Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 15
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	21 January 2025
Centre ID:	OSV-0005860
Fieldwork ID:	MON-0037107

About the designated centre

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

Designated Centre 15 is intended to provide long stay residential support for up to eight men with intellectual disabilities. Designated Centre 15 comprises of two residential units, located on a campus in West Dublin operated by Stewarts Care Limited CLG. One residential unit is a wheelchair-accessible bungalow and is home to six men with intellectual disabilities and complex needs. The second residential unit is a two-storey house also located on the campus and is home to two residents with intellectual disabilities. Each resident has their own bedroom and additional living room spaces and kitchen facilities in both residential units are available for preparing snacks and meals for residents. The centre is managed by a person in charge and senior manager. Staff working in the centre comprise of nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2025	09:30hrs to 16:30hrs	Jennifer Deasy	Lead
Tuesday 21 January 2025	09:30hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection carried out to inform decision making in respect of a registration renewal application. Two inspectors attended the centre and had the opportunity to meet with many of the residents and staff over the course of the day. Overall, inspectors found that residents were in receipt of care, from a suitably qualified staff team, which was meeting their assessed needs; However, safeguarding concerns were identified in one of the houses of the designated centre. These concerns were due to the behaviours of some residents which impacted on the privacy and dignity of themselves and of other residents. This will be discussed in further detail in the quality and safety section of the report.

The designated centre is comprised of two houses which are located on the provider's campus near Dublin City. One of the houses was home to two residents and the other was registered for six beds; however one resident had moved out of the larger house the day prior to the inspection meaning that there were five residents living there on the day.

Inspectors first attended the larger of the two houses and met with four of the residents who were living there. One resident was in bed enjoying a lie in when the inspectors arrived. The other residents were up and getting ready to engage in their preferred activities. Inspectors saw that one resident asked staff to accompany them on a walk. Staff responded in a kind manner and facilitated this activity. Another resident was having a drink at the kitchen table. Inspectors saw that this resident's drinks had been prepared in line with their feeding, eating, drinking and swallowing (FEDS) care plans and that they had the required adapted beakers for their drink.

A third resident was relaxing on the couch while a fourth resident was getting ready to go to day service. This resident told the inspectors about their plans to visit their family at the weekend and talked to the person in charge about the family pets. Overall, residents appeared comfortable in their home.

One of the residents showed the inspectors their bedroom and appeared proud of it. Inspectors saw that the bedroom was personalised and was large enough to accommodate the resident's mobility aids. The resident had their own en-suite which was equipped with the required equipment to support the delivery of personal care in line with their assessed needs.

Inspectors completed a walk-around of this house with the person in charge. They saw that the communal living areas were clean and well maintained. Residents had access to a sitting room and a kitchenette where meals from the central kitchen could be heated. The person in charge also told the inspectors that residents were supported to use the air fryer and hob to make meals if they wished to do so. Inspectors saw that the fridge contained fresh fruit, milk and yoghurts and that the freezer was stocked with residents' preferred foods which could be cooked in the air fryer. The person in charge spoke of plans to further develop the kitchen to allow

staff and residents to prepare other meals.

This house also contained a shower room and two toilets. These were clean and suitable to meet the needs of the residents. The person in charge spoke of plans to convert the recently vacated bedroom to a laundry room which would enable residents to launder clothes in the designated centre.

Inspectors then attended the second house and met with one of the residents who lived there. This resident spoke to one of the inspectors in more detail about their life in the centre. They said that they had lived there for nearly 20 years and that they were very happy. They enjoyed their independence and could stay at home during the day without staff in line with their wishes. This resident told the inspector of the fire evacuation procedures and of who they could talk to if they had a problem or a complaint. They said that they would like to get a subscription TV service for the house and a car so that they would not be reliant on one of the services buses which was shared with two other houses. The resident told the inspector that they had discussed this with the person in charge and had recently joined the provider's service user council. They intended to raise these issues with the council.

The second resident was out and about when inspectors arrived; however, inspectors met this resident briefly when they returned. This resident showed one of the inspectors their shed in the garden which was equipped with a table, chair, electricity points and heating. They showed the inspector around the shed and proudly showed them the range of tools they had for chopping wooden pallets and carrying out other tasks. The resident also showed the inspector around the garden and they talked about how they enjoyed using the garden during summer for barbecues.

Inspectors completed a walk around of this house and saw that it was very homely, well maintained and comfortable. The sitting room had photos of residents going on holidays and attending events. The kitchen was accessed by both residents throughout the day, it was homely and had facilities for cooking food should the residents decide they did not want what was on offer from the central kitchen on any given day. Residents in this house went frequently to do their own grocery shopping and the presses were well stocked.

The next two sections of the report describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

The section of the report describes the governance and management arrangements of the designated centre. Overall, inspectors found that there were clearly defined management systems and that residents were in receipt of care from suitably

qualified staff.

The centre's management structure identified lines of authority and accountability. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. They were supported in their role by a social care leader who assisted with the running of the larger of the two houses.

The centres were staffed by a suitably qualified staff team and the number of staff were in line with the centre's statement of purpose.There was a planned and actual roster maintained for the designated centre. Rosters were clear and showed the full name of each staff member, their role and their shift allocation.

Staff completed relevant training as part of their professional development and to support them in the delivery of appropriate care and support to residents. A training matrix was maintained which showed that there was a high level of compliance with mandatory and refresher training. Staff were also performance-managed through regular individual staff supervision sessions and staff meetings. These mechanisms were ensuring that staff were informed of their roles and responsibilities.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents.

Staffing levels were in line with the centre's statement of purpose and were well managed to suit the needs and number of residents, with additional staffing sourced for activity management.

There was a planned and actual roster maintained by the person in charge. The inspector reviewed actual and planned rosters at the centre for November and December 2024. They were clearly documented and contained all the required information.

Inspectors observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by inspectors who reviewed two staff records, including Garda Síochána (police) vetting disclosures and copies of qualifications, and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff had completed or were scheduled to complete mandatory training, including fire safety, safeguarding, manual handling and infection prevention and control training.

Furthermore all staff had completed human rights training. The person in charge had also scheduled additional in-house training in safeguarding for February 2025.

Supervision records reviewed by the inspectors were in line with organisation policy and the inspectors saw that staff were receiving regular supervision as appropriate to their role.

Staff meeting records from November and December 2024 were reviewed. Inspectors saw that pertinent issues to the centres were discussed, for example residents' needs and the safeguarding procedures.

These mechanisms were effective in ensuring that staff were suitably qualified in respect of residents' needs and that they were informed of their specific roles and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of

authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge worked full-time and was based between two houses on the campus. They ensured good operational oversight and management of the centre and were supported by a programme manager who in turn reported to a Director of Care.

A social care leader had recently been appointed for the designated centre whose role included community integration and the provision of meaningful activities for the residents while supporting the person in charge with the provision of care provided in both homes.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre, including fire safety, residents' finances, infection prevention and control and a monthly health and safety audit.

Judgment: Compliant

Quality and safety

This section of the report describes the quality and safety of the service which was being provided to residents. Inspectors found that residents in this house were living in well maintained and comfortable houses and were in receipt of care and support which was meeting their assessed needs. However, improvements were required to the safeguarding measures in one of the house that comprised the designated centre.

The designated centre was comprised of two houses which were seen to be very clean. Residents had access to their own bedrooms and to suitable shared kitchen, sitting room and bathroom facilities. One of the houses had laundry facilities while plans were underway to add these facilities to the other house at the time of inspection. Residents were seen to be very comfortable in their homes and one resident told inspectors that they were very happy living there.

Residents' food was made in a central kitchen and delivered to the centre. There were facilities in place for residents to reheat this food and residents' individual dietary needs were catered for. Inspectors also saw that residents had access to facilities to prepare their own meals if they wished to do so.

Residents' individual files were reviewed. Inspectors saw that residents had comprehensive and up-to-date individual assessments which were used to inform person-centred care plans. Care plans were provided for in required areas, including

in positive behaviour support.

The provider had recently transitioned one resident to another designated centre and inspectors saw that this transition was planned in a safe manner and in consultation with the residents and their representatives. The inspectors were told the provider intended to move other residents to community houses in the future in line with national decongregation plans; however, there were no short-term plans in place for any other residents to move out at the time of inspection.

Inspectors saw on reviewing notifications for the centre, that there were a number of peer to peer related safeguarding incidents in one of the houses. For this reason, inspectors reviewed the safeguarding plans and referrals to the safeguarding and protection team in respect of a number of these incidents. Inspectors saw that some residents presented with behaviours which impacted on their own dignity and on the privacy and dignity of other residents who they lived with. Inspectors found that the measures detailed in safeguarding plans were ineffective in protecting all residents from abuse.

The safeguarding and protection team had sought further assurances in respect of some of these incidents. Inspectors found that, while the provider's response to the safeguarding and protection team was comprehensive, not all measures had been implemented. For example, plans to move one resident to another designated centre had fallen through. Overall, inspectors were not assured that the compatibility of these residents and the impact of their behaviours on each other had been adequately risk assessed and controlled for.

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The centre was maintained in a good state of repair and was clean and suitably decorated. The premises of both houses were clean and well maintained. Residents each had access to their own bedrooms which were decorated with their photographs and preferred art work. There was sufficient storage for residents' personal belongings. Some residents had TVs and CD players in their bedrooms. Residents in both houses had access to bathrooms which were suitable to meet any assessed needs. Residents also had access to a shared living room and to cooking facilities.

The provider had taken measures to amend the premises and facilities in response to feedback from the last inspection and all actions had been completed in a timely manner. For example, new furniture was observed in the communal living space in the larger house and laundry which was stored in the bathroom area had been moved to another area.

One of the houses did not have laundry facilities on the premises however there was

a plan in place to convert a recently vacated bedroom to a utility room. This was effective in enhancing the homeliness of the centre for residents who lived there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents in this designated centre received the majority of their meals from a central kitchen. Inspectors saw that these meals were dated and stored hygienically in the fridge.

Where residents had specific dietary requirements, these were provided for by the central kitchen, and food was labelled with that resident's name.

The houses both had facilities to store food and to reheat food from the central kitchen. Additionally, both houses had facilities for residents to prepare other meals if they did not like the food which was provided.

These measures ensured that residents had access to a variety of wholesome and nutritous food in line with their preferences.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had recently transitioned from the designated centre to another of the provider's centres. The inspectors reviewed the transition plan that was implemented in respect of this move. Inspectors saw that the transition was carefully planned for and that it took place in a safe manner.

The provider had considered the compatibility of the residents who were to live together in the new centre and had facilitated numerous outings and meetings between the residents in order to assess compatibility. The resident and their representatives had also had an opportunity to visit the new centre in advance of the transition. This ensured that the views of the residents were considered and reduced the potential for any compatibility issues on transition.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Three residents' individual assessments and care plans were reviewed by inspectors on the day. Inspectors saw that each resident had a comprehensive individual assessment which had been updated within the past 12 months as required by the regulations. The individual assessment detailed residents' assessed needs and this information was used to write care plans in respect of those needs. For example, care plans were available in areas including feeding, eating, drinking and swallowing (FEDS), mobilisation, intimate care and finances.

Care plans were written in person-centred language and reflected residents' personal preferences in respect of their care along with steps to support residents' autonomy. For example, a hair washing plan detailed how staff could support the resident to complete part of this task independently. This ensured that staff were informed of how to provide care and support in a manner which was upholding residents' human rights.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had implemented a restrictive practices policy which had been recently reviewed and updated. Inspectors saw that restrictive practices which were used in the centre were logged and were reviewed at regular intervals by the provider's restrictive practices committee. This was to ensure that restrictive practices were implemented for the shortest duration required and were the least restrictive.

Inspectors saw that positive behaviour support plans were on file for those residents who required them. These had been recently reviewed by the relevant multi-disciplinary professionals and were up to date. However, one positive behaviour support plan was not wholly implemented. This positive behaviour support plan detailed that a social story was to to be created for a resident to explain about the impact of skin picking on wound healing and that this was to be used with the resident two-three times per week to provide education. However, this social story could not be located on the day by the person in charge or the staff team.

The person in charge and the staff spoken with were not familiar with this social story and so it was not evidenced that the social story had been created or was being used. This demonstrated that aspects of this positive behaviour support plan were not wholly implemented by staff.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors reviewed the safeguarding records for the designated centre and saw that, in the larger of the two houses, there were a number of peer to peer safeguarding incidents that had occurred within this registration cycle. These incidents impacted on the privacy and dignity of residents. Safeguarding plans were not effectively ensuring that all residents were protected from all forms of abuse. The provider's measures to ensure the dignity and privacy of residents in the provision of intimate care were inadequate and residents were not provided with education and support to develop skills for self-protection.

Safeguarding plans were found to be insufficiently detailed and inadequately implemented. Two peer to peer safeguarding incidents involving the same two residents were documented as occurring in May 2024. These incidents resulted in one resident being exposed to sexualised behaviour and their privacy and dignity being impacted as a result. The safeguarding plans developed following those incidents detailed that close supervision would be provided. However, further incidents occurred in June and November 2024 demonstrating that this measure was not effective in mitigating or managing the behaviour which led to the incidents occurring.

Other measures detailed in safeguarding plans and behaviour support plans included providing residents with education through the use of social stories to mitigate against behaviours. Inspectors found that these social stories were not readily available and staff spoken with were unfamiliar with them. Additionally, a resident's behaviour support plan detailed specific items should be readily available for them as part of their intimate care and behaviour support plan. However, these specific items were not always available to the resident and on some occasions had resulted in them leaving their bedroom in a state of undress and entering other resident's bedrooms to seek out those items which in turn had resulted in the peer to peer safeguarding incidents in the centre.

Another peer to peer safeguarding incident was documented in June 2024 and the safeguarding and protection team requested further information in respect of the recent increase of peer to peer incidents. The inspectors reviewed the provider's response and found that, while the response detailed comprehensive and specific measures to safeguard the residents, these measures were not wholly implemented. For example, the provider detailed that one of the residents was due to transition to a new house, that houses had been identified and the resident's family had been informed. However, on the day of inspection, the person in charge told the inspectors that this plan had fallen through and that there was currently no active transition plan in place for this resident.

Resident safeguarding plans were not specific or detailed enough to control for some of the the safeguarding risks presenting. For example, in November 2024, a resident entered another resident's bedroom three times while staff were providing personal care to that other resident. The safeguarding plan detailed that close supervision would be provided during intimate care and that the provider would discuss concerns with the resident. However, there were no specific measures detailed to mitigate against a future occurrence and, it was evident that supervision was ineffective as this was a control measure which had been implemented on

safeguarding plans since May 2024.

The compatibility of residents and the impact of their behaviours on each others' rights to privacy and dignity had not been comprehensively risk-assessed. A safeguarding risk assessment detailed the behaviour of one resident however it did not describe the impact on other residents and the control measures were not sufficient to control for the behaviour. For example, control measures included supervision of residents and ensuring that staff have safeguarding training. While the risk assessment detailed that transition talks were in progress, there was no defined time frame for the transition of residents to other designated centre.

The provider's statement of purpose did not provide sufficient information in respect of ensuring the privacy and dignity of residents, in particular in light of the risks presenting in the centre. For example, there was no information on the measures in place to ensure the privacy and dignity of residents during the provision of intimate care.

Judgment: Not 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 15 OSV-0005860

Inspection ID: MON-0037107

Date of inspection: 21/01/2025

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 1. Social story development for resident's behaviour support plan commenced with Speech and Language therapist and staff team on the 12/02/2025. The social story will be implemented under the guidance of the behaviour support team. The behaviour specialist is currently reviewing and updating the positive behaviour support plan. To be completed by 30/4/2025. 2. All behaviour support plans will be discussed at morning handover and reviewed at staff supervisions. 3. Clear guidance in place for all staff in area regarding location of personal care products. Staff are now allocated responsibility for restocking personal care products at each morning handover.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: 1. All safeguarding plans for review with PIC and Safeguarding manager. Following review risk assessments to be updated to include clear guidance for control measures included in each safeguarding plan. Will be completed by 30/05/2025. 2. Risk assessments and safeguarding knowledge to be reviewed at handover, staff supervisions and monthly staff meetings. 3. Resident who's privacy was impacted by safeguarding incident was supported to review privacy and dignity choices by keyworker and social care worker. Plan to keep room locked during personal care developed. My Personal safety plan updated to include	

personal preferences. Initial meeting took place on the 23/01/2025 and all actions fully completed on the 16/03/2025.
4. All Positive behaviour support plans to be reviewed by PBS specialist. Special emphasis on safeguarding risks and required control and support measures. To be fully completed by the 30/04/2025.
5. Area specific Safeguarding training to be completed by all staff in Designated Centre 15. Special emphasis on current safeguarding plans and control measures in place. All staff have completed online training. To date nine staff have received personal training from the safeguarding manager and 8 more have to be completed by 30/05/2025.
6. Social story to be updated for use of personal care items for one resident. Storage of personal care items and responsibility for restocking during the day to be allocated at morning handover. Personal items currently being stored in bedroom and social story to be fully implemented by the 30/04/2025.
7. Compatibility assessment to be completed for each resident in Designated Centre 15. Once completed assessments will guide de-congregation plans for each resident.
8. New safeguarding policy was released on 26/2/2025. All staff to have read and signed policy by 30/03/2025.

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 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/04/2025
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Not Compliant	Orange	30/06/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2025

Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Not Compliant	Orange	28/02/2025