



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

Issued by the Chief Inspector

Name of designated centre:	Maryville Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	31 August 2023
Centre ID:	OSV-0005520
Fieldwork ID:	MON-0031759

About the designated centre

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

This is a residential service managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. This centre comprises of a two-storey house and can accommodate up to four female residents with low to moderate intellectual disability from 18 years of age to end of life. The centre comprises of a hallway, four residents' bedrooms, one staff room, a kitchen and dining area, a utility room, a shared bathroom, a shared toilet and two sitting rooms. Residents also have access to well-maintained gardens to the front and rear of the centre. During the day, residents are supported by a team of staff consisting of nursing support and healthcare assistants. At night, residents are supported by a waking night staff, to ensure their health and safety needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 31 August 2023	11:00hrs to 18:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor compliance with the regulations and as part of the renewal of the registration of the designated centre. As part of the announcement, an information leaflet was sent to the centre to provide details about the name of the inspector that was visiting. This was observed on display in the centre. In addition, questionnaires were provided so as to establish the views of residents living in the centre. Residents completed these questionnaires and they were provided to the inspector and reviewed as part of the inspection.

Overall, this inspection found that residents were provided with a person-centred service that met their individual needs. All residents said that they felt safe and liked living in the centre. The house itself was clean, homely and spacious, and each resident had their own bedroom, which were nicely decorated.

The inspector got the opportunity to meet with all residents during the inspection. All residents attended an external day service for a number of days each week. On arrival to the centre, the inspector was informed that residents were at their day service. Two residents went for a hair appointment with staff in the afternoon, and they later told the inspector that they had their dinner out. All residents were met with on their return to the house and spent time talking with the inspector. One resident communicated with the inspector through their preferred communication means with support from staff.

All residents reported that they liked living in the centre, that they felt safe and that they got on well with each other. Residents spoke about their day-to-day lives and described about how they were supported in the centre. One resident showed the inspector their weekly activity schedule which they reported that they found useful for planning the week ahead. They described about how staff completed this with them each week. They acknowledged that if they wished to change any activity that they could do this. Another resident showed the inspector their bedroom. When asked, they spoke about an alarm they had for safety reasons, and they said that they didn't mind using this. Other residents spoke about how they were supported recently during a COVID-19 outbreak and spoke about their experiences of isolating. Residents said they understood why this occurred and said that they didn't mind having to isolate.

Residents were found to be fully involved in making decisions about their care and support. Annual reviews that occurred were attended by residents and their family representatives, as appropriate. Residents' wishes about the sharing of their personal information were respected and their choices documented and signed. One resident said that their family member buys their clothes and when asked, they said that they didn't mind this as they could buy their own clothes also if they wished.

Residents spoke about the residents' meetings that occurred. They said that they found them useful in making decisions about activities and meals. Activities that

residents took part in included; 'Special Olympics' sports clubs, community events (going to the local fair), going for meals, going to the cinema, swimming, going to concerts and going on hotel breaks. Residents spoke about a planned holiday to Cork in the coming weeks. They talked about the hotel that they had chosen and about what activities they planned to do when there. Residents also spoke about their holidays to Clare the previous year.

Residents were observed making beverages and getting snacks during the evening. One resident was observed requesting a healthy version of a snack and this was available for them. Residents spoke about their favourite meals and all residents felt that the food was good in the house. One resident spoke about how they enjoyed baking and said that they made porridge scones sometimes. One resident spoke about their exercise plans for the week and spoke about recording their steps on a fitness tracking device, adding about how they get over 10,000 steps some days. It was clear from speaking with residents that they led self-directed lives and were listened to by staff supporting them.

There were a range of easy-to-read documents and notices throughout the house. These included information on safeguarding, advocacy, IPC, the charter of human rights, a poster on common Irish sign language (ISL) signs, healthy eating and the food pyramid. It was noted in residents' care plans that some residents had specific dietary needs to support with their health. It was observed that there were a range of nutritious and healthy foods available in the kitchen cupboards and fridge.

From a walk around of the centre, it was found that the house was nicely decorated, clean and spacious for the needs of residents. There were colourful furnishings, framed photographs and personal effects throughout the home. This helped create a warm and homely atmosphere. The garden contained garden furniture, window boxes, ornaments, shrubs and flowers. There was outdoor furniture at the front of the house, which included a particular chair by the front door that one resident liked to sit on. The house was bright and welcoming. The external walls required painting and there were plans for this to be completed.

There were suitable arrangements observed to promote good IPC. These included; the use of pedal bins, colour coded mops, paper towel dispensers and hand hygiene equipment. There was a designated area for completing laundry. There were notices on display containing information on ensuring good IPC measures with regard to laundry and waste disposal.

Bedrooms that the inspector observed were nicely decorated and individualised. It was clear that residents had decided the colours and furnishings in their bedrooms. One resident had a walk-in wardrobe and an en-suite bathroom which was painted a bright colour of their choosing. Residents had dedicated areas in either their bedrooms or within the main house for engaging in individual interests such as art and crafts. There were board games, puzzles, magazines, and arts and craft supplies available to residents. In addition, residents had access to technological devices and SMART televisions, on which to watch their favourite movies and pursue individual interests. Some residents spoke about using devices to make video calls to

family members.

Throughout the inspection, inspectors met with the local management team and a number of staff. Staff spoken with appeared knowledgeable about the needs of residents and were observed to be caring and respectful in their interactions with residents. One staff spoken with said that they had completed 'human rights training'. They said that they found this training useful and talked about learning about the FREDA (fairness, respect, equality, dignity and autonomy) principles. They said that they incorporate this into their work by ensuring that residents are supported to make choices about how they live their lives.

As part of this announced inspection, questionnaires were provided for residents to give feedback on the service. Feedback was very positive on all aspects of the service including choices offered, activities, food, rights and staff. Residents mentioned the range of activities that they enjoyed both in house and out in the wider community. One resident noted that they wished to join a gym and go swimming more often.

Observations on the day were that residents were treated with warmth and respect by staff and that staff members were responsive to residents' communications. Residents appeared comfortable around staff and in their environment. Residents said that they were happy living in the centre and said that they felt safe there, with one resident noting on their completed questionnaire that they felt 'very safe'.

Overall, the service was found to provide good quality, person-centred care to residents.

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 the management team in Maryville services had the capacity and capability to manage the centre. There were good arrangements in place for monitoring the care and support provided. However, improvements in managing risks around untrained staff working alone would help to further ensure that safe care was provided at all times.

A full application was received to apply to renew the registration of this centre. The statement of purpose had been reviewed and included all the information required under the regulations.

The staff team comprised one nurse and healthcare assistants. There was one waking night staff in place to support residents with their needs. Two recent vacancies had occurred, which were in the process for recruitment. To fill this gap,

three agency staff had undergone a recent induction in the centre.

A review of the training needs for the centre found that there were gaps in training for some of the new staff. This included training in fire which the provider had identified as mandatory. It also included one gap in cardiopulmonary resuscitation (CPR) training which was noted as a requirement for all staff working with one resident due to identified risks. The risk of untrained staff working alone had not been identified by management. However, the fire risk assessment was updated on the day of inspection when it was brought to the management team's attention, with control measures put in place to reduce risks.

The person in charge worked full-time. They were responsible for two other designated centres. All three centres were located within close proximity to each other. There were arrangements in place to support them to manage all three services. This included a staff nurse who worked .5 whole time equivalent (WTE) in the centre and who helped with the operational management of the centre including completing local audits.

The local management team carried out a range of audits on the care and support provided. These included audits in fire safety, complaints, finances, personal plans, IPC, safeguarding, restrictive practices and medication management. The provider ensured that unannounced visits took place every six months as required under the regulations. These management audits were found to be effective in identifying actions to ensure compliance and quality improvement.

The service had developed a quality improvement plan (QIP) which included all actions identified through various management audits and assessments. This also included actions from previous inspections by the Health Information and Quality Authority (HIQA). This system ensured that the ongoing monitoring of actions occurred. Regular staff meetings occurred during where the QIP was reviewed with the staff team. Staff members met with said that they felt well supported that they could raise any concerns to the management team, if required.

The provider also completed an annual review of the care and support in the centre as required in the regulations. However, the most recent annual review did not include the consultation that occurred with residents and family representatives. For example; while residents and their representatives were provided with questionnaires to complete to get their views of the service, this feedback was not used as part of the annual review of the centre.

Overall, this inspection found that the centre provided good care and support and the management team were responsive to issues and risks that arose.

Registration Regulation 5: Application for registration or renewal of registration

A full application was received from the provider to apply for the renewal of the

registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge commenced in their role in July 2023. They had responsibility for two other designated centres which were all located in close proximity to each other. They worked full-time and divided their time between the three centres. They appeared knowledgeable about the service and the individual needs of residents. It was evident through observations and discussions on the day, that residents were familiar with them.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place, which was found to be well maintained and accurate as to who was working on the day of inspection. There were two staff vacancies at the time of inspection and these were reported to be in progress for recruitment. There were three regular agency staff used to cover gaps which helped to ensure continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory training and site specific training plan in place. All permanent staff members had undergone all the required training. New staff underwent an induction programme prior to working in the centre. However, the following was found in relation to staff training for the newer staff:

- all three agency staff working in the centre required behaviour management training
- two agency staff required fire safety training. The local management team addressed this on the day when it was brought to their attention, by scheduling both staff to attend this training, one on the following day and one on 6th September.
- one agency staff required cardiopulmonary resuscitation (CPR). This was noted to be a requirement for all staff supporting one resident due to

<p>identified risks.</p> <p>The management team undertook to assess the risks of untrained staff working alone while waiting for the training dates. The fire risk assessment was updated on the day, and control measures identified to minimise any risks to residents and staff.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 22: Insurance</p>
<p>The provider ensured that there was up-to-date insurance in place in the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 23: Governance and management</p>
<p>The following was found in relation to governance and management:</p> <ul style="list-style-type: none"> • the annual review of the quality and safety of care and support in the centre did not include consultation with residents and their representatives • the ongoing monitoring of training and managing the risk of untrained staff working with residents required improvements to ensure that staff working alone had the skills and competencies that were noted to be required in residents' support plans.
<p>Judgment: Substantially compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>There was a statement of purpose in place which had been updated and included all the required information as set out under Schedule 1 of the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>The person in charge ensured that all information that was required to be submitted</p>

to the Chief Inspector of Social Services was completed.

Judgment: Compliant

Quality and safety

Residents living in Maryville Services were found to be provided with person-centred care and support. The service supported residents to make choices about their lives and to understand their rights. All residents spoken with said that they liked living at the centre and felt safe.

Residents had assessments completed of their health, personal and social care needs. Care plans were developed where required. These were found to be kept under ongoing review and updated if any changes occurred. Care plans included clear information to guide staff. Some residents spoken with said that they attended meetings about their care and support. They spoke about some aspects of their personal plans and they understood the need for, and desired outcome of, their plans.

The inspector found that residents were supported to achieve the best possible health and wellbeing. Residents were supported to attend any recommended healthcare appointments and avail of recommended interventions, in line with their wishes. The provider ensured that residents had access to multidisciplinary team (MDT) members including psychologists, behaviour therapists, physiotherapists and speech and language therapy (SLT).

Residents who required supports with communication had communication profiles in place. Staff received training, as required, in residents' preferred communication methods. Communications between residents and staff were observed to be in line with individual support plans. Staff were observed to be knowledgeable about, and responsive to, residents' communications throughout the inspection.

Residents were found to be consulted about the running of the centre through regular residents' meetings. A review of the minutes of these meetings demonstrated that residents were offered choices in their everyday lives. Residents said that they found these meetings useful. In addition, information was shared at these meetings about various topics such as human rights, making complaints, IPC, safeguarding and fire safety. Residents spoken with told the inspector what they would do in the event of the fire alarm going off, which included going out to the assembly point.

In summary, this inspection found that residents living in Maryville designated centre were provided with person-centered care and the service was found to be operated in a manner that respected residents' unique preferences and interests.

Regulation 10: Communication

There was a policy and procedure in place for 'total communication approach'. Residents who required supports with communication had care plans in place. These were observed to be in use on the day of inspection by staff supporting them.

Residents had access to magazines, televisions, telephones, music players and technological devices in line with their interests and individual preferences.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with care and support in accordance with their assessed needs and their individual wishes. Through discussions with residents and a review of completed questionnaires, it was evident that residents were supported to engage in a variety of interests, both in the house and in the wider community. Some activities that residents said that they enjoyed included; crocheting, knitting, arts and crafts, reading, gardening, reflexology, using their computerised and watching movie channels on the television.

Judgment: Compliant

Regulation 17: Premises

The house was designed and laid out to meet the needs and numbers of residents. There was ample communal space for residents to relax and engage in their hobbies and interests. Residents' bedrooms were beautifully decorated and were personalised with various personal effects, art work and soft furnishings.

Some renovation work had been completed recently to enhance the house. This included; a new pavement around the house and renovations to the communal shower room. External painting was required to the house and surrounding walls, and this was due to be completed the week of inspection, weather permitting. This was noted to be included on the centre's QIP and was actively kept under review for completion.

Judgment: Compliant

Regulation 18: Food and nutrition

There was a policy and procedure in place for nutrition and food safety. Residents who required supports with feeding, eating drinking and swallowing (FEDS) had support plans in place, of which staff were knowledgeable. Residents were observed preparing beverages and snacks during the inspection.

The cupboards and fridge were stocked with a variety of nutritious food and snacks. Residents spoken with said that the food was nice in the centre and this was also reflected on the questionnaires reviewed as part of the inspection. Some residents spoke about how they liked to bake.

Judgment: Compliant

Regulation 20: Information for residents

A 'residents' guide' had been developed to provide residents with information about the centre. This included the required information as set out in the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place for promoting good infection prevention control. These included; hand sanitising equipment, appropriate waste arrangements for general and clinical waste, colour coded mops and staff training in various IPC related topics. Staff spoken with were aware of how to ensure good IPC measures in the house and spoke about the importance of hand hygiene and regular cleaning of frequently touched surfaces.

A recent outbreak of COVID-19 that occurred in the centre had been reviewed by the management team so that learning could be taken from it. Residents spoke about their experience of the outbreak and understood the need for face masks and isolation arrangements to minimise infection spread.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place for fire safety in the centre; including fire containment measures, fire fighting equipment and a fire alert system. Residents had personal emergency evacuation plans in place which outlined the supports required, including if any aids were required. There were easy-to-read evacuation notices on display near exit points. Residents spoken with were aware of what to do in the event of the fire alarm going off. Regular fire drills occurred which demonstrated that residents could be evacuated to safe locations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that residents health, personal and social care needs were assessed. Personal plans were developed where the need was identified. These were found to be kept under ongoing review for any changes in care needs. Annual review meetings occurred where residents and their representatives attended, as appropriate. These meetings reviewed care and support needs and also supported residents to make personal goals for the future.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access appropriate healthcare having regard to their individual needs and personal plans. This included access to members of the multidisciplinary team and allied healthcare professionals where the need was identified. Residents were facilitated to attend National Screening Services and avail of vaccination programmes in line with their wishes. There was a range of easy-to-read information available in the house about various healthcare topics.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required supports with behaviour management had positive behaviour support plans in place. It was clear through a review of incidents and care plans that every effort was made to alleviate the causes of behaviours and stress experienced by residents.

Restrictive practices that were in use in the centre were kept under ongoing review,

with records of use maintained. There were clear rationales for their use. This included protocols to guide staff in their use to ensure that they were the least restrictive options. Residents were consulted about any restrictive practices in place that affected them.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in the centre. Residents spoken with said that they felt safe in the centre and said that if they had any concerns that they would go to the person in charge. Residents' protection was promoted through the implementation of policies and procedures relating to safeguarding, ongoing reviews of incidents that occurred and staff training in safeguarding. Staff spoken with were aware of what to do in the event of a safeguarding concern. In addition, some residents had undertaken safeguarding awareness training for which they had received certificates.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to information about their rights and about how to access advocacy services. It was clear through discussions with residents and through a review of documentation, that residents' choices about how they lived their lives were respected.

The service respected residents' rights to practice their religious beliefs, with residents supported to attend religious amenities and to decorate their home with religious statues for example.

Residents were consulted about the running of the centre through residents' meetings. There were a range of notices and easy-to-read posters and leaflets on display throughout the house to support residents understanding of various topics,

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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maryville Services OSV-0005520

Inspection ID: MON-0031759

Date of inspection: 31/08/2023

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:</p> <ul style="list-style-type: none"> • The CH CDLMS Disability Services training matrix has been implemented within the centre to record and monitor compliance with mandatory and site specific training. • All agency staff receive an induction when commencing employment in the designated centre, and mandatory and site specific training requirements are discussed as part of induction. • All agency staff employed in this designated centre are now included on the CH CDLMS Disability Services training matrix. Agency staff and their respective employers/agencies were requested to provide training certificates for staff as evidence of training. The certificates are maintained in the centre and details of completed training have been inputted onto the centres training matrix. • Two agency staff have completed fire safety training within the service. Completed on the 21st of september and 6th September 2023 • Three agency staff working in the centre have completed behaviour management training (Studio 3). Completed on the 5th September 2023. • One agency staff completed cardiopulmonary resuscitation (CPR). Completed on the 5th October 2023. <p>A risk assessment was completed to assess the risks of untrained staff working alone while waiting for the training dates and appropriate control measures were introduced to reduce the risk. Completed on the 5th September 2023.</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:</p> <ul style="list-style-type: none"> • The annual review of the quality and safety of care and support in the centre is due for completion in November 2023 and will include details of consultation with residents and their representatives. This will be completed by 30th November 2023. • A training compliance report is completed quarterly by the CNM3 in Quality, Risk and Service User Safety and any deficits in training is escalated through line management reporting structures and a timeline for completion identified. • A Training Needs Analysis is completed annually which identifies the mandatory and site specific training requirements for the designated centre. • All agency staff will be asked to produce their certificates of training at induction, on commencing employment in the centre. This will identify any gaps in training and will ensure that staff working alone have the skills and competencies that are noted to be required in the training needs analysis and residents' support plans. 	

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	05/10/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide	Substantially Compliant	Yellow	30/11/2023

	for consultation with residents and their representatives.			
--	--	--	--	--