



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

Issued by the Chief Inspector

Name of designated centre:	Tullycoora House
Name of provider:	Trinity Support and Care Services Limited
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	16 January 2023
Centre ID:	OSV-0008059
Fieldwork ID:	MON-0037924

About the designated centre

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

Tullycoora House consists of a two storey large house with a wraparound garden and an additional apartment with a large back garden that can cater for one individual. The centre is in the countryside close to a nearby town. Facilities offered within Tullycoora House support residents to experience life in a home like environment and to engage in activities of daily living typical to those which take place in many homes, with additional supports in place in line with residents' assessed needs. Residents are support by a team of social care staff, team leaders and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Monday 16 January 2023	10:15hrs to 18:00hrs	Karena Butler	Lead
Monday 16 January 2023	10:30hrs to 18:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspectors observed, the residents living in the centre appeared relaxed and comfortable in their home. The person in charge and staff members were found to be very knowledgeable in relation to the residents' preferences and support needs. However, some improvements were required in relation to staffing, training and staff development, governance and management, protection against infection, and fire precautions. These areas will be discussed in more detail in the next two sections of the report.

The inspectors had the opportunity to meet with both residents that lived in the centre. They informed the inspectors that they liked living in the centre and the staff members that worked there were nice. One resident had recently moved from the main house into an apartment on the grounds of the centre and they said they preferred their new living arrangement.

On the day of the inspection one resident had plans to go for ice cream and a drive. Another resident had an appointment and then chose to relax watching television in their room. Neither residents attended any formalised day service programmes since their admission. The person in charge had plans to explore a particular day service for one resident on a phased basis and to explore adult literacy classes for the other resident. Staff were still in the process of attempting to slowly explore and expand on opportunities for experiences external to the centre and in the local area for one of the residents. Staff were continuing to support that resident to cope with changes related with trying these new activities.

An inspector completed a walk around of the centre and it was found for the most part to be clean and adequate to meet the needs of the resident. Both residents had space for privacy. Each resident showed the inspector their bedroom and both contained personal items displayed. One resident had designed a wall of motivational quotes in the hall of the main house. In addition, they had designed another wall with their name and all the staff members' names displayed colourfully with nice words to describe each person surrounding their name.

There were board games, jigsaws and sensory equipment available for residents' use. The main house had a wraparound garden area and the apartment had a large back garden. One resident had a trike and go-kart to use in the outside space.

Weekly resident meetings were taking place in order to support the residents to make choices about their daily lives. In addition, there were regular key-working sessions to help the residents develop their goals and complete social stories, as appropriate to support them.

The next two sections of this report presents the findings of this inspection in relation to the governance and management of this centre and, how the governance and management arrangements were impacting on the quality and safety of the

service being provided.

Capacity and capability

This inspection was undertaken as a risk based inspection following the provider's last inspection by the Health Information and Quality Authority (HIQA) in August 2022, which had found improvements were required due to a large number of regulatory non-compliance's. The majority of actions from the previous inspection had been completed by the time of this inspection.

On the day of this inspection, the inspectors found the centre was adequately resourced to meet the needs of residents. In addition, for the most part, the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. Improvements were required in relation to governance and management, staffing, and staff training and development.

There was a clearly defined management structure in place. The provider had completed two unannounced visits to the centre since it opened in April 2022 and the last provider lead visit took place in October 2022. Some other local audits were being completed, however, as per the last inspection findings, the inspectors found that not all audits prescribed by the provider for completion in the centre were occurring as per the schedule. In addition, while weekly service reports were completed by the person in charge there was no evidence that the monthly service reports that were due to be completed were being completed. The last one on file was from June 2022.

There were monthly staff meetings occurring in the centre. Staff members spoken with informed the inspectors that they felt supported in their role by the person in charge and were able to raise issues or concerns, where necessary. An inspector reviewed a sample of staff supervision records and found that staff had received formal supervision in line with the organisational policy.

The inspectors found that the provider had ensured for the most part that staffing levels were in accordance with residents assessed needs. However, there were occasions, due to a number of unforeseen staff absences, where the staffing levels had fallen below what the provider had assessed to be the minimum levels to provide a safe service. Therefore, the inspectors were not assured that the provider's workforce contingency plans were always effective.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. For example, staff had received training in fire safety and medication management. However, some training, for example, one staff member was due training in adult safeguarding.

An inspector reviewed the transition plans for both residents that were used to

support the residents' moving to the centre and they were found to be comprehensive. Both residents had the opportunity to help decorate their personal spaces as per their preferences and both had the opportunity to visit the centre prior to moving in. Both residents had a contract of care in place which were signed by themselves or their representative.

There was a complaints procedure in place and an easy-to-read version was displayed in both the main house and the apartment. There had been only one recorded complaint since the centre opened and it was resolved to the complainant's satisfaction and closed.

Regulation 14: Persons in charge

There was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process. Staff members spoken with informed the inspectors that they felt supported in their role by the person in charge and were able to raise issues or concerns, where necessary.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster in place and they were maintained by the person in charge. The person in charge was found to be proactive in adjusting the roster based on the needs of the residents. The inspectors found that the provider had ensured for the most part that staffing levels were in accordance with residents assessed needs. However, there were occasions, due to a number of unforeseen staff absences, where the staffing levels fell below what the provider had assessed to be the minimum levels to meet the assessed needs of the residents. As such, the inspectors were not assured that the provider's workforce contingency plans were always effective.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were formal supervision arrangements in place as per the organisational policy. In addition, the person in charge ensured that staff had access to necessary training and development opportunities. The provider had identified some areas of

training to be mandatory, such as fire safety management and adult safeguarding. The majority of staff members had each received training in these key areas as well as additional training specific to residents' assessed needs. However, one staff member was due training in adult safeguarding and another was due training in the management of blood and bodily fluids.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, which included a suitably qualified person in charge who was employed on a full-time basis within the centre. They were supported by an assistant manager and three team leaders. The regional director was the person participating for management and they in addition to an assistant director provided senior management oversight for the centre.

The provider completed two unannounced visits to the centre since it opened and the last visit took place in October 2022. Some other local audits were being completed, however, as per the last inspection findings, the inspectors found that not all audits that were due to be completed in the centre were occurring as per the schedule. For example there was a suite of eight different audits due to be conducted monthly in the centre and from records viewed since the last inspection (which had taken place five months prior) only ten of the 40 audits due had been completed. Audits completed related to fire safety, finance, individualised care and support, medication, and infection prevention and control (IPC). In addition, while weekly service reports were completed by the person in charge for the assistant director, there was no evidence that the monthly service reports due were being completed. The last one on file was from June 2022.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were transition plans in place for both residents and an inspector found them to be comprehensive. Both residents had the opportunity to help decorate their personal spaces as per their preferences and both had the opportunity to visit the centre prior to moving in. Both residents had a contract of care in place that were signed by them or their representative.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and any complaints made had been suitably recorded, investigated and resolved.

Judgment: Compliant

Quality and safety

The provider had systems in place that facilitated good quality and safe care to be provided to residents. It was found that staff members provided care and support that was person centred. However, some improvements were required with regard to protection against infection and fire precautions.

The registered provider had in place a personal plan for each resident that reflected the nature of residents' assessed needs and the supports required. Staff spoken with were extremely familiar with residents care and support needs. In addition, there were goals in place for residents to work towards with staff support.

Residents' health care needs were assessed and appropriate healthcare was made available to each resident. Residents had access to a range of healthcare professionals, such as a psychiatrist and an occupational therapist (O.T).

An inspector reviewed the arrangements in place to support the resident's positive behaviour support needs. They were being supported by staff members and a behavioural consultant or psychology to help them manage their behaviour positively. Where appropriate residents had a positive behaviour support plan in place.

While there were restrictive practices in place and they were assessed as necessary for the residents' safety. For example, a locked sharps drawer and the centre's front and back doors were kept locked. These restrictions were reviewed regularly by the person in charge and consent had been sought from the residents' family representative or the person themselves. The provider had plans to create a restrictive practice committee that included members external to the organisation.

The registered provider had safeguarding measures in place. From discussion with two staff members it was evident they were aware of their responsibility in relation to keeping the residents safe and relevant reporting requirements. In addition, intimate care plans were in place as required.

From a walkabout of the centre, both the main house and the apartment, an inspector found it to be tidy and clean for the most part. Some areas required a

more thorough clean, for example, the sandwich maker was found to have food residue on it. Furthermore, some areas required repair to ensure they were conducive for cleaning, such as the plaster in one of the walk in wardrobe. These areas are being dealt with under Regulation 27: protection against infection.

There was a risk register in place that reflected the risks identified in the centre. The processes in place ensured that risk was identified, assessed and that appropriate control measures were in place. Actions from the last inspection relating to this regulation had been addressed by the time of this inspection.

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. However, as per the last inspection an inspector noted that the cleaning requirements of some appliances and fixtures had not yet been identified by the provider, such as air vents for periodic cleaning. Review was required to the storage of mops and buckets used to clean the centre. For example, two clean mop heads were observed to be stored sitting on the ground in the storage room. Some areas required a more thorough clean and some areas were not conducive for cleaning due to damaged surfaces. For example, the plughole of the water closet. In addition, the centre's contingency plan in the case of a suspected or confirmed outbreak of an infectious illness required review to ensure to adequately guided staff and that all information was up to date. For example, with regard to declaring an outbreak over was recorded as 28 days instead of the revised 14 days.

There were for the most part suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. The provider had implemented the actions from the previous inspection in relation to fire containment measures, fire detection and emergency lighting. However, an inspector observed in many of the fire containment doors that there were gaps in the intumescent strips where cold smoke seals were due to be fitted. While some fire containment doors did have the cold smoke seals fitted, some of the seals were observed to be worn.

An inspector reviewed arrangements in place for medication management. They observed that there were safe storage and prescription arrangements in place. There were guidance documents in place to ensure that medicines were administered as prescribed.

Regulation 17: Premises

From a walkabout of the centre, both the main house and the apartment, an inspector found it to be tidy and clean for the most part. Some areas required a more thorough clean, for example, the radiator in the main bathroom was very dusty and some windows required cleaning, such as the kitchen window. Some areas required repair to ensure they were conducive for cleaning, such as the plaster in one of the walk in wardrobe. These areas are being dealt with under Regulation 27: protection against infection.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place that reflected the risks identified in the centre. The processes in place ensured that risk was identified, assessed and that appropriate control measures were in place. For example, there were a number of centre specific risk assessments in place and individualised risk assessments so as to support residents' overall safety and wellbeing. Actions from the last inspection relating to this regulation had been addressed by the time of this inspection.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. However, as per the last inspection an inspector noted that the cleaning requirements of some appliances and fixtures had not yet been identified by the provider, such as air vents and the extractor fan for periodic cleaning. Again as per the last inspection findings, review of the storage of mop heads was required as an inspector observed that two clean mop heads were inappropriately stored sitting on the ground in the storage room. In addition two mops in the apartment were observed to be stored in the buckets and improvements were required to the cleanliness of the buckets used to clean the centre as some were found to have debris in them.

Additionally, some areas required a more thorough clean and some areas were not conducive for cleaning due to damaged surfaces. For example, the sitting room floor required vacuuming and the plughole of the water closet surface was peeling.

Furthermore, the centre's contingency plan in the case of a suspected or confirmed outbreak of an infectious illness required review to ensure to adequately guided staff and that all information was up to date. For example, with regard to declaring an outbreak over was recorded as 28 days instead of the revised 14 days and further guidance was required with regard to how to dispose of contaminated waste once it was bagged and closed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that there were for the most part suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. The provider had implemented the actions from the previous inspection in relation to fire containment measures, fire detection and emergency lighting. However, an inspector observed in many of the fire containment doors that there were gaps in the intumescent strips where cold smoke seals were due to be fitted. In addition, while some fire containment doors did have the cold smoke seals fitted, some of the seals were observed to be worn. One fire containment door was not closing fully by itself and the person in charge arranged for this to be fixed prior to the end of the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

They observed that there were safe storage and prescription arrangements in place. Residents' medication was administered by a staff member with appropriate training. There were guidance documents in place to ensure that medicines were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of residents' assessed needs and the supports required. Staff spoken with were extremely familiar with residents care and support needs. There were goals in place for residents to work towards with staff support.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were assessed, and appropriate healthcare was made available to each resident. Residents had access to a range of healthcare professionals, such as a psychiatrist and an general practitioner (G.P).

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported by staff members and a behavioural consultant or psychology to help them manage their behaviour positively. Positive behaviour support plan were in place to guide staff as to how best to support residents, where applicable.

There were restrictive practices in place and they were assessed as necessary for the residents' safety. For example, a locked chemical press. These restrictions were reviewed regularly by the person in charge and consent had been sought from the residents' family representative or the person themselves. The provider had plans to create a restrictive practice committee that included members external to the organisation.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. From discussion with two staff members it was evident they were aware of their responsibility in relation to keeping the residents safe and relevant reporting requirements. Intimate care plans were in place as required. In addition, there were arrangements in place safeguard residents' finances. For example, staff completed regular financial checks and the provider completed regular financial audits.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there were adequate mechanisms in place to uphold residents rights. For example, residents had regular meetings with staff to decide on their daily plans. In addition, there were regular individual key-working sessions to promote residents' understanding of upcoming situations that may affect them. Furthermore, family forums were recently set up to gather family representatives views on the service and to promote collaborative decision making on issues that may impact the resident. A resident spoken with said that they felt they were offered choice about their daily lives. For example, with regard to what they ate and activities they participated in. Additionally resident or family representatives' consent was sought for any restrictive practices that were in place.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tullycoora House OSV-0008059

Inspection ID: MON-0037924

Date of inspection: 16/01/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider in conjunction with the Person in Charge has recruited two suitably qualified staff to support with the workforce contingency plan. One staff is currently being inducted into the service and the other staff is currently going through their onboarding documentation and will be inducted into service once completed.</p> <p>Completed by: 5th March 2023</p> <p>The Person in Charge is currently using agency staff to manage any further gaps within the roster. This staff have received a comprehensive induction. The Person in Charge is utilizing the same agency staff to ensure continuity of care for residents. There is also a Induction folder in place that contains the appropriate information for agency or relief staff to ensure they are equipped with the required information to meet the residents care and support needs. The Assistant Manager/Team leaders review the folder regularly to ensure the most up to date information is in place at all times.</p> <p>Completed: 24th January 2023.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge reviewed the training needs within the team and assigned the appropriate training required for the staff members. Both staff members have completed the required trainings. The Person in Charge/ Assistant Manager review the Training Matrix weekly to ensure staff training is up to date. The Training Matrix is also reviewed and monitored as part of the monthly monitoring visits.</p> <p>Completed: 20th January 2023.</p>	

Further to mandatory training identified, staffing have completed training in the areas of Introductory Module on Dialectical Behaviour Training(DBT) and Compassion Fatigue, Trauma and Burnout.

Completed: 21st January 2023.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Regional Director has developed a new auditing schedule which assigns two to three audits per month to ensure that any audits completed are comprehensive with any identified actions and learning being evidenced. These are also captured in the Monthly Monitoring Report.

Completed: 31st January 2023.

The Regional Director is completing an audit on the effectiveness of the current weekly report/monthly monitoring report system in place. The finding of this audit will demonstrate learning for the current system in place and further actions to be completed in order to ensure effective oversight. The current weekly report to the Assistant Director remains in place, along with the Monthly Monitoring visits and subsequent Monthly Monitoring Quality Improvement Plan.

To be completed: 10th March 2023.

The organisation has in place a weekly meeting for all managers and Person in Charges to discuss any issues or concerns in relation to systems, processes, Policies and Procedures, safeguarding, complaints, incident management, training, infection control and COVID contingency plans.

Completed: Ongoing

The Senior Management Team continue to meet bi-weekly to discuss any needs within the Designated centre including incidents, safeguarding, complaints, training, infection control and staffing.

Completed: Ongoing

The Person in Charge completes a weekly monitoring assessment tool which forms part of the Quality Improvement Plan. It is a self-assessment tool that reviews all areas of regulation and identifies any improvements or requirements to ensure the Designated Centre is in line with current regulations and standards. The status of this report is discussed at each Senior Management meeting.

Completed: Ongoing

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The Person in Charge has put in place an appropriate system for the storing of cleaning equipment. The management of storing these items are monitored and spot checked via the daily cleaning schedule.

Completed: 20th January 2023.

The Person in Charge will review the contingency plan for management of infectious diseases and ensure its centre specific and in line with current guidelines in place.

To be completed: 8th March 2023.

The Person in Charge has enhanced the current cleaning schedule in place to ensure staff are completing robust cleaning of the centre on a daily basis. The weekly cleaning schedule now contains tasks such as air vents and extractor fans. This is also reviewed as part of the Monthly Monitoring Visits.

Completed: 20th January 2023.

The Team Leader/Assistant Manager in conjunction with the Person in Charge complete daily spot checks of the cleaning schedules in place to ensure that all required cleaning is completed to a standard of high quality.

Completed: Ongoing

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Registered Provider in conjunction with Person in Charge has nominated an appropriate person to assess the current fire containment doors in place and all doors will receive new intumescent strips.

To be completed: 10th March 2023.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	05/03/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/01/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	10/03/2023

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	08/03/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/03/2023