

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

## Issued by the Chief Inspector

Name of designated centre:	Oxview Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	15 October 2025
Centre ID:	OSV-0004431
Fieldwork ID:	MON-0048232

## About the designated centre

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

Ox view community houses can support 12 male and female residents aged over 18 years with a diagnosis of intellectual disability, who require a level of support ranging from minimum to high. This service provides 24 hour residential care to residents. This centre comprises three houses in residential settings on the outskirts of a town. Most of the houses are centrally located and close to amenities such as shops, restaurants, public transport, pharmacists and churches. The houses are comfortably furnished, have gardens, and meet the needs of residents. All residents are supported by staff teams which include the person in charge, nurses and care assistants. Staff are based in the centre whenever residents are present, including at night time.

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

Number of residents on the date of inspection:	7
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## 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 15 October 2025	15:45hrs to 18:40hrs	Angela McCormack	Lead
Thursday 16 October 2025	10:15hrs to 14:55hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

This inspection found that residents living in Oxview designated centre were provided with person-centred care that promoted their welfare and rights.

This inspection was an unannounced inspection which focused on safeguarding. The Chief Inspector of Social Services issued a regulatory notice to providers in June 2024 outlining a plan to launch a regulatory adult safeguarding programme for inspections of designated centres. This inspection was completed as part of this programme.

This inspection was completed over two half days, one evening and the following morning. The inspector provided a document called 'Nice to Meet You' that inspectors use to support residents to understand about why they are visiting their home. This was explained to residents prior to the inspector meeting with them.

The centre comprised three houses all located in close proximity to each other. The centre could accommodate 12 residents. There were seven residents in the centre on the days of inspection. Some residents were at home with their families on planned breaks at this time. There were two vacancies in the centre at this time. The inspector got the opportunity to meet and speak with six residents across the three houses.

On the first evening the inspector spent time sitting, and talking, with three residents in one house. One resident made the inspector and their housemates tea. The atmosphere was relaxed and friendly. Residents were observed getting on well together. A resident in the nearby house also agreed for the inspector to spend time with them that evening. The following day the inspector met with two residents in the third house.

Residents talked about their lives, their interests, their families and their homes in Oxview. Residents said that they felt safe and that they liked their homes. One resident spoke to the inspector about protection concerns that they had experienced in the past. On the inspector's discussion with the person in charge, they undertook to follow up on these concerns with the resident in order to support them.

From discussions and observations throughout the inspection, it was clear to the inspector that residents were supported to live their lives as they chose. Residents spoke about their individual interests and hobbies. These included playing golf, going for walks, going on day trips, going on hotel breaks, and going to the local swimming-pool. One resident looked through their person-centred plan (PCP) folder with the inspector. There were photographs of the resident engaging in various activities including visiting religious amenities. Their faith was reported to be very important to them. It was clear that this was respected and supported by the staff team.

Residents also spoke about their interests in art, sports teams, gardening, watching movies and television programmes, listening to the radio and going to the pub for a drink. One resident spoke about their enjoyment of playing Bingo at the weekends with their housemates, for which a trophy could be won. Many residents had televisions in their bedrooms. Residents also had access to radios, technological devices and mobile phones. There were notice-boards in each of the houses that included information about various activities in the locality, as well as information on advocacy, safeguarding, human rights and about how to make complaints. Residents also had accessible information through easy-to-read documents and social stories to support them with understanding various topics. These were discussed regularly at residents' meetings.

Residents spoke to the inspector about the house meetings that occurred in their homes. They said that they found them useful. They said that they made choices about what meals and activities that they wanted to do for the week ahead. They also discussed various topics such as advocacy and human rights. Some residents spoke to the inspector about voting in the upcoming presidential election. One resident who was a wheelchair user, said that they hoped to vote but added that the location for voting had steps so it may not be accessible for them. On further discussion they spoke about accessibility issues when out socially. The person in charge was observed discussing with them the possibility of them joining the provider's advocacy group so that they could advocate for other wheelchair users also.

Residents who spoke with the inspector all said that they felt safe in their homes. They said that they got on well with each other and that staff listened to them and supported them. One resident said 'I am so happy here, I can do anything I want'. One resident who lived alone said that although they missed their former housemate, they liked living alone. They said that their 'key-worker' helped them do things.

Residents were supported to identify personal goals for the future through a personal planning process. If they did not want to do this, this was respected also. In one house a resident spoke about their future plans to get a greenhouse so that they could grow their own vegetables. They also spoke about some maintenance issues in the house and pointed out wear and tear on the kitchen cupboards that they said they were waiting to get repaired.

Throughout the course of the inspection residents were observed being busy doing various activities. Some residents attended a day service each day. They told the inspector about activities that they enjoyed there, including going to the gym, doing art work, and going out for coffee. One resident spoke about how they preferred to stay at home mostly, where they did their exercises for physical health. They said that they used to go for walks regularly but preferred to stay at home now. It was noted that while staff members were trying to support and encourage the resident to go out socially a bit more, their choice to spend much of their day at home or going for drives on the bus was respected. Other residents were observed going out for walks together during the inspection. In another house, residents attended an external day services for sessions of interest, but mostly did activities from their

home supported by the staff team. One resident went for a hydrotherapy session the morning of the inspection. Another resident had a physical therapy session by a therapist who called to their home in Oxview.

On the second day of inspection one resident was observed doing a shopping list with a staff member where they chose what foods and snacks they wanted to get in the shop. The resident and staff members planned to go shopping together later that morning. The inspector observed that two staff members went on their lunch break at 12 noon shortly after the list was made. While there were staff members available to support residents in the house, this meant that the resident was waiting to go shopping. The inspector spoke with the resident about this. They said that they did not mind waiting as they understood that staff members had to go for lunch. The inspector later spoke with the person in charge who provided assurances that staff breaks did not impact negatively on residents' activities. They said that there was flexibility to ensure that residents could do whatever activities and outings that they wished to.

Overall, Oxview designated centre was found to provide good quality, person-centred care and support that responded to residents' needs.

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

## Capacity and capability

This inspection found that there were good management systems in place to ensure that a person-centred and safe service was provided in Oxview services. Improvements were required in staff training and development, updating documentation and in ensuring a timely response to maintenance issues.

Despite this there were clear systems in place for the oversight and monitoring of the care provided in the centre. These included audits completed by the person in charge and unannounced visits by the provider as required under the regulations. The provider also ensured that there were policies and procedures in place to provide guidance to staff for delivering safe care and support.

The staffing levels and skill-mix were found to meet the needs of residents at this time. There were three staff vacancies in one house for which recruitment was in progress. In the meantime, regular temporary staff were used to ensure continuity of care. The monitoring of staff training required improvements to ensure that all staff members had the mandatory training completed to meet residents' needs as outlined in care plans.

Overall, the centre was found to be well managed with practices kept under ongoing monitoring. Improvements as noted under the regulations section of the report

would enhance the good care and support provided.

## Regulation 16: Training and staff development

The provider had arrangements in place for staff supervision and for staff members to complete training in a range of areas. However, the oversight of this required improvements as the following was found;

- One staff member did not have the mandatory behaviour management training although they worked with residents who required support in this area. The person in charge assured the inspector post inspection that a training date was now set for November 2025, and in the meantime, the risk posed by this was mitigated.
- While annual supervision meetings occurred with permanent staff members, this schedule did not include temporary staff members who worked in the centre on a regular basis and for a number of years.

Notwithstanding that, from the current training matrix reviewed by the inspector most staff members had training completed as required, which included behaviour management, safeguarding and Children First. In addition, staff members spoken with said that they felt well supported in their role and said that they could contact the management team whenever they needed to.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Overall, there were good arrangements for the management of the centre. This included a clear governance structure and arrangements for the ongoing review of practices in the centre. However, there were gaps in information held, which while they did not pose a medium to high risk to residents, improvements were required. The following was found;

- The inspector reviewed a sample of five staff meetings completed between April and September 2025, where it was found that two of these meeting records did not record the attendees of the meeting
- One resident's PCP and associated progress notes were not updated to reflect changes in their personal goals
- One resident's annual review meeting did not include the date that the meeting was held. This was addressed on the day of inspection. However, this required ongoing monitoring to ensure that dates were recorded on meeting records
- One safeguarding concern raised by a resident in August 2025 was not



notified to the Chief Inspector as required in the regulations. This was followed up in the centre to screen the concern and protect the resident. However the relevant notification was not submitted to the Chief Inspector. This was submitted on the day of inspection. This required ongoing monitoring to ensure that allegations, including historic, unfounded or suspected concerns, were notified to the Chief Inspector as required within three days.

- The completion of the recruitment of three posts in one house was required to ensure that the service was resourced in line with the statement of purpose.
- The monitoring of staff training and supervision required greater oversight. This is covered under Regulation 16: Training and staff development.

Notwithstanding that, the service provided was generally well managed to ensure that it was safe and met residents' needs. Regular audits of the centre were completed. These included audits of finances, medication, restrictive practices, complaints, safeguarding, incidents and health and safety areas. The provider completed unannounced visits and an annual review of the service, as required in the regulations. The inspector reviewed the annual review completed in August 2025 and the provider audit completed in May 2025. These showed effective monitoring of the service where areas for improvement were identified and included on an action plan. For example, the provider audit included an action to address the staff vacancies, and this was in progress at the time of the inspection.

There were monthly staff meetings occurring in the centre. A sample of five team meetings completed since April 2025 were reviewed by the inspector, where it could be seen that there were discussions had about safeguarding, incidents, and residents' individual care and support. Staff reported to the inspector that they felt well supported by the management team and could raise any concerns that they may have. The inspector could see, and was informed, that the person in charge was a regular presence in the centre and spent a number of days in the week working from Oxview. This meant that residents and staff could easily meet, and discuss any concerns that they had, with the person in charge. This was observed on the days of inspection where some residents were seen discussing issues with the person in charge, where they were observed listening, and responding, to residents in a respectful and responsive manner. It was clear from observations by the inspector that residents knew the person in charge well and felt that they were a trusted person that they could go to with any issues or concerns.

Judgment: Substantially compliant

## Quality and safety

Oxview services was found to provide good quality, person-centred care to residents that ensured their safety and protection. Residents spoken with described about

how they were consulted about the centre and supported to do activities of choice. All residents spoken with said that they felt safe. One resident spoke about waiting for a maintenance issue to be addressed in their home. This required review by the provider to ensure that residents were updated and that a timely response occurred.

The person in charge ensured that comprehensive assessments were completed on the health, personal and social care needs of residents. Support plans were developed based on each residents' individual needs. These included multidisciplinary team (MDT) input as required. Staff spoken were knowledgeable about residents' needs and about how to best to support them. This was observed in practice also.

The practices in place helped to ensure residents' protection and rights. These included, residents' meetings, the use of easy-to-read documents to support understanding of various topics and regular staff meetings where discussions on the safety, wellbeing and health of residents occurred.

## Regulation 10: Communication

The centre promoted a total communication approach to support residents with their communication preferences. Residents had access to various media sources and technology, in line with their preferences.

The inspector reviewed three residents' assessments of needs and care plans to support with communication. The care plans were individualised and reflected residents' communication preferences, such as the use of a whiteboard, 'Lamh' signs and the use of a visual to reflect a 'yes' or 'no' response. Four residents met with by the inspector communicated through verbal means. Two residents communicated with the inspector through their preferred communication methods including a visual aid and through a mix of verbal and reviewing pictures in their personal plan. The person in charge undertook to follow up with the speech and language therapist to request further supports for one resident following their observations of the resident communicating with the inspector as a person unfamiliar to them. This demonstrated a responsive and proactive approach in supporting residents to communicate effectively with people less familiar with their needs.

Residents had access to telephones, televisions, Internet, technological devices, radios and music players. One resident showed the inspector their technological device called 'alexa' and described how it worked.

Judgment: Compliant

## Regulation 17: Premises

The centre comprised three houses. Residents had individual bedrooms, personal storage facilities and individual aids and appliances, as required. All houses were observed to be clean, nicely decorated and well maintained in general. However, in one house some actions that were identified by the residents and management team required completion in a timely manner. The following was found;

- In one house the kitchen cupboards were worn and required repair. This action was highlighted to the provider's maintenance department. One resident said that they were waiting a long time for this. This required a time-bound response and an update on estimated time frame to be given to residents.
- The bathroom in one house was in the process of being redecorated and re tiled. This required completion.

The houses were found to meet the current needs of residents. Capacity in one house had reduced since the last inspection by HIQA in August 2023. This meant that protection risks between residents had reduced. The homes promoted accessibility for residents with handrails, ramps and wide corridors in place for wheelchair users and those who required additional support with mobility. The person in charge spoke about plans that were in progress to re configure the bathrooms in one house so that they would better suit the changing needs of residents. This also meant a swap in bedrooms for two residents, which the inspector was told was discussed with residents affected. This showed that the centre strived to ensure that residents' changing needs were met in their homes, and that they had a comfortable and safe home.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

There were good arrangements in place for the assessment of residents' needs and in the development of care and support plans. Residents spoken with were found to be involved in their care and support planning.

The inspector reviewed three residents' assessments of their health, personal and social care needs. This included a resident who was recently admitted to the centre. The inspector also reviewed two residents' PCPs, where it could be seen that residents were supported to set and achieve goals for the future, if they wished to. One PCP reviewed by the inspector found that progress notes and changes in the resident's goals had not been updated. For example, due to changes in the resident's physical health one of their personal goals was not suitable at that time. While an alternative meaningful activity was in place in their home to support them at this time, the personal plan had not been updated to reflect this change. This is covered under Regulation 23: Governance and management as it relates to the oversight of documentation and in ensuring records are updated.

The inspector also reviewed three residents' annual review meetings, where it could be seen that these were held annually and included MDT as well as the maximum participation of residents and their representatives as relevant. Two residents spoke with the inspector about their care and support needs, where it was evident that they were fully involved in directing their care.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Overall, there were good arrangements in place for supporting residents with behaviours of concern. This included the implementation of the provider's policies and procedures, MDT supports, and the ongoing review and assessment of restrictive practices.

However, the oversight of training for all staff in behaviour management to meet residents' needs required review. This is covered under Regulation 16: Training and staff development.

The inspector reviewed three residents' care plans and restrictive practices that were in place for residents, one of which was for PRN medicines (a medicine only taken as required). These plans included clear protocols to guide staff. The assessments of restrictive practices also outlined that there should be consideration of the FREDA principles of fairness, respect, equality, dignity and autonomy before using these measures. The inspector reviewed one resident's use of PRN medicines for the previous three months, where it could be seen that there was ongoing monitoring occurring to see if there was an increase or decrease in usage. This showed a rights- based approach to care and demonstrated good monitoring of restrictive practices to ensure that they were used for the shortest duration and as a last resort. Monitoring arrangements also included oversight by the provider's Human Rights' Committee (HRC). The inspector saw in the care plans reviewed that the HRC had reviewed these practices most recently in October 2025.

Judgment: Compliant

### Regulation 8: Protection

The arrangements in the centre promoted residents' safety and protection. This included staff training, audits on staff member's knowledge about safeguarding, staff Garda Síochána (police) vetting, ongoing reviews of incidents and the implementation of policies and procedures related to safeguarding and the provision of intimate care.

The inspector reviewed the safeguarding incidents from January 2025, where it could be seen that all possible protection incidents were followed up in line with the safeguarding procedures. There were two protection concerns investigated in August 2025, both of which related to the possible negative impact on two residents due to another resident's actions. The inspector found through a review of the documents and discussions with the person-in-charge that these concerns were managed appropriately to support all residents affected.

There were arrangements in place to record and review possible protection concerns that were made by a resident in line with their behaviour support plan. One allegation, although screened by the person in charge, was not notified to the Chief Inspector within three days as required in the regulations. This was submitted on the day of inspection. This oversight is covered under Regulation 23: Governance and management.

In addition, the management team ensured that staff completed safeguarding training as required. Monthly audits were completed on staff member's awareness of safeguarding to assess their knowledge and to identify if there were areas to improve on. The inspector reviewed a sample of these audits that were completed between July and October 2025. They were found to be comprehensive and detailed very good knowledge by the staff members audited, of the safeguarding arrangements and procedures. Staff members spoken with by the inspector also demonstrated good awareness about what to do in the event of a protection concern.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector observed that individualised person-centred care was provided by staff members, that showed respect for residents' choices about how they lived their life.

A human rights-based culture was evident in the centre. This could be seen through the language used in care plans, and from the discussions with staff members, the person in charge and residents. Residents spoken with described about how they were consulted about the centre. They also spoke about their individual interests and about how they liked to spend their days. Residents spoke to the inspector about voting and practicing their faith. Observations on the days of inspection were that staff members spoke respectfully with residents and listened to their views and choices. The provider had an advocacy group in place. One resident was observed speaking to the person in charge about joining this group, as they had important points to raise about accessibility issues for wheelchair users.

Overall, through discussions and observations on the days of inspection, it could be seen that residents were treated fairly and with respect and that they were

supported to understand and advocate for their rights.
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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Oxview Services OSV-0004431

Inspection ID: MON-0048232

Date of inspection: 16/10/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance with Regulation 16 the following actions are completed:</p> <ul style="list-style-type: none"><li>• There is a CS-CDLMS Training matrix in place for each house under this designated centre which is reviewed on a quarterly basis.</li><li>• Mandatory Behaviour Management Training for one staff member was completed on 17th /18th November 2025 .</li><li>• All staff working with a resident who requires behavioural support will be trained in advance of working with the resident going forward.</li><li>• There is a schedule for staff supervision within the centre which now includes all temporary staff working within the centre. All staff supervision has now been completed .</li></ul> <p>Date completed 27/11/25.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23 the following actions will be completed:</p> <ul style="list-style-type: none"><li>• Staff meeting records for the centre have been reviewed and all staff who have attended meetings have now been included to confirm their attendance. Staff not in attendance are required to read and sign minutes.</li><li>• One resident's PCP and associated progress notes have been reviewed with the</li></ul>	

resident ,their representative and the relevant multi-disciplinary members to reflect their changing needs.

- All resident's annual review meeting records have been reviewed to ensure the date the meeting was held is clearly documented.
- One retrospective notification has been submitted to the Chief Inspector regarding one safeguarding concern raised by a resident in August 2025.
- There is a CS-CDLMS Training matrix in place for each house under this designated centre which is reviewed on a quarterly basis.
- The recruitment of three posts for the centre are now at contracting stage with the HSE Human Resources Department. To be completed 27-2-26.
- All actions under Governance & Management have been discussed with relevant staff grades from a learning perspective and identified areas will be monitored closely with the PIC and CNMIII for this centre.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
To ensure with Regulation 17 the following actions will be completed:

- A plan has been developed and agreed to replace the kitchen cupboards and worktop in Ox view. This has been communicated to all residents through their preferred communication style. Residents are satisfied with the estimated timeframe for completion.
- A further plan to extend the bathroom in Ox View in conjunction with residents, staff and the HSE Maintenance Department has also been agreed to ensure all residents assessed needs are met. Date to be completed by 15-3-26

## 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	27/11/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	27/11/2025
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	15/03/2026
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	17/02/2026

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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