



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

## Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	27 March 2025
Centre ID:	OSV-0005116
Fieldwork ID:	MON-0037943

## About the designated centre

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

Tory Residential Services consists of a detached one-storey house and a detached two-storey house located in different housing estates in a city. Combined the houses can provide long-term residential care for up to six male residents with intellectual disabilities including those with additional needs. Each resident has their own bedroom and other facilities in both houses include bathrooms, sitting rooms, kitchens and staff rooms. Support to residents is provided by the person in charge, social care staff and care assistants with the level of staff support varying between the two houses depending on the time and days of the week.

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

Number of residents on the date of inspection:	5
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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
Thursday 27 March 2025	08:30hrs to 16:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

From what residents told us and what the inspector observed, residents living in this designated centre were receiving person-centred care and support, and were enabled to access activities and their local community. The inspection found high levels of compliance with the regulations. Some improvements were required in staffing numbers to ensure continuity of care and support for residents, fire safety, and the provider's application to renew the registration of this designated centre. These are outlined in the body of the report.

Tory Residential Services is made up of two houses located in Waterford city, and provides care and support to up to six adults with an intellectual disability. The two houses are located a short drive from each other. The houses are close to local shops, restaurants and local transport links. The first house is a bungalow and was home to one resident at the time of the inspection. The house comprises a sitting room, an office, a utility, a kitchen come dining area, three bedrooms and two bathrooms. The second house is a two storey house and was home to four residents on the day of the inspection. On the ground floor there is a utility, kitchen come dining room, two sitting rooms, a staff bedroom, a bathroom and a resident bedroom. On the first floor there is a staff office, three resident bedrooms one of which has an ensuite bathroom, and a main bathroom.

Over the course of the inspection, the inspector of social services had an opportunity to meet with the five gentlemen who were living in centre. Two residents told the inspector what it was like to live in the centre and one resident used sign language and words to communicate with the inspector. Additionally, observations, a review of documentation and discussions with staff were used to capture the lived experience of one resident.

The inspector had the opportunity to meet with the resident who lived in the first house in the company of staff. The resident spoke to the staff and the inspector about the important people in their life, some of their interests and their plans for the day. Their plans for the day included going for a drive and a walk, which they told everyone was "my choice". They appeared very comfortable in the presence of staff and smiled and laughed during their interactions with them. When asked, they said they were "happy", "safe" and "staff are good to me". They had moved into the house in the months prior to the inspection and work was ongoing to ensure the house was decorated in line with their preferences and interests.

In the second house, the inspector had an opportunity to meet with the four residents living there. As this was an announced inspection, they had delayed their plans for the day in order to meet the inspector. The inspector found that there was a warm, friendly and welcoming atmosphere in the house. Residents spoke fondly about their home, the staff team, the important people in their lives and the activities they enjoy on an ongoing basis.

One resident told the inspector that they had lived in other houses and services in the past but that this house was their favourite. They said this house was "more homely, more relaxed and more comfortable". Another resident said "I love the house", "this is now my home from home, my second home", "I love the local area", and "my work is only up the road".

Two residents spoke with the inspector about their many talents, interests and skills. They also spoke about the importance of their independence and the importance of their roles in their home and in their community. They spoke about travelling independently, keeping in touch with and visiting their family and friends, their roles in day services and work, and how they like to take part in the upkeep of their home and garden. They spoke about going to the local shops and restaurants and getting to know people in their locality. Staff also reported that they were well known in their local community. They spoke about parties and events they had enjoyed or were looking forward to, and about the holidays in Ireland and abroad which they had enjoyed. One resident used sign language and words to talk about their family, their favourite things to do and their plans for the day.

The inspector reviewed records for the five residents and found examples of activities they were enjoying regularly such as, bocce, boxercise, going to the gym, zumba, horse riding, cooking, gardening, going to the pub and restaurants, music concerts and events. Two residents spoke about growing vegetables in their garden last year, and their plans to do the same this year. They spoke about how proud they were of their crop and how they had shared the vegetables with their family members. One resident spoke about their love of music while another spoke about their passion for acting. They spoke about the television programmes they had acted in, their acting roles with a production company and some of the pantomimes and shows they had taken part in over the years. The also told the inspector about a film they had made about seeking paid employment.

Throughout the inspection, kind and caring interactions were observed between residents and staff. Staff were observed to be very familiar with residents' care and support needs and their communication preferences. When speaking about the staff team, residents described them as "absolutely brilliant", and "very good to me".

The provider was capturing the views of residents and their representatives as part of their audits and reviews. For example, the inspector reviewed the "family views" of two residents' representatives which were captured as part of their annual review. Feedback in these documents was positive and comments included, "the house is kept in immaculate condition", "I couldn't praise the staff highly enough", "...is so happy. It gives us as a family great peace of mind". The inspector also reviewed the four residents surveys for the 2024 annual review which was made available to them in an easy-to-read format. In these surveys residents indicated they were happy with the house, how their rights are respected, their access to activities, their opportunities to learn new skills, the complaints process, how their privacy is respected and the arrangements for visiting.

The inspector received four resident questionnaires on "what it is like to live in your home" which had been sent out to the centre prior to the inspection. The

questionnaires seek resident feedback on aspects of the service such as the staff, the premises, their ability to make choices and decisions, and meals. Two of these were completed independently by residents, one resident was supported by staff to complete it and one was completed by family members on a residents' behalf. Feedback was positive and examples of comments included were, "I think where I live is very nice, clean and tidy at all times and i love living here", "staff are kind", "...loves his home and loved the garden growing vegetables" and "...is relaxed in his home and enjoys time with the people he lives with".

In summary, residents in this centre were enjoying a good quality of life. They lived in houses which were located close to transport links and amenities and they were support them engage in activities outside of their homes. Each of the houses had a relaxed and friendly atmosphere, and residents appeared to be content and comfortable. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

## Capacity and capability

This inspection was announced, and took place to monitor compliance with the regulations in order to inform a decision on the provider's application to renew the registration of the centre. In the application to renew, the provider had applied to reduce the number of registered beds and remove one of the houses from the footprint of the designated centre. This meant that the two house currently registered under the one designated centre would now be registered as two separate designated centres. As both houses formed part of this designated centre at the time of the inspection, the inspector visited them both.

Overall, this inspection found good levels of compliance with the regulations reviewed. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. They were implementing the required actions to bring about these improvements. However, some aspects of fire safety required review in both houses and there were a number of staff vacancies and this was found to be impacting on the continuity of care and support for residents, particularly in one of the houses. In addition, the provider had not made the application to renew the registration of the centre in line with the required timeframe and some of the information was not valid at the time of the inspection. These areas will be discussed further under the relevant regulations below.

It was evident that both the person in charge and the person participating in management were utilising management systems to effectively monitor and oversee residents' care and support. This was evidenced by high levels of compliance with the regulations on this inspection. The inspector found that staff were supported to

carry out their roles and responsibilities through probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

### Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application for renewal of registration of the centre. The provider had failed to make the application in line with the required timeframe. The provider is required to submit an application to renew the registration six months prior to the registration end date. They are informed of this process (in writing) and are provided with a date to when the registration to renewal must be submitted to the office of the Chief Inspector. Additionally a reminder (in writing) is also provided four weeks prior to the deadline. However, the provider had failed to submit their application to renew their registration by the required date.

The inspector reviewed the application when it was submitted and found it did not meet the minimum criteria. Some of the required information was not found to be valid. For example, an up-to-date photo identification was required for one stakeholder and a garda vetting report made within six months of the application was required for two stakeholders. At the time of the report this information remained outstanding.

Judgment: Not compliant

### Regulation 15: Staffing

The provider had recruitment policies and procedures and from a review of a sample of three staff files, it was clear that every effort was made to ensure staff had the skills, experience and qualifications to fulfill the job specifications of their role. The three staff files were found to contain the information required under Schedule 2.

There was five whole time equivalent (WTE) staff vacancies in the centre. There was one WTE vacancy in one house and four WTE vacancies in the other. The provider had completed interviews and advertised the posts on several occasions. From a review of rosters for an eight week period in both houses it was evident that efforts were being made to ensure continuity of care and support for residents; however, due to the number of vacancies in one of the houses and the volume of shifts that needed to be covered, this was not always providing possible. For example, 45 shifts were covered by four agency staff over a four week period reviewed.

Judgment: Substantially compliant



## Regulation 16: Training and staff development

From a review of the full training records of two staff, the staff training matrix for the centre and a sample of 14 certificates of training, the inspector found that staff had completed training identified as mandatory by the registered provider in areas such as fire safety, safeguarding, manual handling and safe administration of medicines. The majority of staff had completed a range of training modules relating to human rights. The remaining two staff were scheduled to complete this training online after the inspection.

The inspector viewed a sample of supervision records for five staff members which had been carried out annually in line with the provider's policy. These records showed that items such as training and development, roles and responsibilities and support were covered.

Staff meetings were occurring regularly. The inspector viewed minutes from the previous four staff meetings and found that these covered updates relating to residents, safeguarding, shared learning, health and safety, and fire safety.

Judgment: Compliant

## Regulation 22: Insurance

The inspector reviewed the provider's contract of insurance which was submitted as part of their application to renew the registration for the centre. It was also available and reviewed in the centre during the inspection.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that the provider had good governance and management arrangements in place to monitor and oversee residents' care and support. There was a clear management structure in place which outlined roles and responsibilities and lines of reporting. The person in charge reported to the person participating in management. There was an on-call roster in place to ensure that support was available for residents and staff out-of-hours.

The provider had completed an annual review and six-monthly unannounced provider visits which met regulatory requirements. Where actions were identified, an action plan was put in place and reviewed regularly to ensure that it progressed.

<p>A number of area specific audits and checks were reviewed including two medication audits, eight person in charge audits from 2025, five safety audits and the systems for oversight of residents' finances including paper records and audits and the online system for oversight and monitoring. They found that these were being utilised effectively to identify areas requiring improvement, and to implement actions in a timely manner.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 3: Statement of purpose</b></p>
<p>The inspector reviewed the provider's statement of purpose for the centre. This contained all of the information required in Schedule 1 of the regulations. It was found to accurately reflect the services and facilities observed by the inspector during the inspection.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 31: Notification of incidents</b></p>
<p>The inspector reviewed records relating to incidents and accidents which had occurred in the centre since the last inspection. They found that the required incidents had been notified to the Chief Inspector, and these had been submitted within time lines specified in the regulations.</p>
<p>Judgment: Compliant</p>
<p><b>Quality and safety</b></p>
<p>The inspector found good levels of compliance with regulations relating to quality and safety of the service provided for residents in this centre. Residents were receiving person-centred care which promoted their human rights. They were supported to engage in activities they enjoyed. Their independence and community engagement was encouraged, and they were supported to build their knowledge and skills around self-protection. They lived in warm, clean and well maintained homes.</p> <p>Residents had access to health and social care professionals in line with their assessed needs. There were health care plans in place for each assessed need. There were safeguarding measures in place to protect residents from abuse, which</p>

included systems to monitor and oversee finances, resident meetings to ensure residents were aware of who to go to if they had any concerns, and each resident had a personal and intimate care plans in place.

Residents, staff and visitors were protected by the risk management and fire safety policies, procedures and practices in the centre. However, the locking mechanisms on a number of fire exit doors in both houses required review and this will be discussed further under Regulation 28: Fire Precautions.

### Regulation 11: Visits

The inspector reviewed the provider's visitors policy and the information in the statement of purpose and residents' guide around visiting arrangements. They also spoke with residents and staff and based on what they were told, residents were supported to maintain relationships with family members, and they were visiting and spending time with their family and friends on a regular basis. Where required, risk assessments were developed to ensure visits did not pose a risk for the resident or their visitors, and to ensure visits took place in a venue suitable for all parties involved.

Judgment: Compliant

### Regulation 17: Premises

The inspector visited both houses on the day of the inspection and completed a walk around them with the local management team. They found that the premises were laid out to meet the aims and objectives of the service. There were a number of communal spaces where residents could choose to spend their time. For example, in one of the houses there was a sitting room, large kitchen come dining room and a second sitting room which residents referred to as their music room. This second sitting room was also used as a space for residents to enjoy alternative therapies.

Residents' rooms were nicely decorated and they had their favourite possessions, certificates, medals and trophies on display. Communal areas were found to be homely and nicely decorated. Work was ongoing in one of the houses to make it even more homely in line with the residents' wishes and at a pace that suited them. The provider had systems in place to record when maintenance and repairs were required and to ensure they were completed and followed up on.

Judgment: Compliant

## Regulation 20: Information for residents

The inspector reviewed the residents' guide which had been submitted by the provider prior to the inspection. This guide contained information required under this regulation such as information about the services and facilities provided, the terms and conditions relating to their residency and arrangements for visits and participation in the running of the centre. The resident's guide was also available and reviewed in the centre during the inspection.

Judgment: Compliant

## Regulation 26: Risk management procedures

The inspector found that the provider had robust systems in place for the identification, assessment and management of risks in the centre, including a system of responding to emergencies.

The inspector viewed the provider's risk management policy, the risk registers, a sample of risk assessments for four residents, four general risk assessments and a record of incidents and accidents. Combined, these demonstrated that risks were identified and appropriately risk rated. It was evident that the provider was endeavouring to balance residents' rights to make decisions against presenting risks for areas such as travelling independently, accessing their community independently and managing their finances.

From a review of a sample of records relating to accidents and incidents over a three month period the inspector found that these were reported in line with the provider's policy. It was also evident that the provider responded to them in a timely manner, where required. The person in charge was completing regular reviews of incidents to enable the provider to identify any trends, and to put additional measures in place where they were required.

The inspector reviewed records relating to one of the vehicles for 2024 and 2025 to date, which demonstrated that it had been regularly serviced and that any required maintenance had been completed.

Judgment: Compliant

## Regulation 28: Fire precautions

As previously mentioned, the inspector did a walk around both houses with the local management team and found that houses had detection and containment measures

in place such as smoke alarms and fire doors. To ensure ease of evacuation in an emergency thumb turn locks were present on the majority of fire exit doors in one house. However, there was one exit door with a key lock. In the second house, there were no thumb turn locks on any of the fire exit doors. This had not been risk assessed by the provider and required review.

There was fire-fighting equipment and emergency lighting in each house. Fire evacuation procedures were on display and there was evidence that servicing and maintenance were carried out on all equipment. The inspector reviewed records relating to the maintenance of fire extinguishers for 2024 and 2025, and evidence that the fire alarm panel and emergency lighting had been service and maintained as required in 2024 and in 2025 to date.

The inspector reviewed a sample of four resident's personal emergency evacuation plan which outlined procedures for evacuation. Fire drills were taking place, and the inspector reviewed a sample of five drills between March 2024 and April 2025. These drills detailed different possible fire scenarios, and were undertaken with the day and night-time staffing complement.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessments of need and personal plans for four residents. Residents' plans were detailed in nature and contained sufficient information to guide staff practice to support residents in line with their wishes and preference and assessed needs. Residents' plans identified their strengths and talents, and likes and dislikes. They also contained details on their communication preferences and how they make choices and decisions in their day-to-day lives.

There were systems in place to ensure that their assessments and plans were reviewed on an annual basis, or sooner where their needs changed. Residents had goals in place and there was photographic evidence around their home of them achieving their goals and taking part in activities they enjoy.

Judgment: Compliant

### Regulation 6: Health care

From a review of four residents' care plans, it was evident that residents had access to a general practitioner, pharmacist and a range of health and social care professionals such as physiotherapists, occupational therapists, and speech and language therapists. They had access to a dentist, ophthalmologist, chiropodist and

medical consultants, as required.

The inspector found that residents' care plans were developed and reviewed as required. Medical appointments were logged and followed up on. There was easy-to-read information available in residents' plans on available vaccines, their particular healthcare needs and the medicines they are prescribed. Residents had health passports in place so that in the event of an acute medical emergency, their important information was readily available.

Residents who were eligible for National Screening Programmes such as Bowel Screen and Diabetic Retina Screening were supported to access these services.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that efforts were being made by the provider to embed a human rights-based approach to care and support in the centre. For example, one resident spoke about how important it was to them to be independent in relation to managing their finances and setting their own goals. The inspector reviewed their personal plan and the resident had clearly documented their wishes and preferences and the systems they had agreed with the provider to safeguard their finances.

Staff had access to training on the human rights principles of fairness, respect, equality, dignity and autonomy. Residents spoke about their lives, their independence and how their choices were facilitated. They spoke about how staff encouraged them to pursue their interests and passions. For example, one resident had been supported by staff to apply for a waiver on their accommodation contributions which had resulted in more money being available to them to pursue their interests and passions. Another resident had been supported to attend and awareness session on the complaints process with a social worker and they received a certificate of attendance.

There was an easy-to-read information available in the centre with information on national standards, living together, restrictive practices, safeguarding, indicators of abuse, an residents' specific healthcare needs. There was information on display about the complaints process and safeguarding procedures, including pictures of the complaints and designated officers. Overall, the inspector found that staff were working with residents to ensure that information was presented to them in a format that met their communication needs and preferences. For example, for one resident photos were taken of their assets and this replaced a written assets document in their personal plan.

A sample of five residents' meetings were reviewed which demonstrated that they were occurring regularly. There was a clear focus on residents' rights and safety. Agenda items varied and discussions were held around areas such as, safeguarding, people's roles and contributions, advocacy, menu planning, activity planning and

complaints.
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>	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Tory Residential Services OSV-0005116

Inspection ID: MON-0037943

Date of inspection: 27/03/2025

## 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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:	
<ul style="list-style-type: none"><li>• Outstanding prescribed information has now been submitted.</li><li>• The registered provider will ensure all documentation going forward is submitted in line with the required timeframe.</li></ul>	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:	
<ul style="list-style-type: none"><li>• A recruitment campaign is underway to fill identified vacancies at the centre.</li><li>• In the interim the Team Leader has reviewed the roster and agency bookings to ensure a consistent staffing is present at the centre comprised of locum relief and agency staff.</li></ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
<ul style="list-style-type: none"><li>• A thumb lock has been fitted to double french doors in one house on 10.04.2025.</li><li>• A risk assessment has been carried out in the other house reviewing the thumb locks and control measures that are in place around this. A plan has been developed to move towards putting thumb locks back on doors.</li></ul>	

## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	30/04/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2025
Regulation 15(3)	The registered provider shall	Substantially Compliant	Yellow	30/05/2025

	ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/06/2025