



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

## Issued by the Chief Inspector

Name of designated centre:	Sunville
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	05 September 2024
Centre ID:	OSV-0005874
Fieldwork ID:	MON-0035981

## About the designated centre

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

Sunville is a centre run by Brothers of Charity Services Ireland. The centre provides a residential service for three residents over the age of 18 years. Two residents live in the centre on a full-time basis and one resident is in receipt of a part-time service. The centre is located on the outskirts of the busy town and comprises of two self-contained adjacent, ground floor apartments and one first-floor apartment in a larger apartment complex. Each resident has their own apartment with access to their own en-suite bedroom, a main bathroom, staff room, utility space and, open plan kitchen, dining and living area. The centre is close to transport services and a variety of local amenities, some of which are within walking distance of the centre. The model of care is social and the support provided is informed by the assessment of resident needs and abilities. A staff presence is maintained in the centre and there are periods of the day when each resident has their own staff support. A staff on sleepover duty is available in two of the three apartments to provide support to residents if needed. Management and oversight of the service is delegated to the person in charge supported by a coordinator and a lead social care worker.

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

Number of residents on the date of inspection:	2
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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
Thursday 5 September 2024	10:30hrs to 17:15hrs	Jackie Warren	Lead
Thursday 5 September 2024	11:30hrs to 12:30hrs	Aonghus Hourihane	Support

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, inspectors met and spoke with, two residents who lived in the centre. The third resident was not in the centre on the day of inspection. Inspectors also met with the person in charge, and a staff on duty, and viewed a range of documentation and processes. A high level of compliance was found in the regulations relating to the care, welfare and rights of residents. Some improvement, however, was required to staff supervision, and staff recruitment, although these did not appear to impact negatively on the lives and care of residents.

The person in charge, management team and staff prioritised the wellbeing, autonomy, human rights and quality of life of residents. It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to live their lives as independently as possible.

Although residents were out and about at various times during the day, an inspector had the opportunity to meet both residents individually in their apartments at times that suited their plans for the day. On an inspector's arrival at the centre, residents were expecting them and knew the purpose of the inspection. One resident met inspectors in the morning, before going out. The other resident met an inspector in the afternoon and made tea so they could sit down together and have a chat about their life in the centre. Both residents showed the inspector around their homes and said that they were very comfortable there.

Residents said they were very happy with all aspects of living there. Residents told inspectors that they were well supported by staff, who provided them with good care, and that they always made their own choices around how they lived their lives and what they did each day. Residents said that they would feel comfortable to raise any concerns with staff and were confident that any issues would be addressed. Residents knew who was in charge, and they said that they trusted the staff. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff. Staff were observed respecting residents' wishes, and discussing and facilitating their plans and preferences, while enabling their independence with the necessary levels of support.

Residents were very involved in community activities that they enjoyed. As this was a home-based service, residents had choices around doing things in the centre, attending activities at external services, or going out to do things in the community. As the centre was centrally located, residents could take part in a range of activities and opportunities locally. Both residents told an inspector that they could go out for employment or training, walks, shopping or refreshments, and inspectors observed

this on the day. The centre also had dedicated transport, which could be used for outings or any activities that residents chose.

A resident spoke at length with an inspector about their social and community involvement, and explained that they could go out independently to local events or could travel further away using public transport. This resident spoke about activities that they did independently, such as taking the bus to visit siblings in another county and going out socially with friends at weekends. They also told inspectors about an arts related training programme that they were about to start the following week. This was very meaningful to the resident and they were really looking forward to it. They also spoke about their part-time job, weekly volunteer work, activities such as zumba classes, family contact and outings. Another resident also told an inspector about having good social and community involvement that they enjoyed. This resident also did some part time work in two workplaces and enjoyed that. They were going to a disco the following day, where they would meet up with friends and the resident was looking forward to that. The resident also talked about plans to go out for lunch with staff in the coming days and about a forthcoming birthday outing to Liverpool. They also talked about other activities that they enjoyed, including going to the cinema, traditional music sessions, and sport.

An inspector also read two survey questionnaires that had been completed by residents in preparation for the inspection. Both these surveys showed a high level of satisfaction with the service and there were no negative issues, concerns or areas for improvement identified. Some of the areas that residents highlighted in the surveys included satisfaction with staff support, help available as needed, growth in independence and confidence since living in the service, and feeling safe.

The centre consisted of three self-contained apartments in a residential area of a rural town. The centre was laid out and equipped to provide residents with a safe and comfortable living environment. Residents' bedrooms which were decorated in line with their preferences. All apartment had clean, well equipped kitchens. Residents told the inspector that they planned their own meals, and that they always had meals that they liked and enjoyed. One resident had completed a cookery course and liked to do all their own cooking, while another resident liked to cook with staff support. Cooking arrangements were flexible and residents sometimes went out for something to eat or had a take-away and they said that they enjoyed this. Residents also liked to be very involved in household tasks in their apartments and told that inspector that they did household cleaning, laundry and grocery shopping.

Both residents told an inspector that they were very aware of their rights and of how to access advocacy, and that this had been explained to them by staff. They explained how they managed their money, and were supported to vote and practice their religion as they wished. A resident also told an inspector about how personal relationships were being well supported.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and

safety of the service and quality of life of residents.

## Capacity and capability

The provider had measures in place in this centre to ensure that the centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there.

There was a clear organisational structure in place to manage the service and this was clearly described in the centre's statement of purpose. There was a person in charge who was suitably qualified and experienced for this role. Effective arrangements were in place to support the person in charge in the management of the centre, and also to manage the service and support staff when the person in charge was not on duty.

There were a range of systems in place to oversee the quality and safety of care in the centre. These included ongoing audits of the service, including unannounced audits by the provider which were carried twice each year, and an annual review of the service which included consultation with residents. Any issues arising from audits were being suitably addressed in a timely manner.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, and access to Wi-Fi and televisions. The provider had also ensured that the service and residents' property were suitably insured.

Adequate staffing levels were being maintained in the centre to support residents' preferences and assessed needs, and these staff had received training to support them for their roles. However, the frequency of formal staff supervision and an aspect of staff recruitment records required improvement.

There was also a statement of purpose which gave a clear description of the service and met the requirements of the regulations.

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

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. An inspector reviewed this documentation and found that it had been suitably submitted. Some minor amendments were required to the statement of

purpose and the residents' guide and these were promptly addressed.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
<p>The provider had appointed a suitable person in charge to manage the designated centre. The inspector read the information supplied to the Chief Inspector in relation to the person in charge. This indicated that they had the required qualifications and experience for this role &amp; that the role was full-time. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived in the centre, and was also knowledgeable of their regulatory responsibilities. It was clear that the person in charge was very involved in the running of the service and was well known to residents. The person in charge worked closely with the wider management team, staff and a team leader who was based in the centre.</p>
Judgment: Compliant
<b>Regulation 15: Staffing</b>
<p>The provider had ensured that appropriate staffing levels were being maintained in the centre to ensure that residents were being supported in line with their preferences and assessed needs. Overall staff had been suitably recruited, although some improvement was required to employment history records.</p> <p>An inspector reviewed a sample of one month's staff rosters, which indicated that consistent staff were being allocated to support residents. Residents told the inspector that there were always enough staff available to support them and that they trusted the staff. An inspector reviewed a sample of three staff files during the inspection. Overall these were found to contain most of the information and documents specified in Schedule 2 of the regulations, including up-to-date vetting disclosures. However, there were some unexplained gaps in employment histories in two of the files examined.</p>
Judgment: Substantially compliant
<b>Regulation 16: Training and staff development</b>
Staff who worked in the centre had received training appropriate to their roles, to



ensure that they were equipped to deliver appropriate care to meet the needs residents' assessed needs. However, some improvement to the staff supervision process was required.

An inspector read the training records which recorded that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended other relevant training, such as medication management, manual handling, food hygiene, hand hygiene and personal protective equipment, including use of protective face masks (FFP2 masks). There was a training plan to ensure that training was delivered as required. A small number of staff had not received some refresher training within the required time frames, but the person in charge had identified this deficit and these staff were booked into scheduled training sessions to address this. A staff member told the inspector that they felt very well supported and informed by the level and range of training that they had received in the service.

Staff had access to support and supervision meetings. The person in charge showed the inspector records which demonstrated that all staff had already attended supervision meetings in 2024. All staff had also attended their annual performance management meetings. Although staff had already received supervision and performance management in line with the provider's national policy, this frequency was not in line with the provider's local procedure of two support and supervision meetings each year. Further support and supervision meetings had not been scheduled for staff for the remainder of 2024. This presented a risk that any potential workforce issues or problems may not be identified in a timely manner.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider had ensured that the centre was suitably insured. There was a current insurance policy in effect at the time of inspection.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents.

The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by

the provider, and an annual review of the quality and safety of care and support. The inspector viewed these audits, all of which showed a high level of compliance. An organisational structure with clear lines of authority had been established to manage the centre, and this was clearly laid out in the statement of purpose. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. An inspector read the statement of purpose and found that it met the requirements of the regulations, was up to date, and was being reviewed annually by the person in charge.

Judgment: Compliant

### Quality and safety

The provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their preferences. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. Residents were involved in activities and lifestyles that were meaningful to them.

Residents took part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. As this was a home based service, residents could stay at home during the day or go out the activities that they enjoyed, and the service was staffed to accommodate this. One resident preferred to avail of minimal support from staff and this was being supported, while other residents also lived as independently as possible with required staff support.

The centre suited the needs of residents, and was warm, clean, comfortable and well maintained. The centre was located in a residential area and residents

could access their preferred activities on foot, in the centre's transport vehicles, by public transport or by taxi. Each resident had a self-contained apartment of which they were the sole occupant. Residents were very involved in the running of their homes, including cooking, laundry and household tasks. Staff also explored development projects with residents and supported them to attend training, employment and volunteer roles.

Residents' civil, political and religious rights were being supported. Arrangements were in place for the safe management of residents' property and valuables. Information was supplied to residents through ongoing interaction with staff and the provider had also provided a written guide for residents with information about the service. Involvement with family and friends was seen as an important aspect of residents' lives. Residents told an inspector that they could have visitors in the centre as they wished and could also to meet family and friends in other places.

Residents' nutritional needs were well met. Residents chose, and were involved in shopping for and preparing, their own food.

There were arrangements in place to safeguard residents from harm. These included safeguarding training for all staff and the support of a designated safeguarding officer should it be required. Staff had also received training in managing behaviours of concern. Residents were clear about staying safe and knew how to respond to any safeguarding concerns. Residents were also very clear about fire safety and on the evacuation processes. They told an inspector that the fire alarm was very loud and that it would waken them at night. A resident demonstrated how they would evacuate from the apartment in different circumstances depending on the location of the fire. The resident also activated the fire alarm to show an inspector how the self-closing door mechanism worked. Furthermore, there were safe practices in the centre for the management, storage and disposal of medication. Risk assessments had been carried out to assess residents' capacity to manage their own medication, and medication was being managed in line with these assessment outcomes.

## Regulation 12: Personal possessions

The person in charge had ensured that residents kept control of their own valuables, and managed their own finances. Residents told the inspector that they kept control of, and chose, their own clothes. An inspector saw that each resident had adequate furniture for storage of their clothing and valuables. Residents also explained that they did their own laundry in their apartments. Both residents were very clear about financial management and rights, and explained to an inspector how they managed their money and financial business.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community.

Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in both developmental and leisure activities that they enjoyed, including sports such as bowling, swimming and horse riding, exercise classes, discos, going for walks, outings, drives to places of interest, visiting their families and socialising with friends. Residents were supported in self-development and had been, and were currently, involved in training and courses to further their everyday living skills. Both residents told an inspector about being involved in both voluntary work and paid employment. Residents were also involved in household tasks, such as laundry, recycling and food preparation, and had autonomy to carry out everyday community activities such as shopping, banking, going to the cinema, and eating out.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents.

An inspector visited all three apartments in the centre. During a walk around the centre, the inspector saw that the apartments were well maintained, clean, comfortably decorated and personalised. All apartments were for sole occupancy, which ensured that each resident had adequate privacy. Residents explained to an inspector that there were good arrangements in place for the maintenance and upkeep on the apartments, and a resident gave an example of a plumbing fault which had been promptly addressed when brought to the attention of the person in charge. There were laundry facilities in each apartment for residents to use and there was a refuse collection provided by a private contractor.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' involvement around their food and meals was being well supported.

Each apartment in the centre had a well equipped kitchen where food could be

stored and prepared in hygienic conditions. Each resident in the centre made their own individual dining arrangements. Both residents told an inspector that they did their grocery shopping with staff support and that they liked preparing their own meals and baking. They explained that they chose their own meals in line with their preferences. Residents told an inspector that they also enjoyed going out for something to eat, which they did frequently either with staff, family or friends. Although residents carried out most of their own food preparation and cooking, staff had received food hygiene training and supported residents to use good food safety practices such as monitoring the shelf life of their stored food.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had ensured that information was provided to residents.

There was a residents' guide prepared and supplied to residents. An inspector read this document and found that it included a range of information for residents. Other information that was relevant to residents was also provided. This included photographic information about managers involved in the centre, the designated safeguarding officer and events taking place in the local area.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and each resident had access to a local pharmacist of their choice.

An inspector viewed the arrangements for the management, storage and disposal of medication and found that these were safe. Medicines were being securely stored, and there were suitable arrangements for the storage, recording and return of unused or out-of-date medicines to the pharmacist. There were also clear records for prescription and administration of medicines. An inspector read the risk assessments which had been carried out to assess residents' capacity to manage their own medication, and medication was being administered in line with these assessment outcomes. Staff had received training in safe administration of medication.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place to safeguard residents from harm. These measures included safeguarding training for all staff, an up-to-date policy to guide staff, and access to a safeguarding process. Information had also been made available to residents to increase their awareness and understanding of safeguarding, and these measures had been effective. Both residents explained that they had attended safeguarding training, they knew the role of the designated safeguarding officer and they were aware of what constituted abuse or unacceptable behaviour. They told an inspector that they felt safe in the centre. The safeguarding process included involvement of a safeguarding team. The provider had introduced strong measures to address a safeguarding issue in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, it was clear that residents had choices around how they spent their days, and how their lifestyles were being supported. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

Both residents, who were present during the inspection, told an inspector that they were very involved in decision making in the centre, and they were seen making plans and discussing their wishes with staff on the day. Residents also told the inspector about their rights and advocacy, and confirmed that staff had told them about these. They also explained that they could live their lives as they chose and received staff support, as required, to do this. They knew the complaints process and felt confident that if they made a complaint that it would be addressed.

Both residents told an inspector that they were registered to vote and had the option of voting if they chose to. They also confirmed that their spiritual preferences were supported and that included their rights to practice their religion as they wished. Residents also told an inspector that they retained control of their own money and property, and could have the level of support that they required from staff to achieve this.

Clean, comfortable accommodation was provided for residents and they told an inspector of their involvement in decorating and personalising their rooms the way they liked, with bed linens of their choice, family photos, ornaments and items relating to their hobbies and interests. Residents also told an inspector that they took part in housekeeping, cooking and laundry. They also explained that they could keep contact with family and friends, and take part in social events.

Staff had were in the process of attending face-to-face human rights training on a

phased basis, and had also had access to online training which most staff had attended.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Sunville OSV-0005874

Inspection ID: MON-0035981

Date of inspection: 05/09/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will take the following actions to ensure compliance with Regulation 15: Staffing – <ul style="list-style-type: none"><li>• The PIC will ensure staff identified as having gaps in employment history records will review same and resubmit to HR to ensure a record is held with no gaps present. [27/09/2024 Completed]</li><li>• HR will ensure that all staff files for DC Sunville are reviewed and complaint with Schedule 2 of the regulations. [Planned Completion: 15/11/2024]</li><li>• HR will carry out a review of all staff files to ensure compliance with Regulation 2. [Planned Completion: 31/03/2025]</li></ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The registered provider will ensure the following action is taken to ensure compliance with Regulation 16: Training and Staff Development: <ul style="list-style-type: none"><li>• The PIC will ensure the Support and Supervision schedule for 2025 schedules one session during Quarter 1+2 of 2025 and the second session between quarters 3+4 of the year. The performance enhancements will also be completed 12 months from the date of the last PE meeting. In the event additional supervision sessions are required these will be recorded on the schedule also. [Planned Completion: 15/11/2024 – for schedule to be developed and followed throughout 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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	15/11/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/11/2024