



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

Issued by the Chief Inspector

Name of designated centre:	Crannog Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	30 June 2025
Centre ID:	OSV-0008386
Fieldwork ID:	MON-0047270

About the designated centre

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

Crannog Respite Service is a designated centre operated by Brothers of Charity Services Ireland CLG. The centre provides respite care for up to four residents, who are under the age of 18 years and who have an intellectual disability. It comprises of one large bungalow house located on a campus setting in Galway city. Each resident has their own bedroom, some of which are en-suite, there are shared bathrooms, a staff office and sleepover room, a sitting room, a sensory room and a large dining and kitchen area. An enclosed garden area was also available to the rear of the building for residents to enjoy. Staff are on duty both day and night to support the residents who avail of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Monday 30 June 2025	09:45hrs to 17:45hrs	Jackie Warren	Lead
Monday 30 June 2025	09:45hrs to 17:45hrs	Maureen McMahon	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations. The inspection was facilitated by the team leader and the person in charge. Inspectors had opportunity to meet with three staff members who worked in the centre. There were three children receiving respite care on the day of inspection. Children returned to the centre in the late afternoon and inspectors had an opportunity to spend time with them as they went about their normal routine. Due to their communication needs, these children could not speak verbally with the inspectors to express their views of the centre.

This respite service operates on a part-time basis, and could provide respite care for up to four children each night. However, it was rare that the centre operated at full capacity. The house was spacious, warm and bright, and was decorated in an age-appropriate manner. There were painted murals on the kitchen door and cartoon murals throughout the hallway and bedrooms. In the living room children had access to a large tropical fish tank with colourful accessories and lights. The living room had bean bags and soft mats to encourage relaxation and encourage play. The centre had a well-equipped sensory room. Children had access to equipment such as fibre optic lights, projectors and sensory toys. Each child had their own bedroom during respite breaks, some of which were en-suite. The centre also had a large main bathroom, a sensory room, a staff office and staff sleepover room. There were specialised beds to suit the assessed needs of children. The main bathroom was well equipped with a height adjustable bath, which included a whirlpool mat. This bathroom was decorated in a vibrant marine theme, creating a relaxing environment. The centre had a large living room and a combined kitchen and dining room. Children were seen relaxing in the living room after school. The entire house was laid out to promote accessibility. Hallways and doorways were wide, allowing for ease of access. A grab rail was available in parts of the hallway to assist mobility. To the rear of the centre, was an enclosed garden space, which the provider had plans to further develop, over the coming months into a sensory garden.

Throughout the inspection, it was very clear that the staff prioritised the welfare and quality of life of children. Staff engagements with children were observed to be warm, personal-centred and respectful. Inspectors met three children, all of whom had complex physical disabilities and required staff support to walk or use their wheelchairs to access the centre. Staff were observed to engage in sensory play using music, storytelling and massage, and children appeared to respond positively to these interactions. Staff told inspectors that children enjoyed going out for walks, bowling, shopping, going to the playground and taking part in centre based activities such as the sensory room, playing with toys or relaxing. Children were observed using an audio storytelling device, through which a choice of stories were available. The display of these audio storybooks was accessible and encouraged choice. One child was observed rushing to play with a preferred musical toy upon arrival to the

centre whilst other children choose to relax or play with staff.

Although there were only three children present on the day of inspection, this centre provides respite for many other children. Staff told inspectors about the support needs of other children who attend the service, many of whom have complex healthcare needs. As a result of these needs, nursing staff were on duty in the centre both during the day and at night.

It was evident that children were involved in how they lived their life in line with their assessed needs. Inspectors spent time with the children in the living room while they were playing, relaxing and listening to music. Inspectors found the children appeared happy, relaxed and enjoyed the company of staff.

Staff who spoke with inspectors were very knowledgeable on the support needs of children attending respite. Inspectors saw that suitable meals were prepared and served to children in accordance with their assessed needs. Staff explained to inspectors about how meals were prepared and served and how choices were offered in line with each child's nutritional requirements.

Inspectors saw that there were good systems in place to communicate with children. The centre operated a system of objects of reference due to the profound communicate needs of children and this system was seen in use on the day of inspection. The system allowed staff to communicate with children regarding a planned activity such as personal care. Photographs of children currently availing of respite were prominently displayed alongside a staff visual roster. A 'birthday calendar' was displayed in the dining area, this was bright and colourful.

It was clear from observation in the centre, conversations with staff and information viewed during inspection, that children had a good quality of life. Children were supported by staff to be involved in activities they enjoyed in the centre and in the local community.

The next section of the report presents the inspection findings in relation to governance and management in the centre and how these arrangements affect the quality and safety of the service and quality of life of children.

Capacity and capability

There were effective governance and management arrangements in place that were accountable for the delivery of the service. The findings from this inspection indicated a well-managed service. However, some improvement was required in the management of staff training and development.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who, due to other commitments, was available for a short period during the inspection. The person in

charge worked full-time and was service coordinator for other services which were located nearby. The person in charge was supported by a full-time team leader, the staff team and the children's service manager. There was on-call management arrangement in place to support staff to deal with emergencies outside of regular working hours.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the children, statement of purpose and the size of the designated centre. Inspectors noted that there was adequate staff on duty to support children on a consistent basis.

The provider had ensured that the service was subject to ongoing auditing, including unannounced provider led audits twice each year and an annual review. An inspector read the annual review for 2024, which included consultation with children and their families. Overall this indicated positive feedback, although some families highlighted a need for an increased respite service. Quality improvement plans were in place to address any areas of improvement identified. The provider had developed a newsletter following feedback from families

The person in charge and team leader had weekly and monthly audit systems in place to regularly review areas such as health and safety and medication management. Inspectors viewed a sample of health and safety and medication management audits completed in May 2025. The results indicated good compliance; however, the medication management audit failed to identify areas for improvement that were found on this inspection.

The centre was suitably resourced to ensure the effective delivery of care and support to children. During the inspection, inspectors observed that these resources included the provisions of suitable safe and comfortable accommodation and furnishings, Wi-Fi, television, sensory equipment, overhead tracking hoists and adequate numbers of suitably trained staff to support children's needs. The provider had a range of policies and guidance documents available to inform staff.

Regulation 15: Staffing

Staffing levels and skill mix were appropriate to the number of children and their assessed needs. The staffing levels were reflective of the statement of purpose and the size and layout of the building.

Inspectors reviewed three months staffing rotas, for May, June and July 2025. The rotas reviewed showed good continuity and reflected the staffing levels and skill mix observed and described in the statement of purpose. The team leader on the day confirmed no agency staff are currently employed.

Any vacant shifts were worked by regular relief staff. These staff members were therefore known to the person in charge and were familiar with the children,

provider systems and policies and procedures.

Inspectors spoke to staff who told inspectors that the person in charge was present in the designated centre regularly and the team leader supported the day to day running of the service. Staff files were not reviewed as part of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to children.

On the day of inspection one staff required refresher training in safeguarding and was overdue this training by nine months. However, this training had been completed the day following the inspection.

Staff had attended mandatory training in fire safety, behaviour support and safeguarding. They had also attended additional relevant training in epilepsy, first-aid, percutaneous endoscopic gastrostomy (PEG) feeding, a broad range of infection prevention and control training, fundamentals of advocacy in health and social care, communication staging and catheterisation training.

There were systems in place for the support and supervision of all staff. This included ongoing communication between the management team and staff, and planned formal supervision meetings. Inspectors viewed a sample of two supervision records which had been carried out as planned and had been suitably recorded. An inspector spoke to staff who told us they received regular support and supervision from the management team. The team leader told an inspector some staff in the centre had also recently gained further training in wound management. This skills development was in response to changing needs in the centre and continuous professional development.

Copies of regulations, national standards and guidance documents were also available in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Based on these inspection findings, the provider had effective leadership and management arrangements to effectively manage and govern the centre. The service was subject to ongoing audit and review.

An annual review of the quality and safety of care and support was undertaken. Feedback was sought from families as part of this review. Overall feedback demonstrated a high level of satisfaction. Some families need for additional respite was brought to the attention of the provider in the annual review, this was been addressed on the day of inspection by the management team. Unannounced audits were carried out as required and were available to view. The person in charge had quality improvement plans to address areas requiring improvement. For example, the person in charge had developed a quarterly newsletter to strengthen communication with families. An inspector read team meeting records for January and April 2025. Team meeting minutes showed that agenda items, such as personal profiles, safeguarding, risk management, health and safety and restrictive practices were discussed. The records reviewed showed high levels of attendance at staff meetings. The team leader told inspectors the management team plans to increase the scope of respite in the near future.

The team leader spoke to the inspector regarding a recent medication error. The person in charge had taken appropriate measures following this error, for example, increased awareness regarding labels on medicines and communication with families before admission.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had policies and procedures for the receipt and management of complaints. Complaint forms were available if required in the centre. An easy-to-read complaints procedure was displayed prominently in the centre; this identified the complaints officer. An inspector reviewed the complaint log and saw a historical complaint regarding a facility external to the designated centre was received. From review of this complaint, the inspector identified the complaint was referred to the appropriate person and the complainant was satisfied with the outcome.

Judgment: Compliant

Regulation 21: Records

Records requested were made available to inspectors in a timely manner. Most of the required records were being well managed, however, some medication management records required improvement.

An inspector viewed two medication management plans, and some inconsistencies were noted in the documentation reviewed. For example, a sensitivity to a product was not consistently recorded across all guidance documents. A risk assessment

relating to this issue was also found to require an up-to-date review. An inspector reviewed a sample of two individual medication administration recording systems (IMARS). One IMARS required review to ensure that the recording of children's prescribed medicines was in line with the provider's own policy.

Inspectors viewed a sample of two communication passports for children who required support with communication. Although these passports were detailed and provided clear information on children's communication supports, the dates that these records were created, and the name of the person who had developed them, were not recorded. Therefore it was unclear if this guidance included the most up-to-date information.

Judgment: Substantially compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to children.

The provider had ensured that children had access to medical and healthcare services. Inspectors observed that children had access to allied healthcare professionals, such as dietitians, occupational therapists, physiotherapists, general practitioners, medical consultants, speech and language therapists and the children's disability network team (CDNT).

The provider had measures in place to ensure that the well-being of children was promoted. An inspector saw that there was consultation with families to discuss upcoming respite stays and communicate any changes to be considered prior to admission using instant messaging.

Inspectors found the atmosphere in the centre to be relaxed, homely and fun. Children were observed to be happy and content both with other children and in the company of staff. Inspectors saw children smile and engage positively with staff.

There were measures in the centre to ensure that children were safe during respite stays. These included good infection control practices such as colour coded cleaning systems, access hand sanitising gels and impervious, well maintained surfaces. The provider had systems to detect, manage and reduce the risk of fire. There were multiple fire exits available, which were clear and unobstructed during the inspection. Other measures included staff training, fire drills, personal emergency evacuation plans (PEEP), fire safety equipment and ongoing fire safety checks by staff and external contractors.

Children were supported to enjoy activities and lifestyles of their choice during respite breaks and their rights were continuously supported. The management team and staff were very focused on the quality and safety of supports to children. Staff

who spoke with inspectors, had an awareness of ensuring that children's activities were person-centred and that they supported each individual's needs and capacity.

Children's human rights were promoted and upheld by staff and the providers' systems. All children had a rights assessment completed. Inspectors saw staff respond to children's needs in a person-centred way that was kind and attentive. For example, staff responded when a child demonstrated an interest in a toy and supported them to reach and play with this toy. Staff were observed speaking respectfully with children. Personal goals identified in the files were appropriate to the children's assessed needs.

Regulation 10: Communication

There were effective systems in place to support children to communicate.

Inspectors saw that children in the centre were supported to communicate in line with their assessed needs and wishes. For example, inspectors observed staff sitting with children to allow them time to understand the non-verbal cues used to communicate their needs. Inspectors viewed two communication passports, which were informative and included clear guidance on the best communication techniques for these children. The person in charge told the inspector that two children use assistive technology, staff had received training in assistive technology with further events planned. Two staff are currently completing enhanced training in communication staging, the team leader told the inspector this training will enhance knowledge on existing communication plans and support the review of communication systems. The communication passports viewed required review as there was no record of when they were developed or who had developed them.

Internet access was provided in the centre. Inspectors saw children use an audio storytelling device. Staff showed inspectors how children could choose an audio book. Inspectors were told some children use their personal computer tablets whilst in the centre.

Staff spoken with were very clear on the communication needs of the children. Inspectors observed staff using play to communicate, and staff were observed speaking to children using age-appropriate language. Staff were observed to be warm in their approach to the children, and it was clear upon arrival at the centre that children were very happy to be welcomed by the staff on duty. Staff were observed positioning themselves respectfully at the level of children whilst communicating. Inspectors saw that each week a Lámh sign is displayed, promoted and used by staff to support sign language in the centre. The provider had an up-to-date policy on communication to guide staff.

Judgment: Compliant

Regulation 17: Premises

Inspectors found the design and layout of the centre was suitable for its stated purpose and met the children's assessed needs.

During a walk around the centre, inspectors found the house was well maintained, clean and comfortably decorated. Children's bedrooms were decorated with cartoon themes suitable for the ages of the children. Children had access to a large living room with lots of toys for them to play with. Inspectors saw overhead tracking hoists servicing areas such as the living room, bedrooms, sensory room and main bathroom. An unannounced audit of the service by the provider had identified garden improvements as an action. The team explained that the provider had plans to develop an accessible sensory garden to the rear of the building to enhance the lives of the children using respite.

The centre had a dedicated laundry room with good facilities and systems in place for the management of laundry. Throughout the centre, adequate storage was observed. The centre was accessible to wheelchair users throughout with grab rails available in the hallway to aid children as appropriate. The centre used a visual board, which was colourful and fun, to show which children were accessing the respite service each day,. A visual roster of staff on duty was also available to view in the centre. Inspectors saw a birthday calendar prominently displayed. The kitchen table was height-adjustable to enable children with varying needs to access the table.

Judgment: Compliant

Regulation 18: Food and nutrition

Children's nutritional needs were being supported appropriate to their assessed needs. Inspectors noted special diets were catered for in the centre and staff were knowledgeable of these requirements.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. Inspectors observed supplies of fresh food in the centre. Children did not choose to get involved in cooking their meals, but inspectors saw photographs of some children engaging in baking at other times. Children were often present where meals were being prepared. Inspectors observed staff preparing modified meals on the day, meals were freshly prepared and appeared wholesome and nutritious. Staff told inspectors they had received training in the preparation of modified meals and they described the presentation of modified meals being served in individual portions. Staff told inspectors that meal choices are based on feedback from children's families, school, and their own observations of the child.

<p>Inspectors saw that upon arrival at the centre from school, children were offered refreshments. Inspectors observed staff supporting one child to receive a snack via their PEG. The snack was noted to be nutritious, the correct texture and consistency. Staff ensured the experience for the child was optimal by describing the snack in detail and offering the snack in the kitchen. Inspectors reviewed personal plans and noted involvement when it was required by dietitians and speech and language therapists.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>The provider had good fire safety management systems in place in the centre.</p> <p>Inspectors observed emergency lighting, a fire detection system, firefighting equipment and fire-resistant doors with self-closing devices. Inspectors saw that some bedrooms had double doors to facilitate bed evacuations. The person in charge had prepared a PEEP for all children. Two PEEP's were reviewed and these clearly outlined the evacuation procedure and guidance for staff to support children to evacuate safely. The actions to be taken in the event of a fire were prominently displayed. Fire drill reports were available via an online system and the team leader facilitated inspectors to view these. Inspectors reviewed four fire drills that took place in 2025. These records showed fire drills were scheduled at different times, staff working different shifts had taken part in drills and records viewed showed that all fire evacuation took place overall in less than three minutes. Inspectors saw that weekly health and safety checks were being carried out by staff, in which the staff carried out a test of the fire detection system and fire equipment. Training records reviewed showed that all staff working in the centre had received up-to-date training in fire safety.</p>
<p>Judgment: Compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>Inspectors found overall safe practices regarding medicines management, However, some improvements were required to ensure audit identified areas for improvement.</p> <p>Inspectors viewed medicine management practices and found that the provider had good systems in place to manage the storage of medicines including medicines requiring strict controls, out-of-date medicines and the disposal of unused or out-of-date medicines.</p> <p>Staff had received training in safe administration of medicines and registered nurses</p>

had ongoing medicine management training. The provider had an up-to-date policy to guide staff.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
<p>Children had comprehensive personal plans in place which were reviewed on at least an annual basis and to reflect changes in their care needs.</p> <p>Inspectors viewed a sample of two personal plans, which recorded how children's needs had been assessed and how personal goals were being managed. Goals that had been identified and were in progress for children included, for example use of information technology for a child, and increased access to sensory and fun events in the community for another child. Due to the short duration of children's stay in the centre, their plans had been developed in conjunction with their families and were in line with their developmental goals that were taking place in their homes.</p>
Judgment: Compliant
Regulation 9: Residents' rights
<p>Based on the findings of this inspection children's rights were promoted, respected and children were supported to exercise choice. For example, interactions observed between children and staff were respectful and person-centred. Children were supported by staff to choose toys. Inspectors saw that children's likes and dislikes had been established through the personal outcome measures process. The staffing levels and availability of transport ensured children could partake in activities they wished to do.</p> <p>Training had commenced in human rights. Inspectors saw how staff engaged with the children, and were seen listening and responding to the children. For example, staff during play time observed a child's reaction to a television programme to understand their choice.</p> <p>Each child had a rights assessment developed, this assessment looked at the management of personal possessions, access to home, the community, money, privacy and the charter of human rights.</p> <p>Clean, comfortable accommodation was provided for children. Children during respite had their own bedrooms, which were comfortably furnished, bright and age appropriate. Children had access to adequate storage for clothes and personal belongings. Inspectors observed the kitchen table was height adjustable to ensure</p>

children with varying needs could access the table.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Crannog Respite Service OSV-0008386

Inspection ID: MON-0047270

Date of inspection: 30/06/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A training matrix for all staff working in the service will be completed. This training matrix will be reviewed at team meetings and as part of the support and supervision process.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Medication management plans along with associated risk assessments and guidance documents will be reviewed to ensure that they are consistent with each other and all relevant information is noted. The person in charge will organise for all IMARS to be reviewed, a local protocol will be devised in relation to transcribing medication during out of hours and weekends. The Person in Charge will ensure that all documentation is reviewed and ensure going forward that future documents clearly display dates established, review dates and author's name.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	24/10/2025
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	01/11/2025