Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	An Tra
Name of provider:	Avista CLG
Address of centre:	Dublin 3
Type of inspection:	Announced
Date of inspection:	22 July 2026
Centre ID:	OSV-0007899
Fieldwork ID:	MON-0041783

About the designated centre

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

An Trá provides residential care for up to four adult residents with an intellectual disability. The centre is a six bedroom semi-detached bungalow situated in a coastal suburb on the North side of Dublin. There is a cobble locked garden in front of the house and a spacious garden enveloping the house. Each resident has their own bedroom, all of which have an en suite bathroom. There is also a lounge, kitchen, dining room, a small sitting room and two bathrooms. The house is close to a number of local amenities such as a local park, a promenade, coffee shops, restaurants, churches and shops. Residents have access to a bus to support them to access their local community. Residents are supported by registered nurses and care staff 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 22 July 2026	10:00hrs to 16:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the four residents living in this centre received quality care, in which their support needs were met and their rights were upheld and promoted. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. Area for improvement were identified in relation to behavioural support arrangements for one of the residents and some maintenance in the premises.

The house is a large six-bedroomed bungalow in a coastal suburb in North Dublin. Each of the residents had their own ensuite bedroom, which were suitably decorated and personalised in line with their preferences and life story. There was also a large accessible bathroom, a staff sleepover room with an en suite bathroom, a sitting room and a kitchen come dining area. The house has a patio and paved garden to the rear which is visible from each of the bedrooms in the house. The patio included a seating area for outdoor dinning, a number of planted beds and pots. The centre was located in an established residential area and close to a range of local amenities and transport links. These included two parks, shops, restaurant, coffee shop, hair dresser and church. It was noted that the residents had good relations with a number of their neighbours who had also been living in the area for an extended period. For example, a number of the neighbours exchanged gifts with the residents at Christmas time. Staff reported that the residents engaged in a number of initiatives within the local area such as tidy towns and a local community group for senior citizens.

The centre is registered for four adult residents and there were no vacancies at the time of inspection. On the day of inspection, one of the residents was an in-patient in hospital having been admitted with a health complaint the preceding week. The person in charge reported that it was expected that the resident would be discharged back into the care of the centre the following day. The four residents were advancing in age and were of a similar age profile. Overall, they were considered to get along well together and were noted to enjoy activities within their local community individually and together. However, the behaviours of two of the residents could on occasions be difficult to manage in a group living environment and had the potential to have a negative impact on other residents living in the centre. A referral for one of these resident had been made to the provider's behavioural specialist following a change in their presentation some months previous. However, they had not yet been assessed and consequently a suitable behaviour support plan was not in place for this resident to guide staff practice in supporting the resident.

The centre had opened in 2020 and three residents moved from a large 22-bedded setting to the centre. A fourth resident transitioned to the centre from another campus-based setting in 2021. A number of the staff team had been working with

the residents in their previous homes. These staff members outlined the positive outcomes which a move to the community had been for the residents. It was noted that there had been a reduction in behavioural issues and greater participation within their local community for each of the residents.

The centre was observed to be homely and comfortable. New flooring had recently been installed in two of the resident bedrooms and painting had been completed to walls and woodwork in a number of areas. The provider has identified that the flooring in the hallway and the remaining two resident's bedrooms was worn and required to be replaced. A time line for same had not yet been agreed. Further to the last inspection a new vehicle had been purchased for the centre. The new car could accommodate a resident in the centre who was a wheelchair user and the other residents to access activities and events within the community.

The inspector met with each of the three residents who were present in the centre on the day of inspection. The residents were noted to be in good spirits. Residents presented with complex communication needs. Only one of the residents communicated verbally, while others communicated using gestures, facial expression, sounds and body language. Staff were noted to appropriately respond to their gestures. Two residents were observed having a meal together and staff were observed to support the residents to enjoy their meal in a kind and patient manner. On the morning of inspection, one of the residents was supported by staff to complete a recycling task and bottle return scheme. A staff member was heard singing to a resident. Staff were observed to treat residents with respect. This included observations of a staff member knocking and seeking permission to take a residents laundry and offering refreshments at various stages of the day.

There was an atmosphere of friendliness and calm in the centre. Music from a number of well known music artists were heard gently playing at various times of the day. Each of the residents appeared in good form and were observed smiling, chatting and making happy vocalisations at various times of the day. One of the staff on duty on the day of the inspection had worked with three of the residents for over twenty years and it was clear that both residents and staff were relaxed and comfortable in each others' company. There was a feeling of warmth and respect in the centre, with staff and resident interactions being noted as familiar and kind. A resident was observed being supported by staff to prepare and bake banana bread which they appeared to enjoy.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with, and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The residents were supported to maintain relations with their respective families with visits in the centre and to their respective family homes. The provider had completed a survey with the residents and their relatives which indicated that families were happy with the care and support being provided for their loved ones. Staff, on behalf of residents had completed Office of the Chief Inspector

questionnaires which indicated that they were happy with the care and support provided.

Information on resident rights, complaints processes, decision-making capacity and the national advocacy service were available in the centre. It was evident that staff in the centre strived to uphold residents' rights to privacy and dignity and to exercising choice and control in their daily lives through their practices. Staff were noted to advocate for residents who required support to do so. The purchase of the wheelchair accessible car in the centre in May 2026 had occurred following the submission of a complaint by a staff member on behalf of a resident because the previous vehicle was not suitable for wheel chair users. Residents' meetings took place and were documented in a way which reflected how residents' reacted to various topics and agenda items. Staff had received training in human rights.

Each of the residents enjoyed activities in their local communities. None of the residents were engaged in a formal day service programme but enjoyed individualised activities in the centre and their local community with the support of staff. Activities that one or more of the residents engaged in included, visits to family, shopping trips, attending church, beauty treatments in the centre and local beauticians, walks in parks, beach visits, cooking and baking, coffee and meals out, cinema trips and local community groups. Two of the residents were engaged in a local community old age pensioners group on a weekly basis which it was reported that they enjoyed. The residents engaged regularly with the local church who held a number of community events each year which the residents enjoyed attending, in addition to church visits and mass. As referred to above, the centre had its own dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. A number of the residents accessed local transport links with staff support.

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

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was resourced with sufficient facilities and available supports to meet the needs of the residents. The full complement of staff were in place at the time of inspection with the recent successful recruitment of two new staff members.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had taken up the position in December 2024. They were in a full time position but were also responsible for two other designated centres located

within the same geographical area. The person in charge had a background as a registered general nurse and a registered midwife. They held a degree in nursing science and a masters in health management, learning and policy. They had more than 20 years management experience. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge had protected management hours for their role and appropriately divided their time between each of the centres for which they held responsibility. They reported to the clinical nurse manager 3 (CNM 3) who in turn reported to the service manager. The inspector reviewed meeting records which showed that the person in charge and CNM 3 held formal meetings on a regular basis.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to assess the provider's application to renew the registration of the designated centre. The inspector reviewed the documentation submitted as part of the renewal application, including the statement of purpose and supporting information required under Schedule 1 of the regulations. The inspector found that the provider had submitted a complete and accurate application for renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the regulations, which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position and was responsible for two other centres located within the same geographical area. Discussions with the person in charge demonstrated that they had good knowledge of the four residents' care and support needs, and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. The full whole time equivalent complement of staff were in place at the time of inspection. This was a staff nurse-led service, with a registered staff nurse rostered on duty at all times. A significant number of the staff team had been working with the residents for an extended period, having worked with the residents prior to their admission to the centre. The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. A staff nurse and two care staff were rostered on duty during the day. At night, a registered staff nurse was rostered as waking night staff with one care staff member on sleep over who could be called upon if required. The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection. The staff team comprised of registered staff nurses, care staff and the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place. Team meetings were undertaken on a regular basis. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues.

The inspector reviewed supervision records for four of the staff team. It was noted that supervision was focused on performance management and ensuring that the best possible service was provided to the residents. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with, were clear on the management structures and supports in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis as required by the regulations. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, infection prevention and control, medicines management and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information set out in Schedule 1 of the regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was available in an accessible format for residents and their families. There was a nominated complaints officer. There had been one recorded complaint in the centre in the preceding six month period. This had been appropriately responded to in line with the provider's policies and procedures.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place on the matters set out in schedule 5 of the regulations. Each of the policies had been reviewed at intervals not exceeding three years as required by the regulations.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation to the behavioural support arrangements for one of the residents. It had been identified by the provider that the flooring in two of the resident bedrooms and on the corridor required to be replaced.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan document reflected the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. An annual review of the personal plan in line with the requirements of the regulations had been undertaken for each of the residents in the preceding 12 month period.

Over the preceding period there had been a change in the presentation of one of the residents and they were noted to present with some behaviours which could be difficult for staff to manage in a group living environment. This in turn had the potential to have a negative impact on the other residents living in the centre. Although a referral had been made to the provider's behaviourial specialist, a formal assessment had not yet been completed and consequently a suitable behaviour support plan had not yet been put in place for the resident. There were minimal restrictive practices in use in the centre.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

There were measures in place to protect the residents from being harmed or suffering from abuse. As referred to under Regulation 7, it was noted that the behaviours of a small number of residents could be difficult on occasions to manage in a group living environment and had the potential to have a negative impact on

the other residents. However, at the time of inspection incidents appeared to be well managed with minimal impact for other residents. There had been no safeguarding concerns reported in the centre in the preceding 12 month period and there were no safeguarding plans in place at the time of inspection. Suitable safeguarding procedures and reporting arrangements were in place. The provider had a safeguarding policy, dated May 2024. The staff members met with on the day of inspection had a good knowledge of safeguarding procedures.

Regulation 12: Personal possessions

Each of the residents had appropriate storage space in their bedrooms for their clothes and personal items. An inventory of their personal items was maintained. Each of the residents had their own bank accounts and were supported by staff to manage their finances with appropriate records and audits of accounts maintained.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that all of the matters set out in Schedule 6 of the regulations had been put in place. The flooring in two of the resident's bedrooms had recently been replaced and re-painting of walls and woodwork in a number of areas had been completed. The provider had identified that the flooring in the remaining two resident bedrooms and in the corridor required replacing but a timeline for same had not yet been agreed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments, which had recently been reviewed. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk, which were completed at regular intervals. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidents. The inspector reviewed records of incidents. Overall, there was a low number of incidents and evidence that all incidents were reviewed by the person in charge, and that any learning was shared with the staff team. In addition risk assessments were

updated as required to ensure that the control measures in place remained effective.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident. Risk assessments for fire had been completed and were subject to regular review. The inspector observed that there were adequate means of escape. A fire assembly point was identified in an area to the front of the house. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed by the inspector showed that all fire-fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a medication management policy, dated August 2025. There were suitable secure storage arrangements in place and the inspector found that all medications were appropriately stored. The inspector found that there were appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. Medication prescription and administration sheets were suitably maintained. Monthly drug inventory checks were completed with records maintained. A record log was maintained of all medications returned to the pharmacy for disposal with the record signed by the staff member returning the medication and the pharmacist receiving the medication. A self administration for medication capacity had been completed for each of the residents and found that it was not suitable for any of the residents to be responsible for managing their own medications. A registered staff nurse was on duty at all times who was responsible to administer prescribed medicines to the residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support plan for each of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual review of each resident's personal plan had been completed in the preceding 12 month period, in line with the requirements of the regulations.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. This is a staff nurse led service with a registered staff nurse on duty at all times. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

The behaviours of two of the residents could on occasions be difficult to manage in a group living environment. It was noted that there had been a change in presentation and escalation in behaviours for one of the residents in the preceding period. Some behavioural guidance had been put in place for this resident by staff. This guidance had limited evidence of input from a behavioural specialist or evidence that they were based on a recent suitable assessment by an appropriate expert. A referral had been made to the provider's behavioural specialist and it was proposed that a suitable behaviour support plan would be put in place following their assessment.

There were a small number of restrictive practices in use in the centre. These had been assessed by relevant health and social care professionals and were regularly reviewed. A full restrictive practice review was carried out with members of a multidisciplinary team in the preceding period and it was evident that these reviews focused on residents' rights to inform their decision making. Individual rights assessments were completed for restrictions in place

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service was available in the centre. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre. Records reviewed showed that all staff had completed training in a human-rights based approach to health and social care, in addition to training on the Assisted Decision Making (Capacity) Act.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for An Tra OSV-0007899

Inspection ID: MON-0041783

Date of inspection: 22/07/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All outstanding Maintenance issues will be reviewed and works completed where identified.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • Refresher training for staff completed on 09/02/026 by clinical behavioral Nurse specialists • MBOC training for staff to be completed by December 2026, bookings confirmed • Clinical nurse Specialist will review Individual with escalating behaviours of concern. Currently monitoring and recording system in place to facilitate review process.	

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	31/01/2027
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/11/2026