



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

## Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 5
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	04 March 2025
Centre ID:	OSV-0008256
Fieldwork ID:	MON-0037879

## About the designated centre

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

The designated centre comprises a spacious four bedroom bungalow, and an adjacent self-contained apartment, and can accommodate five residents with intellectual disabilities. It is staffed full time, including waking night staff. The centre is in close proximity to the nearest town, and there is transport available to residents at all times.

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

Number of residents on the date of inspection:	5
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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 4 March 2025	10:30hrs to 18:15hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations and to inform the registration renewal decision.

There were five residents living in the designated centre on the day of the inspection, four of whom live in the main house of the centre, and one who lives in the adjacent self-contained apartment. The needs of the four residents of the main house were very different from those of the resident of the apartment, and these two areas were managed separately, with dedicated and separate staff teams.

All residents were present on the day of the inspection, and the inspector met with four of them. The person living in the apartment had presented with symptoms of an upper respiratory infection on the day prior to the inspection. The person in charge had implemented the contingency plan that was in place in the event of the outbreak of an infectious disease, and the inspector abided by the control measures in place, and did not enter the apartment during the inspection.

The inspector reviewed the documentation in place to support this resident in having a meaningful day, and discussed with the person in charge the supports in place for this resident. The inspector did not interact with members of the staff team supporting this resident so as to adhere to the infection and prevention control measures in place.

The inspector met the four residents who lived in the main house of the designated centre, however none of them chose to interact with the inspector. The inspector therefore made discreet observations, reviewed documentation, spoke with family members and with staff members.

It was clear that significant improvements had been made since the previous inspection in relation to the activities available to residents. Some of them had been on holidays and short breaks, supported by staff members, and there were multiple activities on-going for residents in their local community, including walks, shopping and meals and snacks out. One resident had a job in the organisation's office, organising the recycling, and they were paid for their work.

Other activities enjoyed by some of the residents included reading the newspaper and sensory activities. However, the inspector observed residents remaining unoccupied for lengthy periods of time while they were at home. For example, the inspector observed a resident seated in front of the tv, which it was clear that they had no interest in. Where the physiotherapist had recommended that residents needed to rest in bed for significant periods in relation to skin integrity because of their immobility, the inspector found that they were unoccupied for those periods of time when they were in their rooms.

A family member of one of the residents was visiting their relative on the day of the

inspection, and agreed to have a chat with the inspector. They said that they were mostly very happy with the care and support that their relative received in this designated centre. They praised the staff team and said that they were a dedicated team who knew their relative very well. They spoke about the importance of the staff team implementing the recommendations of the physiotherapist, as they were concerned that their relative would develop issues if these exercises were not conducted regularly. The person in charge explained that there had been a short period of time during which the exercises had not taken place, but gave assurances that they would be continuing regularly going forward.

The relative also expressed concerns that their relative did not have sufficient occupation for significant periods of the day. They demonstrated some table top activities, and the inspector saw that their relative engaged in these activities, and that they needed some time and patience to ensure that they engaged in the activity.

This concern was consistent with the findings of this inspection in that, while the inspector found that there had been significant improvements since the last inspection, further improvements were still required. The inspector was not assured that the number of staff on duty each day was sufficient to meet the needs of residents in this regard. These concerns are discussed in more detail under regulations 13 and 15 of this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective for the most part, although there were significant delays in responding to maintenance requirements in the designated centre.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of the residents, and who facilitated the choices and preferences of residents, however there were insufficient staff to ensure that residents had access to meaningful activities on some occasions.

## Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of their support needs.

Judgment: Compliant

### Regulation 15: Staffing

There was an appropriate skills-mix of staff members in this designated centre. Residents had some physical and nursing needs, and there was a full time registered nurse on the staff roster. This registered nurse had oversight of the nursing and clinical needs of residents, and as further discussed under Regulation 6: Healthcare, had responsibility for the healthcare plans of residents, which were detailed and provided sufficient guidance to staff as to how to deliver appropriate care to residents.

It was clear from discussions with the person in charge and a review of documentation that all efforts were made to ensure that residents had regular outings and were supported to engage in community activities. However, the inspector found that the number of staff on duty each day were insufficient to meet all the needs of residents.

For example; three residents required two staff members to attend to their personal care needs and there were three staff allocated to the main house. This meant that if one staff was on an outing with a resident and two were involved in personal care or physiotherapy needs, the other two residents did not have sufficient support to ensure that they were occupied in a meaningful way.

The inspector reviewed three staff files, and found that while all the information required under Schedule 2 of the regulations was in place, there were gaps in the employment history in one of the files.

The inspector spoke with three staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents, and of their role and responsibilities.

Overall, while the inspector was assured that all the physical and nursing care needs of residents were met, and that there was a consistent and knowledgeable staff team, there were insufficient staff to ensure that residents did not have periods of time where they were unoccupied.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

All mandatory staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Staff could describe their learning from their training, and relate it to their role in supporting residents. Staff had also received training in autism awareness, dementia care, the management of dysphagia and human rights.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. There had been four supervision conversations held in the year prior to the inspection and the discussions included staff welfare, documentation, safeguarding and restrictive practices, and were found to be a meaningful discussion.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place and an annual review of the care and support of residents had been prepared in accordance with the regulations. The reports of the six-monthly visits to the designated centre were detailed and included evidence to support any findings. Any required actions were clearly identified, and the person in charge added to the document comes on further evidence and actions to be taken to rectify any issues.

Any required actions identified in these processes indicated that they were monitored by the person in charge, and those reviewed by the inspector had all been completed, with the exception of some outstanding maintenance issues, which are outlined under Regulation 17: Premises, of this report. Some of the required maintenance issues had been identified during the previous inspection of this designated centre in December 2022 but had still not been addressed. This included the maintenance issues in the bathroom of the apartment and the painting of the outside of the house.

Various other maintenance issues had been highlighted by the person in charge, and requests had been made to have these issues addressed, however there were significant delays in responding to these requests.

Regular staff team meetings were held, and the inspector reviewed the minutes of the last two of these meetings. There was a sign in sheet for staff to confirm that they had read the minutes of the meetings. The records indicated that there was a

detailed discussion at these meetings in relation to the care and support of residents.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre, although there remained significant delays in attending to the maintenance issues in the designated centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The Statement of Purpose and Function contained all the information required by the regulations, and adequately described the service provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

## Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in various activities, although there were prolonged periods of time where residents were unoccupied while at home.

The premises were appropriate to meet the needs of residents, and there were sufficient private and communal areas. However, the maintenance of the premises required significant improvement, with some matters being outstanding for over two years.

The residents was observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Healthcare was effectively monitored and managed and changing needs were responded to in a

timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency, although improvements were required in the records of fire drills to ensure learning from each event. Improvements were required in the fire safety equipment in a shed in the outside area of the premises.

There were risk management strategies in place, and all identified risks had effective management plans in place. Residents were safeguarded from any forms of abuse, and their personal belongings and finances were safely managed.

The rights of the residents were well supported, with only minor improvements in the documentation being required. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

## Regulation 10: Communication

The person in charge and staff members were very familiar with the ways in which residents communicate. This was clear from the observations made by the inspector during the course of the inspection and from discussions with staff. For example, staff members were responding immediately and effectively to the various ways in which residents were communicating.

There was a communication care plan in place for each resident, and these contained detailed information around the individual communication needs of each resident. For example, where a resident had difficulty communicating verbally there was a detailed description of how they were making choices, including the choice not to engage in an activity or interaction.

There were also very detailed 'communication passports' which described in detail the meaning of gestures and vocalisations utilised by residents, and gave guidance for staff as to how to ensure that residents had understood them.

The speech and language therapist had conducted a detailed review of the communication of each resident, and had recently attended a staff meeting to provide an educational piece, which included information on the individualised assessments.

It was clear that communication with residents was given high priority and was well managed.

Judgment: Compliant

## Regulation 12: Personal possessions

There were clear records of the possessions of each resident maintained in their personal plans in the form of a list of valuable items.

The inspector reviewed the individual finances of one of the residents and found that the management of their money was robust. Receipts were kept of any purchases, and each transaction was signed by two staff members. A running total was kept, and the balance of one of the records was checked by the inspector and found to be correct.

It was clear that the belongings and personal finances of residents were safeguarded.

Judgment: Compliant

## Regulation 13: General welfare and development

Improvements had been made since the previous inspection in relation to the provision of activities for residents. Various activities had been introduced, and residents had all been on holidays or short breaks away with the support of staff. Significant efforts had been made to ensure that each resident had regularly outings.

There was a person centred approach to at-home activities, for example a sensory programme had been developed by the occupational therapists and staff team for one resident, and this programme was implemented in their room, where they were relaxed. Another resident enjoyed reading the newspaper, and a reading magnifying glass had been sourced to support them with this activity.

There had been an improvement in goal setting for residents, and goals were stated clearly and steps towards achievement were clearly identified. A monthly person centred planning meeting was held and social stories had been developed to assist residents' understanding.

However, there remained periods of time where residents remained unoccupied while at home. The inspector observed three residents to be unoccupied in any meaningful way for periods of time during the inspection, for example while on bed rest in the afternoon, or while sitting in front of a tv that they had no interest in.

Overall, while significant improvements had been made, and there was a motivated and caring staff team, further improvements were required to ensure that residents had meaningful occupation whilst at home.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There was a self-contained apartment adjacent to the main house, and in the main house each resident had their own bedroom. There were sufficient communal areas to meet the needs of residents and a pleasant and functional outside area.

Since the previous inspection the kitchen of the main house had been refurbished to a high standard, and the garden wall outside the house had been painted. However, there were various outstanding maintenance issues which had not been addressed.

For example, since the last inspection some repairs had been made to the bathroom of the apartment, however, the repairs had not been completed to a high standard and were unsightly.

Other outstanding maintenance issues included:

- flooring in the kitchen of the main house stained and lifting in parts
- there were scuff marks on door frames
- the walls and ceilings in the utility room required attention
- the ceiling of one of the bedrooms was stained
- external walls of the house required painting.

The inspector was not assured that the provider was maintaining the premises in accordance with the needs of residents.

Judgment: Not compliant

### Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to the resident. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk management plans included the risks associated with falls, and the current IPC risk in the centre. They were based on detailed assessments, and clearly identified any required control measures. Staff members were very knowledgeable about each of the identified risks, and could describe their role in mitigating risks to residents.

Judgment: Compliant

### Regulation 27: Protection against infection

The resident who lived in the apartment had shown signs of an upper respiratory tract infection, and the person in charge had immediately implemented the infection prevention and control (IPC) contingency plan. The staff teams for the house and the apartment remained separate, and enhanced cleaning and the use of personal protective equipment had commenced.

There was easy-read information made available to residents in relation to IPC, and residents were supported in relation to current IPC arrangements.

There was appropriate storage of mops in a purpose made cabinet, and a daily cleaning schedule was maintained. The centre was visibly clean, and it was apparent that IPC procedures were appropriate.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place various structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was a personal evacuation plan in place for each resident, giving guidance to staff as to how to support each resident to evacuate. There were some minor errors in these plans which were rectified during the course of the inspection.

The records of fire drills however, lacked sufficient details as to inform future practice. For example, where a recent fire drill had identified that an outside light at the side of the house was not functioning, the fire drill record did not include information about how this was managed at the time, or any learning from the event to prevent recurrence.

There was a shed in the garden of the designated centre which had electric wiring plugged into a socket that provided outside lighting to a large baseball field. This shed was close to the oil storage tank for the house. There was no fire alarm in this shed, and it was not part of the alarm system of the house, so that the inspector was not assured that residents were safeguarded from the risk of fire in this structure.

Judgment: Not compliant

## Regulation 6: Health care

Overall healthcare was well managed, and changing needs of residents were responded to appropriately and in a timely manner.

There were care plans in place for each of the identified healthcare issues for residents. The inspector reviewed the care plans relating to epilepsy, skin integrity and percutaneous enteral gastronomy feeding (PEG), and found each of them to be evidence based, and to provide sufficient detail as to guide staff.

Where changes had been identified in the presentation of residents there was a clearly documented timeline, and all appropriate referrals had been made. For example, a resident had been referred for an endoscopy appointment.

Residents had access to various members of the multi-disciplinary team in accordance with their needs, including the physiotherapist, speech and language therapist and various consultants as required.

It was evident that residents were continually monitored, and that they had access to appropriate healthcare.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff had received training in human rights, and discussed with the inspector the importance of supporting the rights of residents. They spoke at length about the ways in which they offered choices, and as discussed under regulation 10: communication, they spoke about the ways in which they ensured effective communication with residents, in particular the ways in which they understood the choices that residents were making.

Staff were observed throughout the day of the inspection to be supporting the choices of residents. One resident asked to be supported to go back to their room in the morning, as they enjoy listening to music there, and staff supported them with this.

Staff told the inspector that they offered choices in various ways, sometimes by presenting two or more options, and sometimes by introducing activities or engagement and assessing the individual resident's response.

All the interactions between staff and residents observed by the inspector were caring and respectful, and it was clear that staff were aware of their roles in upholding the rights of residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mullaghmeen Centre 5 OSV-0008256

Inspection ID: MON-0037879

Date of inspection: 04/03/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Internal moves will take place across the area which will result in additional staff being available. These additional staff will be redeployed to Mullaghmeen Centre 5 where a staff will provide dedicated support to the individuals between 10.00 and 17.00 to allow for individuals to be occupied in a more meaningful way.</p> <p>Following the inspection, a comprehensive review of all staff personnel files was conducted to ensure compliance with Schedule 2 of the regulations. The employment history that was part missing for one staff member, including explanations for any gaps is now complete.</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>The Person in Charge will seek a meeting with Senior Management should a maintenance issue remain outstanding for a period of 8 weeks or longer. The meeting will seek to secure resolution of outstanding issues along with securing timeframes for completion.</p> <p>The PPIM and Regional Director meet with the Property &amp; Facilities Department on a quarterly basis to review all maintenance requests to ensure they are completed in the agreed timeframe.</p> <p>Where external funding is required for works, The Regional Director liaises with the HSE for approvals on these works.</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Internal moves will take place across the area which will result in additional staff being available. These additional staff will be redeployed to Mullaghmeen Centre 5 where a staff will provide dedicated support to the individuals between 10.00 and 17.00 to allow for individuals to be occupied in a more meaningful way. Indoor activities will be planned to ensure continuous engagement opportunities. The Person in Charge will ensure the monitoring of resident's engagement in activities through weekly reviews of activity preferences and this will inform future planning. Weekly activities are an agenda item at the residents meeting.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure a good state of repair is achieved internally and externally in the designated centre; The Person in Charge has contacted the General Operations manager, to provide a schedule for the required works;</p> <ul style="list-style-type: none"> <li>• Internal doors require painting (scuffed) – May 2025</li> <li>• Flooring in the kitchen area stained/lifting in parts – August 2025</li> <li>• Walls and Ceilings in the utility room require attention – August 2025</li> <li>• External painting of the house and walls – HSE have approved funding for external painting and have agreed that this will be completed by 30 September 2025</li> <li>• Maintenance works to the bathroom in the apartment – funding approved. Works will be completed by August 2025.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire drill reports will be detailed providing information on fire drill delivered and should any issues arise during a fire drill these learning outcomes will be included in the drill and brought forward to all meetings for shared learning opportunities.</p> <ul style="list-style-type: none"> <li>- Costings have been obtained for the installation of new sensor lights in the garden area and for the oil tank to be moved to a position 1.8meters away from the garden shed.</li> <li>- The fire detection system was reviewed by the organisations competent fire person and it was advised there is no requirement for the shed to be part of the fire alarm system as it is not a habitable room and is used as a shed, which is compliant with IS 3218 standards.</li> </ul>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/08/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2025
Regulation 15(5)	The person in charge shall ensure that he or she has obtained	Substantially Compliant	Yellow	31/03/2025

	in respect of all staff the information and documents specified in Schedule 2.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/06/2025