



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

## Issued by the Chief Inspector

Name of designated centre:	Bakers Corner Respite House
Name of provider:	Health Service Executive
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	11 December 2025
Centre ID:	OSV-0008879
Fieldwork ID:	MON-0045375

## About the designated centre

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

Baker's Corner House is a respite care facility for adults with autistic spectrum disorders and / or mild or moderate intellectual disability. Bakers Corner Respite House provides respite to up to 4 adults at a time who have intellectual disabilities. The designated centre provides person centred care and aims to make positive changes in the lives of people with Autism and an intellectual disability through supporting individuals to make meaningful and positive friendships, further enhance learning and life skills, communication and independence.

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

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

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 11 December 2025	10:15hrs to 16:30hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

This was an announced inspection carried out to monitor regulatory compliance in the designated centre. This inspection was the first conducted in the centre since it was registered by the provider. The findings of the inspection were for the most part positive with the inspector finding respite users were in receipt of a high quality and person centred service with an emphasis on a fun and active respite break. The inspection found that improvements were required in relation to Regulation 15: staffing.

The designated centre was operating on a reduced intake capacity and was not available for use by respite users over a seven day period. Due to staff vacancies in the centre, the provider had reduced the days available for respite service to families in order to ensure that when respite users' were in receipt of services there would be sufficient resources and appropriate staffing skill levels in place in order to maintain a safe and quality service. The inspector found that this was affecting the capacity of service delivery to support to respite users and their loved ones. The provider was in the process of running a number of recruitment campaigns in order to remove this reduced capacity of the centre.

The designated centre comprises a large two storey house and is located in close proximity to a town in South Dublin. The inspector was facilitated in a walk through by a respite user and the person in charge. The inspector found the centre to be spacious, clean and bright and was decorated in a manner that would be attractive to all respite users. There was access to a number of technology systems such as gaming stations, computer stations and music devices. The inspector observed that respite users' had brought their own gaming systems and personal devices into respite for their overnight stays. Each respite user had access to their own bedroom with en-suite and had ample storage for their belongings. The centre had a large sitting room, computer room, dining room, main kitchen, upstairs small kitchen and staff office. There were pictures of respite users' as they attended different respite activities and events across the communal areas of the house.

During a walk through of the designated centre, one respite user told the inspector that they enjoy their time in respite and that the staff are very friendly and know how they like things done. The respite user told the inspector that the house is very big and has a lot of space. They told the inspector that they liked how long the corridors were and that they did not bump into things. The respite user told the inspector that they would only change one thing in the centre. They informed the inspector that the WiFi in the centre was very weak and would at times crash when they played their games on-line. The person in charge informed the resident that they would make a record of this and action it as a complaint for the respite user.

The inspector met one respite user on their return from their day service. The respite user told the inspector that this was their second night staying in Bakers Corner Respite Centre. They told the inspector that they like to do a number of

things when they come to respite such as bowling, walks in the park, drives to coastal areas and talking to staff about their upcoming holidays and plans. The inspector observed support staff reading through the respite user's day diary on request to inform them of the things they had done that day and what they wanted to do in the evening.

The inspector met with one respite user on arrival to the centre with their mother. The respite user told the inspector that they like the centre and that they were going for lunch with support staff. The inspector observed them hugging their mother goodbye and telling them they were going to lunch with staff and they were very happy. The inspector had the opportunity to speak to the respite users mother, who informed the inspector that in their opinion the centre was operating at the 'highest standard of care for their loved one'. They told the inspector that the 'support staff do not operate on egos or who knows best but that they take into consideration that as a family they provide full time care and support and that this is a break for their loved one'. They informed the inspector that the 'staff will incorporate communication support plans and will ensure that their loved one is involved in all choices while availing of respite'. The family member spoke to the inspector of the impact that previous closures had on their loved one due to staff shortages. They discussed that their loved one will ask for their respite staff and their house and they are looking forward to increase in staffing numbers so that the centre can operate seven days a week.

The inspector had the opportunity to speak to one family member whose loved one was not attending the respite service that day, however, they wanted the opportunity to speak to the inspector about the care provided. The family member told the inspector that the 'person in charge and the staff team are extremely supportive to their loved one and understand that respite is a vital support to all families'. They discussed that their loved one will often 'ask to go to respite and that when they attend they will run into the centre to see staff'. They noted that as a family it has given them an opportunity to relax knowing that their loved one is receiving such specialised care and attention.

The inspector spoke to another family member over the phone, their loved one was not attending respite during the inspection. The family member firstly noted that the premises was fantastic, that it was 'built with a focus on respite users who not only have a disability but with specific diagnosis such as autism'. As a family they are very happy with the support that is in place for their loved one when they attend respite. The family member discussed that there has been 'clear communication at all times from the person in charge and that they operate an open door policy with families'. The family member discussed that they had brought a concern to the person in charge and this was identified as a complaint. The family member discussed that their complaint was dealt with quickly, that they were satisfied with the outcome and that it had further enhanced the communication for them in the centre.

The inspector had the opportunity to meet with three respite users, speak with two families, three support staff, the person in charge, the assistant director of nursing, the director of nursing and speak with a further family via a telephone call. Respite

users and families were positive about the supports available while availing of respite. In addition, the inspector received two resident questionnaires which had been sent out to the centre prior to the inspection taking place. The questionnaires seek resident feedback on aspects of the service such as the staff, the premises, their ability to make choices and decisions, and meals. One questionnaire had been completed by a respite user and the second had been completed by a family member. Feedback received from respite users was overwhelmingly positive in relation to the care provided. One respite user stated *"I love it here"* and that they *"have a comfortable room"*. A family member stated *"It is amazing to avail of the facility. It gives our loved one that much more independence and freedom from home. As a parent it gives us a lovely break"*. Through discussion with families areas for improvement were highlighted in the form of the centre opening over seven days as opposed to the current opening of a maximum of five days a week.

The inspector found that respite users had access to a number of social activities in line with their personal interests while attending respite. The inspector reviewed activities occurring during respite stays which included bowling, cinema, shopping, vintage car shows and museums.

Overall, this inspection found that respite users are in receipt of a safe and quality service which is promoting a relaxed and comfortable break while incorporating respite users activities of choice. The inspector found that the service would be further enhanced for respite users with the recruitment of the required staffing supports to operate the centre for a seven day a week service.

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

## Capacity and capability

This report outlines the findings of an announced inspection of the designated centre Bakers Corner Respite House. The inspection was carried out to assess compliance with the Regulations since the centre opened. This inspection found high levels of compliance with the regulations. However, improvements were required in relation to Regulation 15: staffing, in order to further improve the service experience for each respite user in the centre.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a person in charge who was supported by a staff team and assistant director of nursing, who were knowledgeable about the support needs of respite users' and had identified the supports required in the centre for future admissions to respite. The provider had identified current staff vacancies in the

centre and in order to ensure that the care was provided to each respite user was met, they had not opened the respite centre on a full time capacity.

The registered provider had implemented effective governance management systems to monitor the quality and safety of service provided to respite users. The provider had completed a report of the quality and safety of care and support for the centre in July 2025. The provider had not completed an annual review of the centre as the centre was not open a year, however the inspector observed that the person in charge was in the process of information gathering and gathering feedback from current respite users, families and staff for the annual review.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for respite users' and their representatives in a prominent place in the centre.

### Regulation 14: Persons in charge

The person in charge was full-time and found to be suitably qualified, experienced and skilled for their role. They possessed relevant qualifications in social studies and management. The person in charge demonstrated a clear understanding of respite users individual needs and personalities. From review of documentation it was clear that they were completing relevant compatibility reviews to ensure that each respite user attended the centre on days with peers with similar interests, hobbies or possibly previous friendships.

The inspector had the opportunity to speak with three respite users, three family members and three staff during the course of the inspection. Feedback gathered from all stakeholders complimented the person in charge in relation to clear communication with respite users and their families and the "open door" feeling that families felt when their loved one attended the centre. Family members attributed this strong communication by the support team to the person in charge.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection, the skill mix in the centre consisted of social care workers and health care assistants. The statement of purpose for the designated centre had identified the requirement of four whole time staff nurse positions in order to support respite users. However, on the day of the inspection there were three nurse vacancies in the centre with one in the final stages of recruitment. The inspector identified that the respite users had clear support plans in place in order to

support medical conditions identified which may require support during their respite stay and had access to if required nursing supports from the provider.

On the day of the inspection, the inspector found that the centre was operating on five whole time equivalent vacancies. While the inspector found that this was not impacting on the standard of care being provided to respite users, it was having a negative impact on the service provision. Due to the number of vacancies within the staff team the designated centre could not open full time to respite users and was operating a rolling 14 day service. Families spoken to during the inspection discussed that the respite service is essential in order to support their loved one to have a break and increase their independence skills, while at the same time offering families time to recharge from care giving provision.

The inspector acknowledges that the provider had completed a high volume of recruitment campaigns in order to fill the vacancies in the centre. At the time of the inspection, the provider was running an additional staffing campaign and as previously highlighted they had a number of staff currently in the final stages of the recruitment process. The provider had ensured that safety of respite users by ensuring that the number of respite users staying at one time in the centre was appropriate to the levels and skill mix of staff.

The person in charge maintained planned and actual rosters. The inspector reviewed rosters for the designated centre from September to November 2025 and found that there was sufficient staff in place for the days that respite users were in receipt of respite to support each individuals needs. The inspector found that the centre was reliant on agency staff in order to support respite users, however, the person in charge had maintained consistent agency staff who were subject to supervision and mandatory training.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support them in delivering effective care and support to residents. The training included, emergency first aid, positive behaviour support, medication administration and safeguarding of vulnerable adults. In addition, training was provided in areas such as human rights, epilepsy and goal planning.

All staff were in receipt of formal and informal supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2026 for all staff members. The person in charge had

ensured that all agency staff were subject to supervision and training in line with the providers policy for permanent staff.

In the absence of the person in charge, staff could contact the assistant director of nursing or on-call system for support and guidance. At the time of the inspection, the centre had a further staff vacancy for a clinical nurse manager grade one. In order to provide additional support measures the person in charge had also identified a social care worker to deputise and act as social care shift lead in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and responsibility. The person in charge was full-time, and demonstrated effective oversight and management of the centre. They were supported in their role by an assistant director of nursing, who in turn reported to a director of nursing. There were good arrangements such as regular meetings and sharing of governance reports for the management team to communicate and escalate concerns as they present.

The provider had systems in place for reviewing the quality and safety of the service, including six monthly provider-led audits and the inspector observed on the day of the inspection the provider and person in charge had commenced gathering information for the first annual review for the centre since registration. There were management systems to ensure that the quality and safety of the service provided to respite users was monitored, such as various audits on areas including fire safety, infection prevention and control and medication management.

The inspector found that respite users and family feedback was regularly sought by the person in charge and that this information was utilised to further enhance respite users experience when they came for overnight stays in the centre. For example, on the day of the inspection one respite user spoke to the inspector about the WiFi connection in the centre, the person in charge ensured that this would be escalated to the appropriate department within the provider.

There were effective arrangements for staff to raise concerns. Staff spoken with said that they felt supported in their roles. In addition to the staff supervision and support arrangements, staff also attended regular team meetings which provided an opportunity for them to raise any concerns about the quality and safety of care and support provided to respite users

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to respite users in the service and the day-to-day operation of the designated centre. The statement of purpose was available to respite users and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the regulations were reviewed during this inspection. Such notifications are important in order to provide information about the running of a designated centre and matters which could impact respite users. All notifications had been submitted as required by the person in charge.

Judgment: Compliant

### Regulation 34: Complaints procedure

Information about the complaints process was clearly displayed, and the provider had appointed the person in charge to manage any complaints that were received. The person in charge ensured that the complaints procedure and how to handle a complaint was discussed as a standing agenda at each staff meeting in the centre.

The centre had an open and transparent culture, and it was clear that any complaints would be responded to promptly. There were no active complaints on the day of inspection, but the centre had received a previous complaint from a respite users representative. The inspector had the opportunity to speak with this family during the course of the inspection. The family noted that the complaint was quickly acknowledged and immediate actions were taken by the person in charge to rectify their complaint. The family were happy with the outcome of their complaint. In addition, the family complemented the person in charge and support staff for

upholding an open communication and an ability to address concerns for their loved one if they arise.

The inspector noted that the person in charge and support team discussed complaints process with respite users during respite users meetings held during overnight stays for each individual. The complaints process was found to be in an accessible format for those that required this.

Judgment: Compliant

## Quality and safety

The inspector found that the centre provided a relaxed, comfortable and homely environment for respite users. The person in charge and support team were found to be knowledgeable of each individual respite users' needs and were aware of their ongoing plans and goals when availing of respite and sought updates during breaks from respite.

The provider had measures in place to ensure that a safe and quality service was delivered to respite users. Families spoken to during the course of the inspection highlighted the vital role respite provision plays in the care that they provide for their loved ones. Families discussed that they feel their loved ones safety is prioritised while attending overnight stays. However, they are waiting longer stays for their loved ones when the provider has secured the staffing levels required.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Respite users' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge had ensured that each respite user had an appropriate assessment of need in place, which was reflective of their support needs while availing of their respite stay. The assessment of need for each respite user was utilised to develop appropriate care plans and associated risk assessments.

## Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, as well as the needs of respite users. The centre was well-maintained, clean and suitably decorated. The centre had been decorated in line with the Christmas season, the inspector found that the decoration was done in a manner that did not

over clutter communal areas of the centre, with support staff identifying that a number of respite users preferred space when attending the centre.

In addition, the inspector had the opportunity to speak to three separate families of respite users and they discussed that the respite centre has been tailor built to meet the needs of young adults with both intellectual disabilities and a diagnosis of autism. The centre is spacious, with a number of quiet areas for respite users to relax and there is natural sunlight throughout the house. Each respite user has access to a large bedroom with an en-suite and their loved one can bring their devices and gaming stations to the centre as each room has a television with appropriate connections.

Respite users could store their belongings in individual wardrobes, drawers and lockers in their bedrooms, and laundry services were available for those who needed them. The centre was warm, bright and family stated that support staff had an understanding of what was important to their loved one when attending their overnight stay. For example, one family said that their loved one does not like to get over heated. They discussed that on arrival to each stay they had noticed that support staff have the radiator in their room turned off, the window slightly open and the en-suite aired. The family said this reduces their worry knowing that staff will attend help their loved one to feel settled and welcome. In addition, the inspector found that staff had clearly documented this support in the respite users important information section.

Respite users had access to a large enclosed garden to the rear of the property, which had swings, seating area and a large space to participate in outdoor games like football.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had ensured consistent implementation of the risk management systems which it had in place in the centre. For example, there was a risk register in place which was regularly reviewed. Respite users' had individual risk assessments in place.

Accident, incidents and near misses were found to be documented and reported in a timely manner. These were trended on a three month basis by management to ensure that any trends of concern were identified and actioned. In addition, the inspector found evidence of monthly meetings between the person in charge and senior management where trending of incidents were reviewed. The inspector found that these meetings also discussed risk management from other centres as part of shared organisational learning.

The inspector found that the person in charge was ensuring that the risk register was regularly discussed at staff meetings and that the centre ensured positive risk

taking was occurring for respite users as they accessed their over night stays and the community. From discussion with respite users and family members, the inspector found there was a emphasis on what can be achieved during each stay for the individual.

The provider also had risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and fire fighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector completed a walk through of the designated centre and completed a manual check of each fire door. All fire doors were found to be fully operational and closed upon activation of the self closing mechanism. The provider had put in place appropriate arrangements to support each respite user's awareness of the fire safety procedures. For example, the inspector reviewed six personal emergency evacuation plans (PEEPS) and found that each plan detailed the supports respite users required when evacuating in the event of an emergency. The inspector found that fire evacuation drills had been completed for each respite user in the centre. In addition, as the centre was newly registered and new admissions to the centre for respite were occurring, the person in charge and support team ensured that each respite user had an understanding of what to do in the event of a fire during each stay.

The inspector spoke to one respite user availing of their over night stay, the respite user told the inspector how they would respond in the event of a fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that pre-admission assessments had been completed for each respite user prior to their admission to the designated centre. The inspector found that the pre-admission assessments formulated their assessment of need while attending respite. The inspector found that in addition to the assessment of need, the person in charge and support team had completed an "all about me" with

respite users and their families. These documents gave staff guidance on current goals that each respite user was accomplishing and acted as an overview of what each respite user would like to achieve while attending the centre.

The inspector reviewed six respite users' files and found that individual support plans and care plans were in place to respond to respite users' identified support needs. The inspector found that the care plans had associated risk assessments in place to ensure that respite users' needs were adequately met and appropriately resourced during their respite stay. Respite users had a number of care plan supports in place including epilepsy management, communication supports, staying healthy by maintaining a balanced diet and active living supports.

The inspector found that while respite users were availing of the service, goals and achievements were identified and promoted by the support staff. The inspector found that the person in charge and support team reviewed residents' goals prior to their return to respite to ensure that they were continuing during their stay.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

# Compliance Plan for Bakers Corner Respite House OSV-0008879

Inspection ID: MON-0045375

Date of inspection: 11/12/2025

## 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:            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.</p> <p>Continuous and ongoing recruitment to fill vacancies for all grades of staff which includes care assistants, staff nurses, Social care workers, MTA. Ongoing            Any gaps within the roster will be filled by the use of consistent agency staff. Ongoing            The respite service will only operate in accordance to safe staffing levels and skill mix for the identified needs of individual service users. Completed            Statement of Purpose and Function will reflect the provision of respite services are aligned to staffing levels. Completed</p>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	01/06/2026