residents. Staff members told the inspector that the residents were less anxious as the house was quieter and, that the staff team were better able to offer person-centred care. Staff described how some residents had begun to engage in more community-based activities and had developed positive friendships with their peers. There had been a reduction in peer-to-peer related instances of abuse and an

increase in compliance with activities of daily living for some of the residents.

The provider had completed upkeep to the house in recent weeks and the staff team spoke about how much more comfortable the house was for the residents since these works had been completed. The inspector saw that a new kitchen had been installed along with new flooring throughout the centre. Residents had also received new doors for their wardrobes. The house was very clean, comfortable and homely. Residents each had their own individual bedrooms which were decorated in line with their personal tastes. Residents had access to two bathrooms, one of which was accessible for residents with mobility needs, as well as a kitchen, external utility, sitting room and a large back garden. Work had been completed to the back garden recently to install a new rockery flowerbed.

The inspector spoke with two staff in some detail about their experiences of working in the centre. The staff members were well-informed of their roles and responsibilities. They demonstrated a comprehensive understanding of residents' assessed needs and preferences in respect of their care and support. Staff had completed human rights training and described to the inspector how they ensured that residents' rights were upheld. Staff spoke about treating residents with dignity and respect and the inspector saw that staff interactions with residents adhered to these principles. Staff described providing education to residents about their human rights and showed the inspector a human rights poster which was displayed in the sitting room.

There were friendly and familiar interactions observed between residents and staff over the course of the day. For example, at lunchtime, residents and staff sat and ate together at the dining table. The meal was seen to be a relaxed experience with staff and residents chatting and sharing jokes. When the meal was over, one of the staff members was heard thanking the residents for their company. Staff were heard consulting with residents about the day, discussing what television shows were on that evening and offering choices of activities. After lunch, some staff sat and helped residents to complete preferred activities at the dining table. The inspector heard staff providing positive encouragement to residents during the activities.

The inspector greeted the residents who were in the centre on the day however most chose to continue with their daily routine rather than to talk in more detail about their experiences of living in the centre. One resident told the inspector about a recent holiday that they had enjoyed and how they were looking forward to planning another hotel break. Although residents did not talk in detail to the inspector, they had completed residents' questionnaires in advance of the inspection. These were completed with the assistance of staff. All residents detailed, through their questionnaires, that they were very happy with the service provided in the centre and that they had no concerns.

Overall, this inspection found that residents were living in a safe and comfortable home and that they were supported by a familiar and suitably-qualified staff team. This was effective in ensuring that a very good quality of service was being provided to the residents. A very high level of compliance with the regulations was identified

on this inspection.

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

## Capacity and capability

This section of the report describes the governance and management arrangements of the designated centre. The inspection found that the provider had in place clearly-defined management systems and a suite of comprehensive audits which were effective in ensuring oversight of the centre and in driving service improvements.

The centre was staffed by a team of healthcare assistants who reported to a person in charge. The person in charge had oversight of an additional designated centre which was located a short drive away. The person in charge divided their time between the two centres and had access to management hours to ensure they could fulfill their regulatory responsibilities. In the absence of the person in charge, a shift leader took responsibility for directing the day-to-day delivery of care. Staff members spoken with were informed of their defined roles and responsibilities and of how to escalate concerns through the management systems if required.

Staff in this centre had received and were up-to-date with refresher training in key areas such as safeguarding, fire safety and safe administration of medications. Staff were supported and performance-managed through regular staff meetings and individual supervision sessions. Staff spoken with told the inspector that they felt well-supported in their roles and that the management team were readily available and responsive to any queries or concerns.

The provider had in place a series of comprehensive audits which were effective in identifying areas for improvement in the centre. Audits included specific checks in areas such as fire safety or infection prevention and control (IPC) as well as wider six-monthly audits which assessed compliance with the regulations. Where actions were required to ensure compliance or to enhance the safety of care, time-bound action plans were implemented. The six-monthly audits informed a compliance and action monitoring log. The inspector reviewed this log and saw that actions were progressed in a timely manner. This provided evidence that the provider's audits were effective in driving service improvement.

## Registration Regulation 5: Application for registration or renewal of registration

Minor changes were required to the statement of purpose and the floor plans submitted to the Chief Inspector in respect of the application to renew the centre's

certificate of registration. These changes were required to reflect the reconfiguration of the premises of the designated centre within the current regulatory cycle.

The floor plans were seen to require the following changes:

- a door was required to be added to the downstairs bedroom
- a door was required to be removed from the sitting room
- the external utility room was required to be added to the floor plans

The statement of purpose required the following changes:

- the fire evacuation plan required updating to reflect the current evacuation arrangements

These changes were made to the statement of purpose and were submitted to the Chief Inspector within 24 hours of the inspection. However, at the time of writing the report, the revised floor plans were outstanding.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The provider had appointed a person in charge to the designated centre. They were employed in a full-time position and were suitably qualified and experienced. They had oversight of two designated centres, one of which was this one. There were systems in place to support the person in charge in having oversight of both centres. For example, a designated shift lead for the centre was identified on the roster. This person had specific responsibilities on duty to assist the person in charge. The person in charge also had access to management hours to allow them to fulfill their regulatory responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

There were 1.5 whole time equivalent (WTE) vacancies in the staff complement at the time of inspection. However, the provider had implemented arrangements to ensure continuity of care for the residents. For example, one regular relief staff was booked to fill many of the vacant shifts. The inspector reviewed the rosters for September and saw that there was a very low reliance on relief and agency staff. For example, only 8 staff were required to fill those vacant shifts throughout the month.

Residents on duty were seen to be familiar with the staff team. Residents enquired



about other staff who were not working on the day of inspection and spoke fondly of these staff. Staff were seen to be well-informed regarding residents' assessed needs and preferences.

Planned and actual rosters were maintained which showed that the staffing levels and qualifications were in line with the statement of purpose.

The schedule 2 files for staff were not reviewed as part of this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

A training matrix was maintained for the centre and was reviewed by the inspector. The inspector saw that there was a very high level of compliance with mandatory and refresher training. All staff were up-to-date with training in key mandatory areas such as fire safety, safeguarding vulnerable adults, hand hygiene and managing behaviour that is challenging. Staff has also completed training in human rights and described to the inspector how they provided care which upheld residents' rights.

Staff were in receipt of regular support through monthly staff meetings and twice yearly one-to-one supervision sessions with the person in charge. The inspector reviewed the meeting records from the two most recent staff meetings and saw that they covered key topics relating to the quality and safety of care, including for example, staff training needs, safeguarding and residents' care plans.

The inspector also reviewed the records of the most recent one-to-one supervision for four staff members. The records showed that staff had the opportunity to raise any concerns regarding the quality and safety of care at these meetings and that action plans were implemented to address concerns.

The inspector spoke to three staff members over the course of the inspection and to one staff in more detail regarding the oversight arrangements. The staff member told the inspector that they felt well-supported in their role and that they were easily able to raise any concerns to the management team.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly-defined management systems in place in the centre. The staff team reported to a person in charge who, in turn, reported to a senior manager. The rosters identified that each day a staff member was assigned the role of shift leader. The shift leader had specific responsibilities including, for example, to

allocate daily tasks to the staff team, to record adverse incidents and, to record and report any safeguarding incidents. This ensured the safety of care in the centre on a daily basis even when the person in charge was not on site.

The inspector spoke with staff members regarding the oversight arrangements and found that they were informed of their roles and responsibilities and of how to record and report any concerns to the provider.

The person in charge had monthly meetings with the senior manager. Records of these meetings were maintained. The inspector reviewed the records of the most recent two meetings in September and August 2024. The records showed that these meetings provided an opportunity for the person in charge to raise concerns regarding staffing levels, safeguarding and staff training, among other issues to the senior manager.

The provider had in place a series of audits to ensure oversight of the quality and safety of care. Audits of medication management, fire safety and infection prevention and control (IPC) were completed by senior managers. Action plans were then implemented to address any risks identified through these audits. The inspector saw that actions were progressed. For example, an IPC audit completed in December 2023 identified that foot pedal operated bins should be purchased for the centre. These were seen to be in place at the time of the inspection.

The provider had also completed six-monthly unannounced visits to the centre and had drawn up a report and an action plan to ensure regulatory compliance and the quality and safety of care. The most recent six-monthly audit completed in April and May 2024 was reviewed by the inspector. This was seen to be very comprehensive and clearly detailed actions required to ensure regulatory compliance. The progression of the required actions were monitored through a compliance and action monitoring log. This log was reviewed by the inspector and the inspector saw that actions were progressed. This showed that the provider's audits and monitoring log were effective in driving service improvement.

Judgment: Compliant

## Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. Overall, this inspection found that residents were living in a clean and comfortable home and were in receipt of a very good quality service which was upholding their human rights. In particular, the changes that the provider had made to the structure and size of the designated centre within the current regulatory cycle were found to be effective in ensuring a person-centred service in which residents felt safe, happy and comfortable.

The provider had completed works to the premises in recent months. These works

included replacing carpet, flooring and installing a new kitchen. The premises of the centre was homely and warm. It was accessible and suitable to meet the needs of the residents. Residents had access to private and communal facilities and were seen to be relaxed in their home.

The premises was fitted with equipment to detect, contain and extinguish fires. This equipment was serviced regularly and maintained in good working order. The provider had ensured that there were suitable evacuation arrangements to ensure that all residents could be evacuated safely in the event of an emergency.

The inspector reviewed a sample of residents' files which contained their individual assessments and care plans. These assessments were comprehensive and had been updated within the past 12 months as required by the regulations. They informed person-centred care plans which described residents' preferences in respect of their personal care. Residents were also seen to have access to a range of allied healthcare professionals as required by their assessed needs.

Staff had received training in respect of managing behaviour that is challenging and in safeguarding vulnerable adults. Staff were knowledgeable regarding their roles and responsibilities in these areas and were informed of residents' behaviour support plans and safeguarding plans. Staff could describe to the inspector how to report a safeguarding concern and their responsibilities in protecting residents from abuse.

Staff had also completed training in human rights and described to the inspector how they ensured that residents rights were upheld. The inspector saw that there was accessible information available to residents about human rights and that residents' meetings were used to provide education and advice on important topics such as the provider's complaints procedure and the right of residents to feel safe in their home.

## Regulation 17: Premises

The provider had completed significant work to the premises in recent months. These works included replacing carpet and flooring, installing a new kitchen, painting walls and installing new wardrobe doors in residents' bedrooms. The centre was seen to be very clean, homely and well-maintained. Residents had been informed of the works and offered choices in respect of these works. For example, residents' preferences in respect of the new kitchen were explored at a residents' meeting in August 2024. Staff spoke positively of the premises works and of how nice it was for the residents to be living in a homely and well-maintained house.

Residents in this house had access to their own bedrooms, which were seen to be decorated in line with residents' individual preferences. Residents also had access to two bathrooms, one of which was an accessible shower room as well as a sitting room, kitchen and storage room. Outside was a well-maintained back garden with a new rockery flower bed and an external utility room. Residents were seen to be very

comfortable in their home. Residents had their preferred armchairs and were seen relaxing in these watching television programmes of their choice. Another resident had a desk and a chair which they preferred to sit at for some of their meals and for some personal care tasks such as drying their hair.

There were suitable cooking and laundry facilities and adequate storage for the residents' belongings.

Judgment: Compliant

### Regulation 28: Fire precautions

There were appropriate fire managements systems in place in the centre. The provider had installed equipment to detect, contain and extinguish fires. For example a fire panel system, fire doors, automatic door closers and fire extinguishers were installed in the centre. Records of the servicing of this equipment were maintained and were reviewed by the inspector. The inspector saw that equipment was regularly serviced and was in good working order.

The provider had effected a fire safety policy which had been reviewed and updated within the past 12 months. This policy stated that fire drills were required to be completed at least twice per year. The inspector saw that fire drills in this centre occurred more frequently, generally taking place monthly. The inspector reviewed the records of these fire drills and saw that they demonstrated that all residents could be evacuated with the minimum number of staffing within a timely manner. For example, on a night-time drill in May 2024, all four residents evacuated with the assistance of only one staff in one minute and thirty seconds.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the individual assessments and care plans for two of the residents on the day of inspection. The inspector saw that each resident had a comprehensive individual assessment on file which had been reviewed within the past 12 months as required by the regulations. This review had been informed by the multi-disciplinary team, the resident and their representatives as appropriate.

The assessment clearly detailed residents' particular support needs and care plans were implemented to guide staff in meeting these needs. Care plans were written in person-centred language and referenced residents' preferences in respect of their care. Care plans also considered residents' autonomy and detailed how staff should uphold residents' autonomy and independence. This will be discussed further under

regulation 9: Rights.

The provider had considered the needs of the residents in the reconfiguration of the designated centre. One resident now had access to a downstairs bedroom. The staff team stated that this bedroom was more suitable to meet the resident's needs and, they felt, had been effective in increasing the resident's compliance with personal care tasks and therefore, their general well-being.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a range of multi-disciplinary professionals in line with their assessed needs. The inspector saw, on reviewing residents' files that they accessed professionals including physiotherapy, psychology, speech and language therapy and the dentist. Residents were also supported to attend consultants to monitor assessed needs as required.

Some residents had refused to engage in multi-disciplinary assessments and interventions and their right to do so was upheld. However, the inspector saw that accessible and easy-to-read information was made available to residents regarding these interventions in order to ensure, as far as possible, that the residents' refusal of treatment was an informed decision. For example, a social story was designed for one resident to assist them in understanding what would happen during an appointment with a psychologist.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had systems in place to ensure that the residents in this house were living in as restraint-free an environment as possible. There were two restrictive practices in place. One was in respect of restricted access to medications which was implemented in line with the provider's policy and the other related to a seat belt required for safety when a resident was using a mobility aid. These restrictive practices had been referred to the provider's rights committee and consideration of the impact of them on residents' rights were considered. Residents were informed of the rationale for the restrictive practices and were consulted with in respect of them.

Risk assessments and care plans were available to guide staff in assisting residents who required support with managing behaviour that was challenging. These risk assessments described proactive strategies for staff to use in the first instance. The inspector saw staff engaging in a positive and gentle manner with the residents in

line with their risk assessments and care plans on the day of inspection.

Judgment: Compliant

### Regulation 8: Protection

Staff members told the inspector that the reconfiguration of the designated centre had resulted in a reduction in the number of peer to peer incidents of abuse and that the residents felt safer and happier in their home. Staff members spoke about the friendships which had developed between the residents and how residents were now living with compatible peers.

In 2024, up until the date of the inspection, there had only been one incident of peer-to-peer abuse. The incident had been reported in line with the statutory requirements and a safeguarding plan had been implemented. The inspector saw that the safeguarding plan had been approved by the local safeguarding team.

Staff in this centre were up-to-date in training in safeguarding vulnerable adults and Children First. The inspector spoke to a number of staff over the course of the day regarding their safeguarding roles and responsibilities. Staff could clearly describe their responsibilities including how they would respond to incidents of abuse and how they should record and report these incidents. Staff were informed of the on-call management arrangements and of how to contact a senior manager if the person in charge was off duty.

The inspector saw on residents' files that there were comprehensive and up-to-date intimate care plans. These care plans were written in a person-centred manner and detailed steps for staff to ensure that they upheld residents' privacy, dignity and autonomy when providing personal care. For example, care plans detailed the level of support required for certain tasks and which tasks residents should be encouraged to complete independently.

Judgment: Compliant

### Regulation 9: Residents' rights

Staff in this centre had completed training in human rights and described to the inspector how they ensured that residents were treated with dignity and respect and how their rights were upheld. For example, staff described providing education and information to residents about their human rights and ensuring that residents were consulted with regarding their care.

Weekly house meetings were held with residents to ensure that they were consulted with regarding the day-to-day running of the centre. The inspector reviewed the

minutes of the last three residents' meetings and saw that residents were supported to plan the menu for the week and to plan activities. Information was also given to residents on the complaints procedure, safeguarding and the upcoming HIQA inspection.

Residents' care plans were informed by a human rights-based approach. For example, care plans in respect of money management and medication management considered residents' skills and needs and detailed steps to uphold residents' autonomy.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Glendhu-Community Residential Service OSV-0003962

Inspection ID: MON-0035780

Date of inspection: 09/10/2024

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The provider will ensure that information as per schedule 1 is accurate and reflective of the Designated Centre. The Provider has ensured that all doorways and rooms are reflected both on floor plans and the statement of purpose. The Provider has ensured that the current fire evacuation arrangements are reflected in the statement of purpose.	

## 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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2024