



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

Issued by the Chief Inspector

Name of designated centre:	Skylark 3
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	20 May 2025
Centre ID:	OSV-0007415
Fieldwork ID:	MON-0038146

About the designated centre

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

Skylark 3 provides a full time residential service to 8 gentlemen over the age of 18 with a primary diagnosis of intellectual disability. The centre which is located in Limerick city consists of two 2 storey detached houses in close proximity to one another. Each house provides single rooms for all residents. The houses have a kitchen, dining area, bathroom and toilet facilities as well as areas for relaxation and socialisation. The houses have an outdoor area with sitting area. All bedrooms are single occupancy. Residents have open access to a secure back garden. The purpose of the centre is to make every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person. To achieve the purpose of the designated centre a person centred approach is adopted by staff and management. The centre is managed by a person in charge and a team of social care workers and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 May 2025	10:30hrs to 17:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre, Skylark 3. This centre was registered to provide residential services to a total of eight residents, however seven residents lived in the centre at the time of the inspection. The designated centre comprised of two houses located in Limerick City. Both houses were located in the same housing estate, within walking distance of each other. The inspector met with five of the seven residents living in the designated centre on the inspection day.

This announced inspection was carried out to make a decision regarding the registered provider's application to renew the registration of this designated centre for a further three year cycle. Overall, the findings of the inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. However, some improvements were required to ensure that residents' independence in relation to their personal finances was promoted.

The inspector met with two residents living in one of the centre's houses. On arrival, one of the residents opened the door and greeted the inspector as they entered their home. One resident had retired and often spent time alone in their home during the day. The second resident had decided that they did not want to go to day services that day and this request was facilitated. Arrangements were in place to ensure that a day service staff member would be redeployed to this house to support this resident when they made this choice. The staff member spoken with was aware of the safeguarding plans in place and the requirement for supervision in line with the residents' support needs while both residents were in their home together.

The inspector met with three residents living in the second house as they came from home from work and day services.

Staff members advocated that the residents' routine was very important to them, therefore the time the inspector spent in one house was limited. When one resident expressed that they would like the person in charge and the inspector to leave their home this choice was respected.

Residents living in Skylark 3 spoke about engaging in social farming and how they enjoyed meeting with friends there for a cup of tea or coffee. Residents had plans to go on holiday which they were looking forward to, and they spoke about a recent holiday to Cork they had taken. Residents had an interest in the G.A.A. telling the inspector that they liked to go to the local pub to watch matches.

Residents were aware of their rights and how to ensure that their rights were respected and protected. Residents told the inspector that they had attended an advocacy conference recently. A charter of rights was on display in the residents' kitchen and this was a regular topic at residents' monthly meetings with the person

in charge.

Residents were supported to volunteer and engage in paid employment. One resident had completed training to recruit staff members and had sat on an interview panel on behalf of the registered provider. The resident told the inspector about questions they asked prospective staff members and how they had been involved in the recruitment of a number of staff members. A second resident told the inspector that they had recently completed this training and were looking forward to being part of the interview process in the future. One resident had recently commenced employment as a groundskeeper and told the inspector that they were enjoying their new role. A job coach was supporting another resident to engage in employment.

Each of the seven residents completed a survey about the supports they received in their home. The feedback in these surveys were complimentary of the staff supporting residents in their home and the supports provided to residents. One resident stated that they had their own mobile phone, and that they liked being able to phone people that they wanted to talk to. A resident said they liked having their own room, while a second stated that they enjoyed being able to listen to their music in their bedroom. One resident did not attend the centre on a full-time basis however they stated that they liked being able to choose the nights that they stayed in Skylark 3.

Overall, residents told the inspector that they felt happy and safe living in their home. Residents communicated that they liked living with each other and they they all 'get on'. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The findings of this inspection indicated that management systems in place in the centre ensured that residents received a safe and good quality of care and support. Overall, this inspection found a good level of compliance with the regulations.

The registered provider had ensured that the designated centre was effectively resourced to ensure the delivery of care and support to residents living in Skylark 3. Staffing resources were outlined in the statement of purpose and included a team leader, social care workers, care assistants and the person in charge. There were clear lines of authority and accountability in place. Staff meetings were observed to be held monthly in each of the centre's houses.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that an application to renew the registration of Skylark 3 had been completed in a timely manner. Documentation submitted as part of the application included an application form, floor plans outlining the layout of the centre, the designated centre's statement of purpose and the relevant fee.

An unannounced six monthly was completed by the registered provider in May 2025. This report identified that the vacancy in one of the centres houses will not be taking an admission following recommendations by the multi-disciplinary team for the current residents living there. This was discussed with the person in charge who advised that the registered provider would apply to reduce the registered bed numbers for registration renewal from eight to seven in line with these recommendations. The person in charge advised this would be completed following consultation with the residents as to the new function of the vacant resident bedroom.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. This person worked full-time and completed this role for a total of two designated centres.

The inspector reviewed prescribed information that was submitted to appoint this person to the role of person in charge. The inspector also met with the person in charge on the day of this inspection. It was evident that they held the necessary skills, qualifications and experience to carry out the role, and that they were familiar with the residents and their support needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents. In line with the assessed needs of residents, staff members working in each of the centre's houses were lone-workers however there was evidence of additional staffing being provided to support holidays and overnight stays for residents if required.

The person in charge had ensured that there was a planned and actual rota which clearly displayed the staff on duty during the day and at night. The inspector reviewed the actual and planned rota for the designated centre from 04 May to 31

May 2025. There was evidence of staffing being provided on days where residents' day services were closed including bank holidays.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members were supported to access appropriate training as part of a continuous professional development programme. The inspector reviewed the training matrix for 10 staff members and found that all staff were provided with the following training;

- Fire safety
- Management of behaviour that is challenging
- Safeguarding of vulnerable adults
- Manual Handling.

In addition, 75% of the staff had completed basic life support training with this training due to take place after the inspection for the rest of the staff team.

The person in charge had ensured that a copy of the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013 was available to staff in the designated centre. A printed copy was located in the centre's office.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that management systems were in place to ensure that the service provided to residents was safe, appropriate to their assessed needs and consistent and effectively monitored. An annual review of the quality of

care and support provided to residents had been completed for the year 2024. The review was comprehensive, highlighting areas of good practice within the designated centre and areas for quality improvement. In addition, six monthly unannounced visits were completed by the registered provider to ensure effective oversight and monitoring. Both of these reports included consultation with residents and their representatives which feedback being positive in nature. An action plan was also developed to ensure areas for improvement were actioned by those responsible.

A clear governance and management structure had been put in place to ensure effective oversight and monitoring of the centre. All staff providing direct supports to residents in their home reported directly to the team leader. This person had recently been recruited to the role in the week before this inspection took place. The team leader reported to the person in charge of the centre, who then reported to their line manager who was assigned as person participating in management of the centre. As outlined in the centre's statement of purpose, there was a clear governance and reporting structure in the organisation from staff providing direct supports to residents to the board of directors.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection and it was noted that this included all of the information outlined in Schedule 1 of the regulations. This included the services and facilities provided to residents in their home, and the organisational structure in the centre.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. It was evidenced by the high level of compliance with the regulations overall, that a safe level of supports was provided to residents in their home.

It was evidenced throughout the inspection that residents were supported to be a part of their local community, achieve goals and engage in employment in line with their choices. Residents told the inspector that they participated in activities of their choosing in their local community and that many of them were supported to do so

independently. Residents discussed recent holidays, trips to see G.A.A matches and going to their local pub.

Throughout the inspection, residents appeared comfortable, content and happy living in their home. It was identified however that despite the level of independence of residents living in the centre, that their access to their finances was restricted. This will be discussed under Regulation 9 residents' rights.

Regulation 13: General welfare and development

The registered provider had ensured that residents living in Skylark 3 were provided with opportunities for occupation and recreation. A number of residents living in the designated centre engaged in paid employment working in local shops and businesses. A job coach was supporting one resident to re-engage in employment following the end of their previous role.

Throughout the inspection, residents spoke about holidays they had taken and those they had planned. Staff spoken with told the inspector about one resident's dream holiday to New York. It was evident from speaking with staff members that this had been a meaningful goal of the resident's for a number of years. The inspector was shown photographs of the resident enjoying their holiday, smiling as they posed for photographs at key landmarks.

Residents were supported to develop and maintain personal relationships and links to their wider community. Residents spoke about meeting with friends and family, going out for meals with them and celebrating their birthdays together. Residents were supported to be as independent as possible and in doing so, often using public transport independently to meet with family and friends. A number of residents also used public transport independently to attend their workplace and day services.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk-around in each of the two houses in Skylark 3. Overall the residents' homes were observed to be clean, tidy and homely in nature. There was evidence of residents' photographs and personal belongings throughout their homes.

Internal painting had been completed in one of the centre's houses, and was due to be carried out in the second house shortly after this inspection had taken place.

Each of the residents' homes had a large kitchen/dining area, a sitting room, utility room, staff sleepover room and a staff office. Each resident had their own private

bedroom. Residents chose not to show the inspector their bedrooms and this choice was respected. The kitchen sink and a counter area was wheelchair accessible to ensure that the centre promoted accessibility and could meet the future needs of residents. Each house also had a large downstairs bathroom which was accessible, containing a walk-in shower.

Some minor improvements were required to ensure the centre was kept in a good state of repair and appliances provided for the use of residents were clean. It was identified that a small fridge where drinks were stored was observed to have evidence of mould inside. A stained cloth was also observed wrapped around a pipe on the boiler. The person in charge was not aware of any potential issues with the boiler for which this cloth was being used. This required review.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents about the services and facilities provided in the designated centre. This guide included the terms and conditions relating to residency in the centre, how to raise a complaint and the arrangements for visits. This document was available to residents in their home

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had developed a risk management policy. This policy was reviewed by the registered provider in July 2022 and it contained the information specified in Regulation 26, Risk management procedures.

For the most part, risk assessments were reviewed on a regular basis to include after an incident had occurred in the centre. However, one risk assessment had not been reviewed within the threshold of three months outlined by the registered provider. It was also noted that a subsequent incident had occurred during this time which had not been reflected in the risk assessment. This required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Emergency lighting, fire alarm panels and fire-resistant doors were observed to be

present in each of the centres house. Emergency exits were observed to be clear to ensure that residents, staff and visitors could exit the buildings safely in the event of an emergency. Easy-to-read evacuation information was located at the front door exit of each house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the seven residents' personal files which included assessments and care plans in line with the assessed needs of residents.

Where one resident had declined to engage in the person centred planning process, they were still supported to make and achieve goals in line with their choices and wishes.

Residents were supported to plan and achieve goals in line with their likes and wishes. Residents' goals included holidays, meeting with family and friends and employment. It was evident that supports were provided to residents to meet and achieve their goals.

Judgment: Compliant

Regulation 6: Health care

It was evident that residents had been subject to a comprehensive assessment of their healthcare needs on an annual basis. This included input from a variety of professionals including the residents' general practitioner (G.P), chiropodists, psychiatrists, dentists and opticians.

It was evident that residents were supported at times of illness. Following a recent hospital admission, one resident had been referred to an age-related care nurse employed by the registered provider. This support was available to all residents if required, however two residents received support from the age-related care nurse at the time of the inspection. It was also evidenced that care plans had been developed to support residents to meet their healthcare needs.

Residents were supported to engage in health screenings in line with their age and assessed needs. This included diabetic retinal screening, dementia and bowel screening.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff members had up-to-date knowledge and skills to respond to behaviour that is challenging. Two residents had behaviour support plans in line with their assessed needs. These plans were reviewed by the inspector and found to contain comprehensive guidance to staff members on how best to support these residents. For one resident this included information regarding the importance of their routine. Staff members on duty advocated for this resident by outlining this to the inspector in advance of meeting this resident. Staff members ensured that the inspector was aware that this resident may display indicators that they wanted the inspector to leave their home. When the resident did so, the inspector left their home.

Where restrictive practices were utilised in response to behaviour that is challenging, a restrictive practice decision making form had been completed. This document outlined the rationale for the restrictive practice including previous incidents and positive behavioural support plans in place for residents. It was clearly documented the alternative measures considered prior to the use of a restrictive practice.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy had been developed by the registered provider. This policy was reviewed in July 2024, and included information on the types of abuse and guidance for staff on the safeguarding of residents.

There were two open safeguarding plans in the designated centre and these were reviewed by the inspector. It was evident that actions had been taken to ensure the safety of residents following allegations of suspected abuse. For example, a risk assessment had been developed for one resident to identify controls in place to ensure their safety. There was evidence that these had been reviewed by the organisation's designated safeguarding officer.

An intimate care plan had been developed to include the level of support that the residents required to meet their hygiene needs. For example, one resident did not need support with their intimate care needs. However it was documented that they required prompting to remind them to change their bed linen, and to ensure they carried out their oral hygiene.

Judgment: Compliant

Regulation 9: Residents' rights

Weekly house meetings were carried out with residents living in Skylark 3. As part of these meetings, residents discussed topics such as complaints, safeguarding, fire safety and evacuation drills, activities and meal planning. In addition, the person in charge met with residents monthly to discuss residents' rights and provide updates from a service perspective. This ensured that residents were informed and included in the organisation of the designated centre.

In inspections completed in other designated centres operated by the registered provider, it was identified that residents' bank accounts were held with one banking organisation and that there was no evidence to support that the residents were involved to select a bank of their choosing, were consulted and had the freedom to exercise control in relation to this. During the inspection of this designated centre, it was indicated that matters related to residents' bank accounts were consistent with this finding. This had been identified as being a restriction on residents. The provider had completed a review of the "Policy on the handling of the personal assets of adults supported by the services". The provider completed a restrictive practice decision making record within the policy which acknowledged aspects of the policy are restrictive. However, the policy also references that restrictions were being kept to a minimum while endeavouring to ensure adequate arrangements were in place to protect resident's finances.

However, it was noted that the arrangements outlined in this policy impacted on the residents' freedom to exercise choice and control in their daily life. In this designated centre, many of the residents accessed their local community independently. However, the residents required specific staff members to be present to be able to use their bank card for purchases. For example, one resident received pocket money within a set amount weekly. In addition, the resident had a bank card. However, the resident could not independently use their bank card as the account they held did not have them as a signatory on their own account. It had been identified that this did not allow for residents to make unplanned purchases as they wished, and impacted on their ability to make such purchases without staff support in line with their assessed needs. It was also noted that one resident had outlined as part of their personal planning goals that they wanted to be able to use their own bank card on the train to get a coffee as this service did not accept cash. This impacted on residents' ability to make financial choices about how they spend their money, impacting on their independence.

Judgment: Substantially 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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially 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	Substantially compliant

Compliance Plan for Skylark 3 OSV-0007415

Inspection ID: MON-0038146

Date of inspection: 20/05/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none">• Risk Management procedures• Review of risk management procedures in the Centre to be completed by the team leader by 03/07/2025• The specific risk assessment identified as not reviewed within the three-month timeframe has been promptly reviewed and updated to incorporate the recent incident.• The Person in charge commits to maintaining the ongoing review and updating of risk assessments to ensure they accurately reflect current risks and incident histories.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none">• The BOCSILR had identified the Person in Care account, developed by one financial institution, as the appropriate bank account to offer people supported who require support of staff employed by the BOCSILR in the management of their money.• This account offers safeguards to both staff in accessing another person's bank account and also allows for safeguards to the person supported in protecting their money. The service recognizes that this account is inherently restrictive. The Personal Assets policy addresses this in that it sets out the nature of the support that the BOCSILR can offer to persons supported and gives individuals the choice to opt in or opt out of this support.• The BOCSILR Policy on the Handling of the Personal Assets of Adults Supported by the Services includes a permission form which supports people to opt in or opt out of support from the BOCSILR in the management of their personal assets.• The limitations to accounts with person in care features are clearly set out in the policy	

to support people to make an informed decision when opting in or out of support from the BOCSILR in the management of their personal assets.

- The BOCSILR is committed to exploring all alternative accounts that may facilitate less restrictive direct access to personal assets for people supported who opt in to support from the BOCSILR. In this regard, the engagement with the assisted decision-making department with the HSE seeking guidance in assisting residents in relation to banking arrangements commenced on 11/11/2024. Engagement with banking institutions has also been pursued to identify possible suitable banking products that would be a less restrictive alternative for residents within the service and also provide a safe arrangement for staff to support people with their finances.
- While there are protections in place to ensure their money is safeguarded, there are no restrictions on what a person can spend their money on, other than the funds they have available.
- As a result of the recent ADMA legislation the Person in Care account has been withdrawn by the financial institution and the BOCSILR are actively engaging with other institutions to find an alternative and suitable account. This institution who has withdrawn the Person in care account is recommending the use of the HSE's patient private property account which the BOCSILR deems to be further restrictive. The services have written directly to the Decision Support Service setting out our concerns regarding the current banking services available to people who require support with their finances.
- No resident is restricted from managing their own personal assets if they choose to opt out of support from the BOCSILR. Residents may choose to manage their personal assets independently, with a decision supporter or another person outside of the services should they choose to.
- To support people to make an informed decision, information is provided to them regarding the nature of the support that the BOCSILR can offer to them in terms of the management of their personal assets.
- To enable people supported access community activities where the use of cash is restricted a visa purchasing card will be available to purchase items which can be costed back to the person supported.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	03/07/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/12/2025