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:	Florence House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	09 April 2025
Centre ID:	OSV-0002632
Fieldwork ID:	MON-0046528

About the designated centre

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

Florence House is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a community residential service for up to eight adults with a disability. The centre is a detached two storey house set on its own grounds in a housing estate on the outskirts of a large town in County Wexford. It is located within a short distance of local facilities and amenities. The building consists of two floors, with the ground floor being accessible to residents and the upstairs floor used for office purposes. The centre's downstairs comprises of a sitting room, activity room, sensory room, dining room, kitchen, eight individual resident bedrooms, visitor room, laundry room, two shared bathrooms and two offices. There was a garden for residents to avail of if they wished. The staff team consists of a Clinical Nurse Manager (CNM) 1, staff nurses and multi-task workers. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 April 2025	09:15hrs to 17:45hrs	Marie Byrne	Lead
Wednesday 9 April 2025	09:15hrs to 17:45hrs	Conan O'Hara	Support

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed by two inspectors over one day. The purpose of the inspection was to provide assurance that safe and good quality care was being provided to residents in this centre. This inspection reviewed the progress made in implementing the actions as outlined by the registered provider in their compliance plan for the previous inspection in December 2024. The inspection found that the provider had implemented the majority of actions outlined in their compliance plan which led to improved levels of compliance across a number of regulations. Overall, inspectors found that the actions taken were having a positive impact in relation to residents' home and their care and support. However, improvements continued to be required in relation to staffing arrangements, the premises, policies and procedures, safeguarding and protection and oversight and monitoring in the centre. These will be discussed in the body of this report.

The designated centre provides a community residential service for up to eight adults with an intellectual disability. The centre comprises one two storey house on its own grounds within a housing estate on the outskirts of a large town in County Wexford. On the ground floor there are eight resident bedrooms two of which have ensuite bathrooms, an activity room, a multisensory room, a visitors room, two staff offices, an activity room, a dining room, a kitchen and utility room, three bathrooms and two large sitting rooms. The first floor is used exclusively by staff and contains a number of offices and storage areas. The house is surrounded by garden areas where some remedial works had been completed and more was planned to make some areas more accessible for residents.

There were seven residents living in the centre and the inspectors of social services had an opportunity to briefly meet them over the course of the inspection. As residents did not tell inspectors what it was like to live in the centre, they used observations, a review of documentation and discussions with staff to capture their lived experience in the centre.

On arrival, inspectors found that residents were in the process of getting up and ready for the day when inspectors first visited. Some residents having a lie on followed by a late breakfast. During the inspection, residents were observed spending time with staff sowing sunflower seeds in the back garden, spending time with staff in the multi-sensory room, watching television and listening to music, relaxing in the privacy of their bedroom or communal areas and getting involved in mealtime preparations and in the upkeep of their home. For example, one resident was observed being supported by staff to collect their laundry from their bedroom and to bring it to the laundry room. Inspectors were also shown a document describing opportunities for residents to get involved in other household duties such as cleaning their bedrooms, recycling bottles and cans.

Inspectors also observed that residents also had opportunities to leave the centre during the inspection. For example, on a number of occasions residents were

observed being supported by staff to get on the bus to go take part in activities in their local community. One resident returned from hospital the afternoon of the inspection. Staff and their peers were observed to greet them and welcome them home.

Throughout the inspection residents appeared happy and comfortable in their home and in the presence of staff. They were observed smiling when staff spoke with them, giving staff elbow pumps, and to seek staff assistance when they required it. Residents in the centre communicated using a variety of methods of communication including speech, eye contact, body language, vocalisations, gestures and behaviour. For some residents, it was of significant importance for them to have staff who knew them and their communication signals well to best interpret those communication attempts and to respond appropriately. Throughout this inspection, staff were observed by inspectors to be very familiar with residents' communication preferences and to pick up and respond to their verbal and non-verbal cues.

The mealtime experience for five residents was observed by inspectors over the course of the day. Inspectors found that there was a calm and relaxed atmosphere during mealtimes. Residents were supported by staff in a sensitive manner, at a pace that appeared comfortable for them, and in line with their feeding, eating and drinking plans. Overall, inspectors observed kind, caring and warm interactions between residents and staff throughout the inspection. Staff used positive, person-first language when speaking with inspectors about residents likes, wishes, preferences and support needs. They spoke about supporting residents to try different activities in order to support them to find the ones they enjoyed best. They also spoke about supporting residents to develop and achieve their goals such as going on taking part in a local women's group, spending time in an allotment and taking part in the local St. Patrick's Day parade.

Inspectors were told and they reviewed documentation to indicated that residents can choose to attend day services on a sessional basis, if they wish to. Activities offered at home included cooking, baking, alternative therapies, gardening, table top activities, and arts and crafts. Some residents had televisions in their bedrooms and there were televisions in shared areas. One resident had a tablet computer, however, there was no WiFi available to residents in the centre. This will be discussed further under Regulation 23: Governance and Management.

Overall, residents' bedrooms were personalised and efforts were being made to ensure that their home was homely and comfortable. Work was ongoing for some residents to ensure their bedrooms contained the required storage and personal items. As previously mentioned, the provider had completed a number of premises works and more were planned throughout 2025. This will be discussed further under Regulation 17: Premises.

Residents and their representatives views were sought by the provider as part of the provider's annual and six monthly reviews in the centre. Residents could access information on safeguarding, complaints, accessing independent advocacy services, infection prevention and control and residents' rights in the an easy-to-read format in their home. Resident meetings were occurring regularly and from the sample of

13 reviewed, areas discussed included, activity planning, menu planning, residents' input into the upkeep of their home, and upcoming events.

Overall, the provider had implemented the majority of actions to address areas of concern previously identified; however, some areas required continued work to ensure the improvement was sustained such as staffing arrangements, the premises, safeguarding and oversight and monitoring.

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

Capacity and capability

This inspection found improved levels of compliance with the regulations since previous inspections in July 2023 and July 2024 where there were continued failures to meet the requirements of the Health Act 2007, following which the Chief Inspector of Social Services issued a warning letter to the provider. The provider submitted a response to the Chief inspector which outlined the actions they planned to take to move into compliance. A further inspection was completed in December 2024 which found that the provider had implemented a number of the actions and this inspection found that the provider continued to implement the required actions to bring about improvements.

Some of the improvements which had been brought about included, environmental enhancements, a review of restrictive practices and the implementation of restrictive practice reduction plans, an increased focus on ensuring residents were engaging in activities they enjoy at home and in the community, additional staff training and additional fire drills which demonstrated significant reduction in evacuation times. In addition, compatibility assessments had been completed and plans were progressing to support two residents to transition to appropriate alternative placements. However, inspectors found that continued improvements were required to staffing arrangements, policies and procedures, oversight and monitoring, the premises and safeguarding. These areas will be discussed further, later in the report.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was present in this centre regularly. They reported to and received supervision and support from the assistant director and director of nursing. There was also an on-call service available out of hours.

The provider's systems to monitor the quality and safety of service provided for residents included; area specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff, inspectors found that for the most part the provider's systems to monitor the quality and safety of care and support were proving effective at the time of this

inspection.

Inspectors reviewed a sample of staffing rosters and found that the centre was not always fully staffed in line with the statement of purpose which was found to be impacting the continuity of care and support for residents. This will be discussed further under Regulation 15: Staffing.

Regulation 14: Persons in charge

The centre was managed by a full-time person in charge. The inspectors found that they had the required knowledge, skills and experience to meet the requirements for this regulation. They were implementing the provider's systems to ensure oversight and monitoring in this centre. They were developing action plans and implementing the required actions to bring about improvements in relation to the residents' home and their care and support.

It was evident from their interactions with residents on the day of the inspection that they knew them well. Through discussions and a review of documentation, inspectors found that they were motivated to ensure that each resident was in receipt of a good quality and safe service. They were also focused on ensuring that any changes made in the centre were done with the involvement of residents and at a pace that suited them.

Judgment: Compliant

Regulation 15: Staffing

The provider had a planned and actual rosters in place. The inspectors reviewed a sample of these for two months. The seven residents were supported by eight staff during the day and by three waking night staff at night.

The consistency of the staffing arrangements and the reliance on agency staffing had been highlighted in previous inspection reports as an area of improvement. The inspectors found that the provider had:

- carried out a regional recruitment drive for nursing staff,
- improved consistency of staffing by recruiting a staff nurse and multi-task worker to fill vacancies,
- regular agency staff to cover a long term absence and,
- had received approval for a specific recruitment campaign for support workers.

However, the staffing arrangements continued to be an area for improvement. For example, there remained a high reliance on agency staff to maintain the staffing

complement and at times the staffing complement was not maintained. The inspectors reviewed the staffing rosters for March and April 2025 and found eight occasions where unexpected sick leave could not be covered. In addition, seven occasions where there was six staff for periods of the day rather than the eight planned in the roster. This was impacting on the staff teams ability to meet the residents' assessed needs across all times of the day.

Inspectors reviewed some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities such as, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Judgment: Not compliant

Regulation 23: Governance and management

The management structure was clearly defined in the statement of purpose and matched what was described by staff during the inspection. From a review of the the minutes of three staff meetings for 2025, audits and through discussions with staff, it was evident that there were clearly identified lines of authority and accountability amongst the team.

Inspectors reviewed the provider's latest six-monthly review completed in December 2024, and the annual review completed in April 2025. These reports were detailed in nature and focused on the quality and safety of care and support provided. Inspectors also reviewed four unannounced inspections completed by persons participating in the management (PPIM) of the centre in 2025. They identified areas of good practice and areas where improvements may be required. These reports showed incremental improvements across all of the areas reviewed and that the majority of the required actions were being completed in line with the identified time frames.

Inspectors reviewed a sample of 17 area-specific audits and two PPIM audit review reports. These included audits relating to rosters, health and safety medicines, care planning, restrictive practices, infection prevention and control, finances, medicines management, fire safety and the premises. In line with the findings of the PPIM audits, inspectors found gaps in documentation, that some audits were not being completed as planned, and an absence of actions being developed from some audits.

In addition, the provider had not ensured that the centre was resourced in line with the statement of purpose. As previously mentioned, the staffing arrangements required improvement to ensure continuity of care and support for residents, on the update and upkeep of documentation and on the provider's ability to meet the residents social care needs, at all times.

The sample of three staff meeting minutes reviewed for 2025 demonstrated that

discussion were held around key areas such as, policies and procedures, practices, incident reviews and learning, residents' care and support, restrictive practices, fire safety, staff training, health and safety, complaints, safeguarding and audit findings.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors reviewed a sample of 18 incident reports, completed a walk about the premises and reviewed restrictive practices. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had made a policy folder available to staff with the 21 policies and procedures set out in Schedule 5 of the regulations. These were also available to be reviewed online. However, inspectors found that the safeguarding policy available to guide staff practice had not been reviewed in line with the timelines identified in the regulations. In addition, it did not contain details on local procedures to be followed, or the contact details of the relevant parties working within this service.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that efforts continued to be made were to support residents to take part in activities they enjoyed at home and in their community on a regular basis. However, this was being impacted, at times, by the staffing arrangements and this was captured under Regulation 15: Staffing. Residents were supported to make decisions about how and where they wished to spend their time. They were also supported to develop and maintain friendships and to spend time with their families and friends.

Residents lived in a warm, clean and comfortable home. Significant efforts had been made to make the environment more homely since the last inspection. For example, a new kitchen had been installed including a movable island with a folding counter top to facilitate residents to take part in baking and food preparation, the utility

room had been refurbished and reconfigured, the dining room had been redecorated and new furniture added, wallpaper and panels were added in the hallway, a double sink was removed and a new sink was installed in one of the bathrooms, new equipment was sourced to support residents to use the showers, changes were made to one of the toilets, thumb lock were installed on the door between the laundry room and bathroom to ensure residents' privacy and dignity, radiator covers were updated in a number of areas, the purpose of a number of rooms was changed which had resulted in additional communal spaces for residents, and, storage was added to office spaces. Further improvements were required and planned and these will be discussed under Regulation 17: Premises.

Inspectors reviewed a sample of four residents plans' and found that these documents positively described their needs, likes, dislikes and preferences. Residents, staff and visitors were protected by the fire safety policies, procedures and practices in the centre.

Staff had completed training on safeguarding and protection; however, inspectors found that the safeguarding policy available to staff was generic in nature and not fully guiding staff practice around local procedures. In addition, work was required to ensure the provider had oversight of one residents' finances. These areas will be discussed further under Regulation 8: Protection.

Inspectors found that every effort was being made by the provider to embed a human rights-based approach to care and support in the centre. Staff had access to training on the core human rights principles of fairness, respect, equality, dignity and autonomy. This will be discussed further under Regulation 9: Residents' Rights.

Regulation 17: Premises

As previously mentioned, significant works had been completed to the premises since the last inspection. Inspectors found that the provider was aware of the areas where further improvements were required in relation to the premises and grounds and these included areas such as;

- The removal of unused furniture and equipment,
- The removal of a dividing wall from one of the bathrooms,
- Painting in a number of areas,
- The review of the placement of large wheelie bins at the front of the house,
- Installation of an awning off the dining room,
- The removal of soft play area at the back of the house,
- The removal of swings from the back garden,
- The additional of storage in a number of bathrooms,
- Sourcing new furniture for the sitting rooms, and,
- The installation of an overhead hoist in one of the sitting rooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors carried out a walk around of the house during the inspection. They observed that emergency lighting, smoke alarms, fire-fighting equipment and alarm systems were in place. There were fire doors with swing closers in place, where required. Inspectors reviewed records to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment.

Inspectors reviewed a sample of four fire drill records for 2025 which demonstrated that the the provider had completed additional drills since the last inspection to ensure that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed a general safeguarding risk assessment in place which had been regularly reviewed and updated. Inspectors also reviewed a safeguarding risk assessment for one resident and a risk assessment around their personal and intimate care needs, a sample of three residents' intimate care plan and found that they contained sufficient detail to guide staff around residents support needs and detailed their wishes and preferences. Safeguarding was a regular agenda item on the sample of three staff meetings reviewed during the inspection.

From a review of the most recent staff training audit available in the centre, the majority of staff had completed child protection and adult safeguarding training. However, two members of the staff team was due to trust in care training and one staff was due to complete safeguarding refresher training.

As previously mentioned, inspectors found that the provider's safeguarding policy did not contain detail on local procedures or who to be contacted within this service. This was captured under Regulation 4: Written Policies and Procedures. Following a recent allegation of abuse, during their preliminary screening and while preparing to arrange an investigation, the provider had self identified some learning in relation to delays in reporting and documentation by a number of parties during their initial information gathering exercise. They had also identified that the online training completed by staff, was not proving fully effective for some staff and were planning to roll out in-person training.

Inspectors reviewed the systems and processes in place to safeguard residents. For

the majority of residents these systems were proving effective and records demonstrated oversight by the provider to ensure residents finances were safeguarded. However, the provider did not have oversight of of one residents' finances and therefore could not demonstrate that their finances were safeguarded.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found that significant work had been completed in the promotion of residents' rights since the last inspection. Residents were being involved in the upkeep and decoration of their home. For example, residents were involved in doing their laundry and recycling cans and bottles. The environmental adaptations that had been made in the house had contributed to how homely and comfortable residents home was. It had also contribute to additional attractive communal spaces being made available to them. The addition of blinds in a number of areas of the house and the installation of a thumb lock between the laundry room and one of the bathrooms were ensuring that residents privacy and dignity could be maintained.

Overall, inspectors found that there had been a move away from task orientated care to more individualised person-centred care and support for residents. Staff told inspectors that the pace of the day was now being dictated by residents. Staff spoke about spending more 1:1 time with residents and supporting them to develop meaningful goals and to explore different activities to see what they find meaningful. From a review of activity records and three residents' plans, inspectors found that residents had goals in place and there was evidence of them achieving them. For example, one resident was going to a local allotment and had taken part in a local parade as part of a local group.

As noted two of the residents had been identified following a review to transition to alternative appropriate placements and their transition plans had commenced. This would reduce the numbers of residents in this designated centre. The inspectors were informed of advanced plans of transitions and progress made in the modernisation of two new bungalows to meet the needs of residents in the wider service. The provider had just submitted the application to register one bungalow at the time of this inspection.

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	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Florence House OSV-0002632

Inspection ID: MON-0046528

Date of inspection: 09/04/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All of the rosters have been reviewed and the changes will be reflected to coincide with the reduction in the number of resident to 5 The staff nurses from the recent Bespoke campaign are currently being progressed through recruitment and the approved MTA campaign is due to go live next week The CNM2 responsible for the allocation of staff and management of rosters is responsible for risk assessing any shortfalls due to unplanned leaves on a daily basis and liaise with the PIC Recruitment and retention of staff remains a priority of the service Regular agency staff are utilized to cover any leaves to ensure the provision of consistency where possible	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the Auditing schedule has been undertaken with the PIC and a revised schedule is now in place to ensure no gaps occur and findings are actioned as required. Oversight of the Auditing process will continue to form part of the PPIM quarterly review and the Senior Nurse Management Team monthly meeting agenda.	

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The service uses the National Policy on the Safeguarding of Vulnerable Persons at Risk of Abuse Policy, we have escalated a query re update / revised policy schedule via the local QPS office.
A local procedure to support and guide staff on their reporting responsibilities has been developed and implemented

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All of the outstanding environmental enhancements have been approved and are scheduled for completion in order of priority. They will be completed on a phased basis over the coming months.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The roll out of in person Trust In Care training is scheduled to commence in June.

All staff are responsible for ensuring their personal training is up to date, this can be effected with long periods of sick leave. There is a procedure now in place to ensure all staff are compliant. The training is audited by a CNM2 and reports for follow up issued to the PIC.

The DON has a meeting scheduled with the resident and family to progress a change to the current financial arrangements in place and to transition over to the PPP Account.

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.	Not Compliant	Orange	01/07/2025
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	15/05/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	01/11/2025

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/11/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/07/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	21/05/2025
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	01/05/2025
Regulation 04(3)	The registered provider shall review the policies and procedures	Not Compliant	Orange	31/12/2025

	referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/07/2025
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	01/06/2028