



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

Issued by the Chief Inspector

Name of designated centre:	Lakeview Priorstate
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	13 May 2025
Centre ID:	OSV-0003647
Fieldwork ID:	MON-0038474

About the designated centre

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

This is a service providing full-time residential care and support to five residents with disabilities. The service comprises of a large detached two storey house in a rural setting in Co. Louth. It comprises of a large entrance hallway, a large well equipped kitchen cum dining room, a sun room, a large fully furnished sitting room, a staff office and a separate utility room. Each resident has their own bedroom (two en suite), which are decorated to their individual style and preference. The centre is staffed on a 24/7 basis with a person in charge, a team of qualified nursing staff, a social care worker and health care assistants. Systems are in place so as residents assessed health and social care needs are provided for. Residents have access to GP services and a range of other allied healthcare professionals. Transport is also provided so as residents can access their community and go on social outings and further trips afield.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Tuesday 13 May 2025	10:30hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). It was also to inform a decision on the continued registration of the centre. At the time of this inspection, there were five residents living in the centre and the inspector met with four of them over the course of the day. Written feedback on the quality and safety of care from three residents was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in the centre.

The centre comprised of a detached two-storey house in a tranquil rural location in Co. Louth. Well maintained garden areas were provided to the front of the property. To the back of the property there was a decking area with garden furniture and a patio area for residents to avail of in times of good weather.

On arrival to the centre the inspector observed that the house was spacious, clean, warm, and welcoming. One resident met the inspector at the door and shook hands. They brought the inspector to see their bedroom which was observed to be spacious, clean and decorated to their individual style and preference. This resident appeared in good form and the inspector observed them over the course of the day relaxing in their home and watching television. They also appeared relaxed and comfortable in the company of staff.

Another resident was relaxing in one of the other sitting rooms in the house. Although they didn't converse with the inspector, they also appeared in good form and relaxed and contented in the house.

On the morning of this inspection two other residents had gone to a sports centre to participate in a 'mindful movements' exercise class to music. Staff explained to the inspector that the residents liked this class and they also got to participate in chair exercises and play basketball.

The fifth resident was at their day service. There, they met with their friends and participated in social and recreational activities of interest and of their choosing. This resident loved snooker and the inspector saw that one of the sittings rooms had a snooker table. The resident liked to play snooker from time to time with some staff members.

Each resident had their own individual bedroom which were decorated to their individual style and preference. Two of these bedrooms had ensuite facilities. Communal facilities included a conservatory, fully equipped kitchen cum dining room, a number of sitting rooms/TV rooms, bathrooms and a utility facility.

On review of a sample of the residents person centred plans the inspector noted that they were supported to participate in community-based activities. For example, they were supported to go to the local shops and pub, have a coffee out, go to various shows and events and attend clubs of interest. Residents were also supported to avail of holiday/hotel breaks and to keep in regular contact with family members. A staff member explained to the inspector that one resident loved farming and they had organised a trip for the resident to an agricultural show the day after this inspection. The staff member also said that this resident had been to the ploughing championships in the past and really enjoyed this event.

Later in the morning the inspector met briefly with the two residents who had returned from the sports centre. Both appeared in good form, happy and content in their home however, they didn't speak directly with the inspector. One of these residents liked music and had their own guitar. The inspector observed the resident playing their guitar and, they were smiling and appeared to enjoy this activity very much.

Three residents provided written feedback on the quality and safety of care provided in the centre (two were supported by family members in providing this feedback and one was supported by a staff member). Residents reported that the house was a nice place to live, they liked the food options, they made their own choices and decisions (with support where required), they felt safe in their home and people were kind. They also reported that they chose their daily routines, could call their family members in private, got to go on trips and social outings and staff knew what was important to them to include their likes and dislikes. Staff also provided support and help when it was required, residents got along with their peers, they had made friends living in the house, residents felt management and staff listened to them and were included in decisions made about the house.

On the day of this inspection the inspector also spoke with one family member over the phone so as to get their feedback on the quality and safety of care provided in the centre. Their feedback was both positive and complimentary. They reported that they were very happy with the quality of care and support provided to their relative and that the staff team were excellent. They also said that their relative got on well with the staff team and, were getting on well in the house. They reported that their relative's healthcare needs were being provided for and that anytime they visited the house, they were made to feel very welcome. When asked had they any complaints they said no and that overall they were very happy with the quality and safety of care provided in the house. They also said their relative was happy living there and that all the family were happy with the service.

The inspector spoke with three staff members over the course of this inspection and found that they were aware of the residents care plans and assessed needs. They also informed the inspector that while there were no open safeguarding issues in the house, they would not hesitate to speak with the person in charge if they had any concerns about the safety or welfare of any of the residents. All three staff members were able to identify who the designated safeguarding officer was for the service and all three informed the inspector that they had training in safeguarding of

vulnerable adults and Children's First.

While some issues were identified on this inspection pertaining to Regulation 16: staff training and Regulation 26: risk management procedures, the inspector observed that residents appeared comfortable, content and happy in the house. Staff were also observed to support the residents in a professional, person-centred and caring manner over the course of this inspection. Additionally, from speaking with three staff members, the inspector observed that they were respectful of the individual choices and preferences of the residents and feedback from one family member on the quality and safety of care was both positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, it was observed that some refresher training could be provided to staff in a more timely manner.

The centre had a clearly defined management structure in place which was led by a person in charge. The person was a clinical nurse manager II (CNM II) and demonstrated a good knowledge of the residents' assessed needs. They were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from 1 April to 30 April 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by person in charge on the day of this inspection.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. However as identified above, some refresher training could be provided to staff in a more timely manner.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out in April 2025. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application for the renewal of the registration of this centre prior to this inspection

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked on a full time basis with the organisation and was an experienced qualified nursing professional (CNM II). They also had an additional qualification in management.

They demonstrated an awareness of their legal remit to the regulations and were aware of the assessed needs of the two residents living in this centre.

They were well prepared for this announced registration inspection and, were found to be responsive to the inspection process.

They had systems in place for the day-to-day operational management of the centre and provided ongoing support and supervision to their staff team.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from 01 April to 30 April 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

For example,

- two staff worked from 8am to 9pm each day
- one staff worked 9am to 9pm each day
- one staff worked live nights from 9pm to 8am

This meant that there was always a staff member present in the centre on a 24/7 basis so as to ensure the needs of the residents were provided for and to ensure the residents preferred daily routines were supported.

It was observed that on occasion, the service had to operate with only two staff members present (due to unforeseen staff absences) however, from viewing the

April 2025 rosters, this was not a regular occurrence and had only occurred once during this period.

While there was a lone working risk assessment in place as well as a management on call system which could provide support to the centre as or when required, this assessment required review. This was actioned under Regulation 26: risk management procedures.

Staff personnel files were reviewed in the provider's central office in advance of this inspection. While a minor issue was identified with one staff member's file, this had been addressed at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix and three staff training records, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- Children First
- communicating effectively through open disclosure
- manual handling
- basic life saving
- positive behavioural support
- infection prevention and control
- hand hygiene
- donning and doffing of personal protective equipment
- feeding, eating, drinking and swallowing training/dysphagia training
- safe administration of medications
- epilepsy and the administration of rescue medication
- fire safety
- supported decision making
- decision making: guiding principles

It was observed however that a number of staff required refresher training in fire safety. While the person in charge had these staff booked to attend this refresher training, there was no available dates until August 2025. This required review so as to ensure staff were provided with this refresher training in a more timely manner.

Judgment: Substantially compliant

Regulation 22: Insurance

Prior to this inspection the provider submitted up-to-date insurance details for the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. It was led by an experienced and qualified person in charge who was supported in their role by an experienced senior manager/person participating in management. Additionally, an on call management system was in place to support the overall governance and management of the centre.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out on 22 April 2025. A number of internal audits to include peer review audits were also carried out in the centre. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- complaints and safeguarding were to be discussed at staff meetings
- hospital passports were to be updated
- the staffing arrangements required review
- an ensuite bathroom required upgrading
- the statement of purpose required a minor update

These issues had been actioned and addressed at the time of this inspection.

It was observed that the auditing process identified that parts of the premises required attention to include some flooring (to include staining on some bathroom floors), kitchen units and some painting was required however, the person in charge was aware of this and had highlighted these issues in the centres quality enhancement plan so as to ensure they would be addressed.

From speaking with three staff members over the course of this inspection, the inspector was assured that staff were facilitated to raise any concern they may have with the person in charge about the quality and safety of care and support provided to the residents in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

The inspector found that a minor amendment was required to the statement of purpose however, the person in charge addressed this issue prior to completion of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, some issues were identified with Regulation 26: risk management precautions.

Residents' assessed health and social care needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities

They were also being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services,

behavioural support services and mental healthcare support

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were no active safeguarding plans in the centre. Systems were also in place to manage and mitigate risk and support residents safety in the centre. However, as identified above, aspects of the risk management process required review.

Fire-fighting systems were in place to include a fire alarm and detection system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment was being serviced as required by the regulations.

The house was found to be clean, warm and welcoming on the day of this inspection and the issues as found on the last inspection had been addressed.

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home.

Regulation 13: General welfare and development

Residents were being supported to access facilities for social and recreational activities. One resident attended a day service where they had the opportunity to meet up with friends and participate in social activities of their interest and choosing.

Where a resident had a particular interest in a particular hobby or activity, staff ensured the resident had the opportunity to engage in and explore this hobby. For example, one resident was very interested in farming and staff informed the inspector that the day after this inspection, the resident was going to an agricultural show for the day. The resident also had magazines on this topic and had attended the ploughing championships in the past .

On the day of this inspection two residents were attending a sports centre. There they had the opportunity to participate in a 'mindful movements' exercise class to music. Staff explained to the inspector that the residents liked this class and they also got to participate in chair exercises and play basketball.

From viewing one residents personal plans the inspector noted that they attended a social club on a weekly basis where they had the opportunity to participate in recreational activities with their friends.

Residents were also supported to have meals out, visit farms, go horse riding, go to the cinema, have a coffee out, go to the local shops, go for walks and take trips to the beach. Other activities available to the residents were snooker (one resident was a very keen snooker player), darts, foot spas and use of computers.

Residents also liked to attend music festivals and staff informed the inspector that

plans were in place for some of them to avail of a holiday/hotel break later in the year.

Residents were also supported to keep in regular contact with their family members.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. On the day of this inspection they were found to be clean, warm, welcoming and for the most part, well maintained.

Each resident had their own individual bedroom which were decorated to their individual style and preference. Two of these bedrooms had ensuite facilities. Communal facilities included a conservatory, fully equipped kitchen cum dining room, a number of sitting rooms/TV rooms, bathrooms and a utility facility.

There was also a well maintained garden area to the front of the house and to the rear there was a decking area (with garden furniture) and a patio area for residents to avail of in times of good weather. A poly tunnel was also available to residents where they grew their own fruit and vegetables.

Additionally, private car parking was available in the centre at the front and rear of the property.

Some parts of the premises required some minor works to include:

- some bathrooms floors were stained and this required review
- some painting was required around the house
- a chair needed recovering

The person in charge had already identified these issues and had included them in the centres quality enhancement plan so as to ensure that they would be addressed.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well

being.

For example, where a risk related to behaviours of concern was identified, the following control measures were in place

- residents had access to a clinical nurse specialist in positive behavioural support
- residents had a positive behavioural support plan and a communication plan in place
- staff had training in positive behavioural support
- where required, residents had access to psychiatry support

Additionally, where a resident was at risk from a healthcare-related issues such as epilepsy, the following measures were in place:

- staff had training in the administration rescue medication
- the resident had ongoing and as required support from a GP
- the resident was reviewed at an epilepsy outreach clinic
- a care plan/protocol was in place on how to support the resident and administer rescue medication in the event of a seizure

However, the inspector noted that there was different information in two of the residents care plans with regard to the administration of rescue medication and this required review. Notwithstanding, three staff were able to inform the inspector on what steps to take in the event of the resident having a seizure.

The lone working risk assessment required review so as the provider could be assured that the arrangements in place were safe for lone working in the centre. Additionally, staff made the inspector aware that the organisation had another registered designated centre in very close proximity to this house and in that centre, two staff worked live night duty. If needed in an emergency situation and when working alone on night duty, they could call on that centre for support. This information was not documented in the lone working risk assessment.

Finally, on rare occasions the inspector noted that due to unexpected sick leave, the centre could operate during the day with a minimum of two staff (there was usually three staff working every day). There was no written information and or risk assessment available on the day of this inspection to inform the inspector how the provider was assured the centre could operate safely when this happened.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm and detection system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment

was being serviced as required by the regulations. For example:

- the fire extinguishers were last serviced on 27 March 2025
- the emergency lighting was serviced in April, July, and October 2024 and again in February, 2025
- the fire detection and alarm system was also serviced in April, July, and October 2024 and again in February, 2025

Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. It was observed that some fire safety refresher training could be provided to staff in a more timely manner however, this issue was actioned under regulation 16: training and staff development.

Fire drills were being conducted as required in the centre. For example:

- a drill conducted on 1 February 2025 informed it took three staff and five residents one minute and 27 seconds to evacuate the building
- a drill conducted on 1 May 2025 informed that three staff and four residents evacuated the building however, one resident refused to participate in this drill. Staff spoke with the resident and they said that as they knew it was a drill, they didn't bother participating. Staff asked the resident what would they do in the event of a real fire and the resident replied that they would 'get out'.
- the most recent drill conducted on 10 May 2025 informed that four staff and all five residents evacuated the premises independently in one minute and 40 seconds

Each resident had an up-to-date personal emergency evacuation plan in place detailing the level of support, guidance and prompting they needed from staff during a fire drill. It was also observed that a night time drill was scheduled for July 2025.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- speech and language therapy (SALT)
- dentist
- physiotherapist
- optician
- GP services
- epilepsy outreach service

- medication reviews
- physical examinations by GP

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and one staff spoken with were familiar with these plans.

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Where required, residents also had access to a clinical nurse specialist in positive behavioural support and access to psychiatry support.

Judgment: Compliant

Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were no active safeguarding issues in the centre.

The inspector also noted the following:

- three staff members spoken with said they would report any safeguarding concern to the person in charge if they had one. There were also able to name the designated safeguarding officer for the service.
- easy-to-read information on advocacy, safeguarding and rights was available in the centre
- safeguarding was discussed at team meetings
- there were no open complaints about the service at the time of this inspection
- feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided to their relative
- in their feedback on the service, residents reported that they felt safe in their home

From reviewing the training matrix staff had training in the following:

- safeguarding of vulnerable adults
- communicating effectively through open disclosure
- Children First training

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lakeview Priorstate OSV-0003647

Inspection ID: MON-0038474

Date of inspection: 13/05/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff requiring fire training have been facilitated with an earlier date of June 20th 2025	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Epilepsy management plan and plan of care have now been aligned appropriately to support the individual regarding seizure activity and the protocol to be followed. The lone worker risk assessment has been updated to ensure arrangements in place are safe for the lone worker A written protocol will be completed to address how the Centre operates in times of unexpected sick leave	

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.	Substantially Compliant	Yellow	20/06/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/06/2025