



**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:	Clanntara
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	11 January 2024
Centre ID:	OSV-0003373
Fieldwork ID:	MON-0038011

## About the designated centre

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

The Health Service Executive runs this designated centre. The centre provides residential care for six adults who have intellectual disabilities. The centre comprises a bungalow dwelling located on the outskirts of the nearest town. Residents each have their own bedroom and there are some en-suite facilities and some shared bathrooms, a reception area, sitting and living room, utility, kitchen, staff office and garden space. Staff are on duty both day and night to support the residents.

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

Number of residents on the date of inspection:	6
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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
Thursday 11 January 2024	10:30hrs to 17:45hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

On arrival at the designated centre, the inspector found that four of the six residents had gone out on activities of their choice, two of them to a crafts class, and the other two to their day services. The two residents who were at home had both requested a 'day off' from their day services, and were contentedly occupied with activities in their home. One resident was doing a desktop puzzle, and was enthusiastic about this activity and keen to tell the inspector about it.

The other resident was watching the world go by from the window at their favourite seat, and was looking forward to helping the staff with household activities. The inspector observed the resident later in the day engaged in activities with a staff member, and saw that they were smiling and completely engaged in the activity.

Other residents came home at different times of the day, and most people were happy to have a chat with the inspector, and to show their personal rooms. Each person had their own bedroom, and four residents had en-suite bathrooms. The rooms were all decorated in accordance with each resident's taste, and were full of their personal possessions and items relating to their hobbies. One of the residents enjoyed creating 'diamond pictures' and was proud to show the inspector some of the lovely pictures they had created. The resident explained to the inspector that they were ready to order a new kit to start another project.

Another resident explained to the inspector that they did not like to be disturbed during the night, and that staff had agreed that they would not enter their room while they were sleeping. The resident explained that there was an epilepsy monitor on their bed for safety reasons, and they had consented to the monitor. This was one of the examples whereby the person in charge and staff team respected the wishes of residents.

Other examples included the support for social occasions, even though there might be some risk associated with the activities. One of the residents whose assessed risks included the risk of trips and falls, and the risks associated with epilepsy, was nonetheless supported by staff to go to concerts, with control measures in place which included being accompanied by two staff members.

Residents were involved in various activities in their local community. One of the residents is a member of the local men's shed, and when he came home in the afternoon from being with the group in the afternoon, told the inspector all about the other members of the shed who had had a chat with him. Another resident is a member of the local older person's council, and is involved in projects such as ensuring that footpaths around the town are appropriate for the use of older people.

One of the residents who invited the inspector to visit their room showed the inspector family photos on the wall, and was keen to show the photos of family events. When the inspector asked if they were happy where they lived, the resident

stated 'it's my home'.

Throughout the inspection the inspector observed residents to be comfortable and content, and to have a good relationship with each other. Several residents enjoyed knitting, and one of the residents who was good at casting on did this for the others to get them started. Staff reported that when one of them went home or away for a few days, the others missed them and asked about them. In the evening of the inspection the inspector observed all the residents enjoying their evening meal together, and one of the residents made a point of popping into the room where the closing meeting of the inspection was taking place to let everyone know that they had enjoyed their meal, and to greet the person participating in management who was clearly well known to them.,

During the day the inspector asked some of the residents what they would do if they were unhappy about something, and they said they would go and tell a staff member, and in particular their keyworker. They also told the inspector what they would do in the event of a fire drill, and it was clear that the procedure was familiar to them.

The person in charge and the staff spoke about supporting the rights of residents, and respecting their choices. One of the residents had recently celebrated a significant birthday, and had organised their celebration event exactly as they chose, and had made all the decisions about the event, from the choice of venue to the sending out of invitations.

There were several communal areas in the house, and in the main sitting room there was a large display unit that the residents had chosen together to replace an older unit. There were various display shelves, and each resident had items of importance to them displayed there.

Overall it was clear that residents enjoyed a good quality of life, and that their right to make their own choices was respected. Some improvements were required in the monitoring and oversight systems in the designated centre, in staff training and in formal supervision of staff, as outlined in the next section of this report,

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. However, while there were some processes in place regarding oversight and monitoring of the care and support offered to residents, these were not effective for the most part, and improvements were required in both auditing and in supervision of staff.

There was an appropriately qualified and experienced person in charge, and a competent and consistent staff team who and demonstrated good knowledge of the support needs of residents, and who ensured that residents were supported to have

a good quality of life.

A suite of staff training was offered to staff, however there were some gaps in training where staff had either not undertaken required training, or had not yet completed required refresher training.

There was a clear and transparent complaints policy in place and residents knew how to make a complaint if they so wished, and who to approach.

#### Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, and where relief staff were required to maintain optimal staffing numbers, these staff were also known to the residents. The person in charge had the facility to roster additional staff for occasions such as outing and events.

The inspector spoke to both staff members on duty on the day of the inspection, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. In addition it was clear from these discussions, and from observations throughout the inspection that these staff held residents in positive regard, and were enthusiastic and committed to providing a high standard of care and support to residents.

Review of staff files found that all the information required by the regulations was in place, although the Garda Síochána vetting for one of the staff had not been renewed since 2018. The person participating in management submitted evidence the day after the inspection that the application had been immediately made, and that additional control measures had been put in place to ensure the safety of residents. All other staff had up-to-date Garda vetting in place.

Judgment: Compliant

## Regulation 16: Training and staff development

While staff were appropriately supervised on a daily basis, formal supervisions had not taken place during the year prior to the inspection. The organisation's policy required supervision conversations to be held at least twice a year but this was not in place. The person in charge had begun to address this, but only two members of the staff team of seven had received supervision conversations in recent months.

Whilst all mandatory training had been recognised as being a requirement, the oversight of training was not adequate, and the inspector found that there were multiple gaps in training, so that not all staff had received training in various areas, including safeguarding of vulnerable adults, the management of behaviours of concern and the required infection and control (IPC) courses.

Judgment: Not compliant

## Regulation 19: Directory of residents

There was a directory of residents in place which included the information specified in Schedule 3 of the Regulations.

Judgment: Compliant

## Regulation 21: Records

All records required by the regulations were maintained appropriately.

Records required under Schedule 2 in relation to staff were all in place.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents, the information in relation to healthcare, and a record of any belongings of the residents.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports were maintained in the centre.

Judgment: Compliant



## Regulation 23: Governance and management

There was a clearly defined management structure, and all staff were aware of the reporting relationships.

There were various monitoring systems in place including a monthly audit schedule. However, there was insufficient evidence that these systems were effective. Some of the audits consisted of ticking boxes without providing any supporting evidence. For example an audit of personal planning reviewed by the inspector consisted of boxes being ticked to indicate that documents were present, but did not include any examination of the quality of the documents. Other audits did not appear to be in sufficient detail, for example the audit of residents' finances reviewed on the day of the inspection did not provide assurances of good practice. Following the inspection the person participating in management submitted more detailed audits relating to the management of personal finances of residents, which included a detailed examination of all aspects of the area, however these audits had not been available in the designated centre to support good practice.

An annual review of the care and support of residents had been developed, and required actions for improvement had been identified. There was also a document which was intended to identify any outstanding actions from the various monitoring systems, however the actions outlined in this document did not appear to relate to any of the other documentation available in the centre. Of the actions reviewed by the inspector, multiple actions had not been implemented, and there was no system in place to monitor the completion of these actions.

Six-monthly unannounced visits on behalf of the provider had been conducted in the previous year, and a report of each of these visits had been written. However while these reports included information about the views of the residents and their families, only four other areas of care and support had been included, which did not constitute an overview safety and quality of care and support provided in the centre. The reports did not include any identified actions for improvement, and were not available on-site in the designated centre.

Staff team meetings were held, on average every two months and the discussions at these meetings were meaningful and addressed issues relating to each individual resident together with all aspects of the operation of the designated centre. However, while there was a signature sheet which required all staff to confirm that they had either attended the meeting, or had read and understood the minutes of the meetings, a review of these signature sheets from the previous two meetings found that they had not been signed by some of the staff who had been unable to attend the meetings, and that this process was not monitored.

Communication with staff on a daily basis was managed by a diary system, and a handover which was a brief written report from the outgoing shift, which included a brief synopsis on each resident, and any particular support needs for each person required from the in-coming shift.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents and any charges incurred.

Judgment: Compliant

### Regulation 31: Notification of incidents

All the necessary notifications had been made to the Health Information and Quality Authority (HIQA) within the required timeframes.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear and transparent complaints procedure in place. It was available in an accessible version for residents, and was clearly displayed as required. Residents were aware of how to make a complaint, and knew who they would approach if they did wish to make a complaint, or raise any issues.

Judgment: Compliant

## Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and the residents were involved in the person centred planning process.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner. Staff were knowledgeable about the healthcare

needs of residents, including any recently changing circumstances.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency, and that staff were familiar with the actions required of them in the event of an emergency and residents could describe the actions required of them should evacuation be required.

Infection prevention and control (IPC) practices were appropriate for the most part, and in accordance with current public health guidelines, with minor improvements in the storage of cleaning items being required. There were risk management strategies in place, and all identified risks had effective management plans in place, in sufficient detail to guide staff so as to mitigate any identified risks.

The rights of the residents were well supported, and there were various examples of residents being supported in positive risk taking, including various activities which required staff support.

### Regulation 17: Premises

The designated centre was appropriate to meet the needs of residents, all of whom had their own bedroom, four with personal en-suite bathroom facilities, and with a family bathroom for the use of the other two residents, together with an additional toilet and hand-washing facility.

There were various communal living areas, including two living room areas and an area for activities which was used by residents for artwork and crafting. The spacious kitchen/dining area was well utilised by residents, and there was a utility area which was available to residents for their personal laundry. There was a large outside area which had been recently renovated to make a pleasant patio area.

However, on arrival at the designated centre the inspector observed that the doors of garage to the side of the house were in a state of disrepair, to the extent that the bottom of one of the wooden doors had rotted away. This had not been identified as a maintenance issue, and required attention. In addition the windows of the house were not clean, and while this issue had been identified as requiring action, it had not been addressed.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre

and ensured that a copy was provided to each resident. This guide included all the information required by the Regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations.

Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks which was appropriately risk rated, and regularly reviewed.

Individual risk management plans included plans in the event that residents contracted an infectious disease, and assessments and plans in relation to the recommendations of members of the multi-disciplinary team, for example the recommendations of the speech and language therapist were included in the risk management plan relating to the risk of choking for one of the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place for the most part and most of the required actions identified in the previous inspection relating to IPC had been addressed and completed. All current public health guidance was being followed. The centre was visibly clean, but although cleaning records were in place, they were not consistently completed. The person in charge undertook to review the recording system.

An audit of IPC had been conducted in the centre, and this audit included detail of evidence to support the findings. There was a contingency plan in the form of a risk assessment and management plan in place to guide staff in the event of an outbreak of an infectious disease, and this had been updated at the start of the year, and reflected current public health guidance, and incorporated the findings of the recent audit.

The inspector had concerns about the storage of mops and brushes, as some of these items were found to be with the mophead or brush down on the ground outside.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. The required actions identified in the previous inspection relating to maintenance of fire doors had been addressed as agreed.

Regular fire drills had been undertaken, and the records of these drill indicated that residents could be evacuated in a timely manner in the event of an emergency.

There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate. One of the residents who chose not to have staff enter their room, particularly at night, had an intercom system of communication, and the resident described the way that this would be used to communicate with them in an emergency.

Staff were all in receipt of fire safety training and staff could describe the actions they would take in the event of an emergency. On-site fire safety training had been provided, and both staff and residents had been involved in this training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident based on a detailed assessment of needs. A sample of these care plans was reviewed by the inspector.

There were sections in the care plans relating to various individual needs of residents, for example healthcare needs, personal and intimate care and learning and activation. These were detailed and regularly updated. There were sections on communication, which included detail as how best to present information to residents, and on mental health and wellbeing as required.

There was a person-centred plan in place for each resident, and goals for achievement had been set with residents. However, for some residents the goals were not meaningful. For example, there was a vague goal relating to an activity for a resident that was to be 'looked into towards the end of the year', but this statement was repeated in each month's entry until the end of the year. However, a review of activation records showed evidence of multiple activities for resident, including new experiences for people, so the inspector found this issue to be a gap in documentation rather than a lack in the support of residents in this regard.

Judgment: Substantially compliant

### Regulation 6: Health care

Healthcare was well managed, and both long-term conditions and changing needs were responded to appropriately. For example, observations made by staff resulted in timely referrals to the appropriate healthcare professionals, and their response was documented, for example recent observations in relation to skin integrity had resulted in an immediate referral to the general practitioner (GP) who had prescribed medication and advised staff on the required interventions. These interventions had been put in place immediately with good effect.

Regular and detailed healthcare assessments were conducted, and healthcare screening was offered to residents as required. Several residents had accepted the offers of healthcare screening including breast checks and dementia screening.

There were prepared 'hospital passports' which included the pertinent information for each resident should they need to be admitted to an acute service.

Judgment: Compliant

### Regulation 9: Residents' rights

The person in charge and the person participating in management described plans to commence training in human rights and assisted decision making. Meanwhile, staff could speak with confidence about the ways in which they were supporting people's choices. And were aware of legislation relating to assisted decision-making.

It was clear that residents were supported to make many decisions about their daily lives, and there was an ethos amongst the staff team of supporting this, and of encouraging and supporting residents to have responsibility for their own choices. Examples included residents being supported to go on sun holidays, and residents being accompanied to public events, despite there being some level of risk attached to the activity. The risk had been thoroughly assessed, and control measures put in place to mitigate the risk as far as possible, while still supporting the resident to make their own choice.

Other decisions included the rights of residents to choose when staff would enter their rooms, and one resident had made it clear that they did not wish to have staff enter their room while they were sleeping, and this choice was respected, while ensuring that any associated risks were mitigated.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Clanntara OSV-0003373

Inspection ID: MON-0038011

Date of inspection: 11/01/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff will have received supervision by 29/02/2024 and a supervision schedule for the rest of the year has been put in place. Part of staff support is ongoing discussion with staff regarding their training needs and ensuring that all staff are up to date with training. C</p> <p>In relation to training needs a new training matrix has been put in place which alerts the PIC when any staff member’s training is due to expire. Training is an agenda item at all team meetings. All staff have been alerted to online training via hseland and PIC has sourced training in classroom training in relation to behaviours of concern and in the interim all staff have completed an online module on hseland. Training in safeguarding vulnerable adults and IPC is being prioritised for all staff and progress is being monitored by the PIC to ensure all staff are updated in relation to all mandatory and professional development training.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The audit schedule for the service has been reviewed and updated. All audits have been reviewed in detail by PPIM and updated as required to ensure that same have identified corrective actions and follow up where required. All audits completed and ongoing are now stored in the designated centre which are readily available onsite for all staff, PIC</p>	

and PPIM.

The Annual and 6 monthly review schedule has been reviewed by the PPIM and same will capture all actions and areas for improvement within same.

Any actions outstanding from 6 monthly and annual review will be worked on through a detailed quality improvement plan with agreed timelines

PPIM has carried out a detailed 6 monthly review ensuring that all areas of care and support had been included.

PIC has discussed with all staff regarding signing signature sheet which are attached to team meetings held and PIC and PPIM will audit and monitor same to ensure staff who were not available to attend the team meeting have subsequently read and signed the minutes of the meeting.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
The maintenance department have organized for the garage door is to be replaced. This will be complete by 19/04/2024 through maintenance department.

The Business Unit have sourced a window cleaner for the service. A schedule is now in place whereby this company are now contracted to clean the inside and outside of windows every 6-8 weeks.

Regulation 27: Protection against infection

Substantially Compliant

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

The PIC through Maintenance Department has new mop holders/ storage in place which will ensure the appropriate storage of mops. All old mops were disposed of and no mops/brushes are kept outside in the courtyard due to the new system in place. New storage holder system was discussed at team meeting in February 2024 and PIC will audit same through Viclarity IPC audits which are carried out quarterly within the designated centre.

The cleaning records will be monitored by the PIC to ensure they are completed consistently.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Meaningful Goals for 2024 have been developed with each resident. These goals are SMART in nature and will be audited quarterly by PIC to ensure there is a regular update inputted by keyworkers and to ensure they are being completed in a timely manner.</p> <p>The PIC and PPIM are part of a documentation review group which is exploring how we can ensure that the present documentation is enhanced/upgraded to ensure that all the work ongoing and goals achieved are captured it will also ensure that the document is kept live, updated as required and that the residents are supported in developing a new goal once a goal has been achieved.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Not Compliant	Orange	31/03/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	29/02/2024
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	19/04/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	31/03/2024

	designated centre are clean and suitably decorated.			
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.	Not Compliant	Orange	29/02/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	29/02/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	31/01/2024

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/03/2024