



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

## Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	03 May 2023
Centre ID:	OSV-0004090
Fieldwork ID:	MON-0030821

## About the designated centre

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

Mullingar Centre 1 supports four male and female adults with some specific support needs in relation to health care and mobility needs. The provider aims to provide people with an intellectual disability and their families a service which promotes each resident's best interests, choices and that optimally captures the balance of empowerment and necessary safeguards. The designated centre comprises of one community house that has been subdivided into two apartments. The centre is in close proximity to a local town. Each resident has their own bedroom, and each apartment has adequate communal areas, bathrooms and garden areas. The residents are supported by both social care workers, care staff and nursing staff as required. Some residents attend formal day services and others are supported by the staff in the centre to have meaningful days. There are two vehicles available for residents to access community activities. The centre is managed by a person in charge who is also responsible for another designated centre under this provider.

**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
Wednesday 3 May 2023	10:15hrs to 18:50hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall, this centre was well managed and resourced to ensure that a safe quality service was provided. Residents were being supported to lead meaningful lives in line with their personal preferences and were involved in decisions about how their care was provided. Two minor improvements were required in premises and records.

This centre comprises of one community home which is divided into two apartments. In apartment 1, one resident is supported and in apartment 2, three residents are supported.

On arrival to the centre, the residents in apartment 2 had left for the day, two of the residents were attending a formal day service and one of the residents was gone on a trip.

In apartment 1, the resident was being supported by one staff member and was enjoying listening to music while they decided what they wanted to do for the day. The resident agreed to meet with the inspector. The resident had moved to this centre late last year and told the inspector that they liked living there and liked the staff who supported them. They also spoke about some of the things that they liked to do. For example; the resident was a fan of one musician and had been to see them the previous weekend at a concert in Dublin. The resident was also interested in fashion and spoke about some of their favorite shops they liked to go to buy their clothes.

This resident was trialling a new communication aid that would enable them to communicate their needs independently. The resident showed the inspector this aid and how they were practising to use it, to see if would be suitable to meet their needs. This informed the inspector that the person in charge was considering the changing needs of the resident and what supports they may need in the future.

Both apartments were clean and homely. Each resident had their own bedroom. Their bedrooms were decorated in line with their wishes and one resident told the inspector they had chosen the colours for their bedroom themselves. Three of the residents showed the inspector their bedrooms. In both apartments the residents had made two very stylish pieces of artwork for their home. Each apartment had a kitchen that was clean and maintained to a high standard. One of the kitchens required some minor work to the kitchen presses and this was being addressed at the time of the inspection. The apartments had been adapted to suit people with mobility needs. For example; ramps had been installed at exit points and an overhead hoist had been installed for one resident.

The property had a large garden to the front and the back of the property. However, the back garden needed some work to ensure that it was accessible to all residents. This was particularly important for the resident living in apartment 1 as

their outside seating area was to the side of the property where vehicles were parked. This is discussed further in Section 2 of this report.

As stated earlier, three of the residents showed the inspector their bedroom. During this time, one resident who had moved to the centre last year, told the inspector they were happy living there, liked the food, the staff team and the people they lived with. The resident told the inspector that they would report any concerns to staff or family. The resident also spoke about how they made decisions about their lives on a day to day basis. For example; the resident said they were not keen on the menu option for dinner that day and had informed staff they would like an alternative. The inspector observed that this had been provided for the resident. This resident also loved coffee and decided before dinner that they wanted to go for a walk and a coffee to the local shop before having dinner.

Other residents were also observed being supported by staff on the day of the inspection when they wanted to do something that was not planned. This informed the inspector that residents' chose what they wanted to do and these choices were not dictated around routines in the centre.

Another resident who showed the inspector their bedroom said they liked living there. This resident also brought the inspector to show them that the car was insured and in a road worthy condition.

Residents appeared to lead meaningful active lives in line with their personal preferences. A review of records showed that they led active lives and had goals developed that were in line with their personal preferences. For example; one resident was currently saving to go on holidays abroad and told the inspector that they wanted to go somewhere sunny. Another resident who loved animals regularly visited places to see animals, and another resident was now pet sitting for family members when they were away overnight.

It was evident from talking to staff members and the person in charge that they knew the residents very well. They were observed treating residents with respect and dignity at all times. Interactions were observed to be natural and jovial and residents were observed joking with staff over the course of the inspection.

As part of this inspection, prior to visiting the centre, questionnaires were posted out to the centre for residents to complete about the quality and safety of care in the centre. All of the residents completed these with the support of staff. The feedback provided was very positive. Residents said they felt supported, liked the staff team, were encouraged and supported to maintain relationships with family and friends and would speak to staff if they were not happy or felt unsafe. They also said that they liked their home, felt safe and got to make decisions about their own lives. One resident reported that the centre was 'great' and that 'staff are special and so good'.

Residents meetings took place every week to talk about menu plans, activities and things that were happening in the centre. For example; residents were informed when maintenance issues arose and were fixed. These meetings were also used to inform residents about their rights and things that may affect them. For example;

residents were shown a video to celebrate ' Disability awareness day'.

The views of family representatives and residents on how the centre was managed was also collated by the person in charge for the annual review of the centre. The feedback from this was positive. One family member said that initially they had been apprehensive about their family member moving to the centre but were now very happy stating that ' it feels like home'.

Residents were supported to maintain links with their family and friends. One resident was being supported to develop meaningful friendships which was something they had expressly wished.

Overall, the residents reported that they were very happy living in the centre and reported that they had a good quality of life living here. The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

## Capacity and capability

Overall, the centre was well resourced and centred around providing high standards of person centred care to the residents. Some minor improvements were required under premises and records stored in the centre.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. The person on charge was also responsible for another designated centre under this provider and was able to maintain oversight of both centres at the time of the inspection. The person in charge provided good leadership and support to their team, which focused on providing a service that respected the wishes of the residents living there.

The person in charge reported to an area director, who was also a person participating in the management of the centre. They met regularly to discuss the care and support being provided in the centre.

The centre was being monitored and audited as required by the regulations and the registered provider completed a number of other audits to ensure that the service provided was to a good standard.

There was sufficient staff on duty to meet the needs of the residents at the time of the inspection. There were two vacancies which had recently been filled. Up to that point some regular relief staff or agency staff had been employed. All relief and agency staff were required to have induction training to the centre prior to working

there.

Staff met said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. Nursing care was provided as required by a team of nurses who provided 24 hour support. The staff spoken to also had a very good knowledge of the resident's needs.

A sample of personnel files reviewed were found to contain the information required under the regulations. There was also up to date Garda vetting in place for those staff and agency staff who were employed over the last number of months due to staff vacancies.

The training records viewed found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; emergency first aid, safeguarding adults, fire safety, manual handling, and infection prevention and control and autism.

In addition, the staff had also completed training in human rights. Staff gave some examples of how this training influenced their practices in the centre. One staff said that the resident leads the way in which the service is provided and not the staff. Further examples have been included in the 'What residents told us and what inspectors observed' section of the report'.

The records stored in the centre were for the most part well organised and up to date. Two improvements were required in one residents medicine plan and the actual staff rota for the centre.

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

The registered provider had submitted an application to renew the registration of the centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a qualified social care professional who had the necessary skills and experience to manage the centre. They demonstrated that they were very knowledgeable regarding the needs of the residents living in the centre and promoted a service that was person centred.

At the time of the inspection they were responsible for another centre under the

remit of this provider. The inspector found that this did not impact the oversight and management of this centre at the time of the inspection.

Judgment: Compliant

### Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents at the time of the inspection. There were two vacancies which had recently been filled. Up to that point some regular relief staff or agency staff had been employed. All relief and agency staff were required to have induction training to the centre prior to working there

A planned and actual rota was maintained. Some minor improvements were required to some of the actual staff rota's to ensure that the staff names were clearly written. This is actioned under regulation 21 of this report.

At the time of the inspection two new staff were starting, the inspector found that mandatory training was provided to those staff prior to commencing work. Induction training was also provided by the person in charge when staff commenced working in the centre.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. Nursing care was provided as required by a team of nurses who provided 24 hour support. The staff spoken with also had a very good knowledge of the resident's needs.

A sample of staff personnel files viewed were found to contain the documents required under the regulations. This included garda vetting reports.

Judgment: Compliant

### Regulation 16: Training and staff development

The training records viewed found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; emergency first aid, safeguarding adults, fire safety, manual handling, and infection prevention and control and autism.

In addition, the staff had also completed training in human rights. Staff gave some examples of how this training influenced their practices in the centre. One staff said that the resident leads the way in which the service is provided and not the staff.

Further detail of examples have been included in the 'What residents told us and what inspectors observed' section of the report'

Staff had supervision completed regularly in the centre in order to discuss their personal development or raise concerns if any about the quality of care provided. The person in charge had good oversight over this and had schedule in place for the year to ensure that it was completed with all staff.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre.

Judgment: Compliant

### Regulation 21: Records

The records stored in the centre were for the most part well organised and up to date. However, some minor improvements were required to some of the actual staff rota's to ensure that the staff names were clearly written.

One medicine protocol in the centre needed to be reviewed to ensure that the information was clear around the times of administration of the medicine. The person in charge had arranged to have this reviewed on the evening of the inspection.

Judgment: Substantially compliant

### Regulation 22: Insurance

The provider had submitted a copy of their statement of insurance to the chief inspector.

Judgment: Compliant

### Regulation 23: Governance and management

This centre was well resourced and had a defined management structure in place to ensure that the services provided were to a high standard.

The person in charge had very good oversight of the centre, was very organised and ensured that staff were supported through regular supervision and staff meetings. Where issues arose the person in charge managed them in a timely manner.

The registered provider also had systems in place to ensure that the services provided were safe. For example; risks were collated each month and submitted to the regional director who submitted reports to the chief executive officer. When fire drills were conducted a copy of this drill was submitted to the fire officer who reviewed the information to see if any learning was required.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Both the annual review and the last six monthly audit report had highlighted a small number of actions which required attention. The inspector followed up on some of these actions and found that they had been completed. For example; a resident had raised a concern about the availability of transport in the centre and there were now two vehicles available for residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had a statement of purpose in the centre which was regularly reviewed and contained all the details of the services provided as required under the regulations. An easy read version was also available for residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector was satisfied that the person in charge had notified the chief inspector of any adverse incidents that had occurred in the centre.

Judgment: Compliant

### Quality and safety

Overall, the residents were being supported to have meaningful active lives and were being supported to develop and maintain friendships. Improvements were required to the premises.

As stated the apartments were generally well maintained, clean and decorated to a good standard. The centre had a large garden to the front and the back of the property. However, the back garden, needed some work to ensure that it was accessible to all residents. This was particularly important for the resident living in apartment 1, as their outside seating area was to the side of the property where vehicles were parked.

Residents were supported with their health care needs and had access to a range of allied health care professionals should they need their support. At the time of the inspection, one resident had been referred to a mental health professional for support. This had been identified by the person in charge and other allied health professionals as being a significant need for the resident.

The general welfare and development of residents was supported in the centre. Residents were supported to either attend a day service or were supported by staff in the centre to choose activities they wanted to do on a daily basis.

There were systems in place to manage and mitigate risk and keep the residents safe in the centre. This included a risk register for overall risks and individual risk assessments for residents. Incidents in the centre were reviewed by the person in charge and where actions were needed to mitigate future risks they were completed.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Education was provided to the resident on their right to feel safe in the centre.

The registered provider had fire safety precautions in place. Staff had been provided with training in fire safety. Fire fighting equipment was available and had been serviced recently. Staff were knowledgeable about how to support residents in evacuating the centre. Personal emergency evacuation plans were in place to guide staff practice. Fire drills had been conducted to demonstrate that residents and staff could safely evacuate the centre in a timely manner.

The registered provider had policies and procedures in place for the safe ordering, storing, administration and disposal of medicines. Staff had been provided with training in the safe administration of medicines. A sample of incidents reviewed showed that, where a medication error had occurred, they were reported to a senior nurse immediately to seek advice. These incidents were also reviewed by the person in charge and where further action was warranted this was implemented. All residents had undertaken a self administration of medication assessment and where required, staff provided support to residents with their medication.

Infection control measures were also in place. Staff and residents had been provided with training in infection prevention control and donning and doffing of personal

protective equipment (PPE).

The inspector found examples of where the resident were supported with their rights. A human rights based approach to care was promoted with residents being included in decisions about their lives.

### Regulation 13: General welfare and development

The general welfare and development of residents was promoted and supported in this centre. Residents appeared to lead active lives, were involved in the local community and kept in regular contact with family and friends. Residents were supported to either attend a day service or could choose activities they wanted to do on a daily basis.

One resident was being supported to develop meaningful friendships which was something they had expressly wished. A review of records showed that the residents led active lives and had goals developed that were in line with their personal preferences. For example; one resident was currently saving to go on holidays abroad and told the inspector that they wanted to go somewhere sunny. Another resident who loved animals regularly visited places to see animals. Another resident was now pet sitting for family members when they were away overnight.

Judgment: Compliant

### Regulation 17: Premises

The property was well maintained, clean and decorated to a good standard. The residents said that they loved their home. However, the back garden, needed some work to ensure that it was accessible to all residents. This was particularly important for the resident living in apartment 1 as their outside seating area was to the side of the property where vehicles were parked.

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider had prepared a residents guide which included a summary of the services and facilities provided; the terms and conditions relating to

residency; arrangements for resident involvement in the running of the centre and the procedure to follow regarding complaints.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place to manage risks in the centre. The person in charge reviewed all incidents that occurred in the centre and introduced control measures following this where required. Where a risk assessment was implemented this was reviewed by the person in charge and the area director.

Two vehicles were available in the centre. As shown to the inspector by a resident the vehicles were roadworthy and insured.

Judgment: Compliant

### Regulation 27: Protection against infection

There were systems in place to protect the resident from infection. This included contingencies to prevent/ manage COVID-19.

There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. There were adequate hand-washing facilities and hand sanitising gels available and enhanced cleaning schedules were in place. This included schedules for cleaning some medical equipment. Staff were able to demonstrate how they would manage spills in the centre and what personal protective equipment would be required in order to prevent cross contamination.

The registered provider had systems in place for the management of waste.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had fire safety precautions in place. Staff had been provided with training in fire safety. Fire fighting equipment was available and had been serviced recently. Staff were knowledgeable about how to support residents in evacuating the centre. Personal emergency evacuation plans were in place to guide staff practice.

A sample of documentation informed the inspector that staff undertook daily, weekly and monthly checks on fire safety measures and where required, reported any issues or faults. Fire drills had been conducted to demonstrate that residents and staff could safely evacuate the centre in a timely manner. When fire drills were conducted, a copy of this drill was submitted to the fire officer who reviewed the information to see if any learning was required. This ensured oversight of fire safety measures in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The registered provider had policies and procedures in place for the safe ordering, storing, administration and disposal of medicines. Staff had been provided with training in the safe administration of medicines. A sample of incidents reviewed showed that, where a medication error had occurred, they were reported to a senior nurse immediately to seek advice. These incidents were also reviewed by the person in charge and where further action was warranted this was implemented. All residents had undertaken a self administration of medication assessment and where required, staff provided support to residents with their medication

Judgment: Compliant

### Regulation 6: Health care

Residents were supported with their health care needs and had required access to a range of allied health care professionals if required. The inspector found that the person in charge had advocated for one resident to receive supports around their mental health. This was being addressed at the time of the inspection.

Support plans were in place to guide staff practice and inform the supports a resident required with their health care needs.

Residents had the right to refuse specific medical treatment. For example; where one resident had refused some medicines this was reported to the their GP.

Judgment: Compliant

### Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Staff spoken with

were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Education was provided to the residents on their right to feel safe in the centre.

Where potential safeguarding concerns had arisen in the centre, the person in charge had taken appropriate measures to ensure that residents were safe. For example; safeguarding plans had been developed to mitigate risks. Staff were aware of these plans which were reviewed regularly by the person in charge and other senior members of staff.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found examples of where residents were supported with their rights. Residents had the freedom to exercise choice and control over their daily lives. For example; on the day of the inspection residents were able to choose what they wanted to do.

Residents meetings took place every week to talk about menu plans, activities and things that were happening in the centre. For example; residents were informed when maintenance issues arose and were fixed. These meetings were also used to inform residents about their rights and things that may affect them. For example; residents were shown a video to celebrate ' Disability awareness day'.

The inspector found that where a resident had raised a complaint about the quality of care that it was responded to. For example; a resident complained about the transport available in the centre and an additional bus was now available.

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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mullingar Centre 1 OSV-0004090

Inspection ID: MON-0030821

Date of inspection: 03/05/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The person in charge has reviewed roster records have been revised to ensure names are legible and record is maintained to accurately reflect actual rostered staff. One medicine protocol in the Centre has been reviewed to ensure that the information was clear around the times of administration of the medicine.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In consultation with the residence a plan was put in place to make best use of the space. A plan of works has been submitted to the maintenance department. Works will be completed by the 10/01/24.</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 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	10/01/2024
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre.	Substantially Compliant	Yellow	19/05/2023
Regulation 21(4)	Records kept in accordance with this section and set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4, shall be retained for a period of not less than 4 years from	Substantially Compliant	Yellow	19/05/2023

	the date of their making.			
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