



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

Issued by the Chief Inspector

Name of designated centre:	Delvin Centre 4
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	10 March 2021
Centre ID:	OSV-0007483
Fieldwork ID:	MON-0030409

About the designated centre

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

Delvin Centre 4 is a bungalow located near a town in Co Westmeath. The house is designed specifically to encompass two self-contained apartments. The house has front and rear outdoor space, which is fenced off.

Both apartments have two separate access doors. Apartment A is located to the front of the building and contains a kitchen, sitting room and a corridor leading to a bathroom and bedroom. The bathroom provides shower facilities.

Apartment B is located to the left of the building and runs to the back of the house. Apartment B contains a kitchen, utility room, sitting room, a bedroom, and a bedroom cum office.

The centre supports individuals with moderate to severe intellectual disability with specific support needs and is lead by a person in charge assisted by a social care worker and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 2015 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
Wednesday 10 March 2021	10:50hrs to 17:00hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre was registered as a new centre in January 2020 and this was the first inspection of the centre since opening. The inspection was conducted during the COVID-19 pandemic and all public health guidelines were adhered to during the inspection. A review of documentation was completed in a clean zone area.

From meeting residents in their homes, speaking with staff and observing interactions between the staff and residents, the inspector found residents were enjoying a good quality of life while being afforded opportunities for new experiences. The inspector also reviewed documentation regarding residents care and support, and found the needs of residents were comprehensively met through personal planning processes. The centre had received a number of compliments from family members, who had expressed their satisfaction with the service their loved one was receiving.

The inspector met both residents in their individual homes, and all areas of the centre were visited during the inspection. While the residents were not able to fully communicate verbally, it was evident that those needs and preferences identified through assessment had been provided for. For example, a resident was visited in their sitting room, which had recently been decorated, and the resident showed the inspector characters on a wall mural, and equally the resident's bedroom was themed around their favourite characters.

In the other apartment, a resident had their bedroom decorated with nature themed wall covering and pictures, reflecting the resident's love of animals. Each of the apartments were laid out and decorated to meet the individual and specific preference and support needs of the residents. Assistive equipment had been provided as assessed by an occupational therapist, and each resident had their own transport in order to access community amenities. The inspector found the apartments were spacious, homely and warm, and both residents appeared very comfortable in their environment.

Staff were observed to talk to residents in a respectful, kind and warm way, and were communicating with residents in a way that residents preferred. Staff were also knowledgeable on the way residents expressed their wants, feelings and preferences and described this to the inspector. It was evident that staff knew the residents well and described the care and support residents received in line with their assessments of need and personal plan. The centre was set up in a way to promote the privacy and dignity of both residents, and personal space and time was afforded to residents in order to promote their dignity. The staff were aware of the situations in which the privacy of residents could potentially be compromised, and were observed to take measures to protect a resident, ensuring their rights were protected.

Residents were engaged in a range of activities which had been developed over a

number of months since their admission to the centre. Prior to the public health restrictions significant efforts had been made by staff to expand on residents' opportunities for new experiences such as horse riding and swimming, and to support residents in coping with changes associated with new activities. In the interim period during the restrictions, staff had continued to build on new skills acquired by residents both within and outside of the centre, including nature walks, arts and crafts and baking.

Regular contact was maintained with families regarding the care and support of their loved ones. In addition, residents were supported to contact their families through video calls during the public health restrictions.

The next two sections of this report will describe the governance and management arrangements in the centre and how these arrangements have positively impacted on the quality of service the residents received.

Capacity and capability

There were management systems in place in the centre to ensure the service provided was safe and effective in meeting residents' needs. The services provided were monitored on an ongoing basis with the outcomes of reviews of residents' care and support, and the audit of procedures, informing an overall approach of continuous improvement, while embracing a person-centred service provision.

The provider had employed a full-time person in charge who had the skills experience and qualifications required to fulfil their role. The person in charge was also responsible for one other centre within a short distance of this centre, and the inspector was assured, that given the high level of compliance found on this inspection, that this arrangement ensured the effective governance and operational management of the centre. Staff spoken with told the inspector that the person in charge was very approachable and available for support when and if required. The person in charge was found to be knowledgeable on the residents' specific needs and on the care and support residents required.

There was a clearly defined management structure and reporting system in the centre and staff reported to the person in charge. Reporting to the Chief Executive Officer was maintained from person in charge, through to the area manager, and the regional manager. The person in charge had responsibility for the day to day management of the centre and was supported in their role by a deputy manager.

The provider had ensured the service was resourced appropriately to meet the diverse needs of residents, and sufficient staffing, facilities and transport were in place. There was a suite of audits developed in order to monitor practices in the centre and unannounced six monthly visits had been completed in line with the provider's regulatory requirement. An annual review of the centre was not due for completion at the time of this inspection. There was ongoing review of residents'

care and support needs through reviews of personal plans and multidisciplinary team reviews, the outcomes of which informed an individual service provision for each resident, tailored to their specific needs. Two staff spoken with outlined they could raise concerns about the quality of care and support with the person in charge should the need arise.

The provider had ensured there were sufficient staffing levels in the centre, and staffing rosters were planned around the needs of residents. The inspectors found the staff were knowledgeable on the needs of residents and on the specific supports residents required.

Staff had been provided with most of the mandatory training required, however some gaps were identified in training in managing behaviours of concern. Additional training had also been provided in a range of infection control practices in response to the recent pandemic, and in medication management and first aid in order to safely support residents. Arrangements were in place for formal staff supervision, which was facilitated approximately every six months. This supervision allowed for discussion with staff around the care and support provided to residents, training needs, standards of care, and to develop actions to help support staff in their role.

Transparent procedures were in place for the admission of residents to the centre and residents had been supported with planned transitions into the centre. Written agreements were in place which included details on fees to be charged.

There was a complaints procedure in place and the provider had nominated the person in charge to deal with complaints in the centre. Residents had information provided on external advocacy services.

Regulation 14: Persons in charge

The provider had employed a full-time person in charge in the centre, with the skills, experience and knowledge to manage the designated centre. The person in charge was also responsible for the management of one additional designated centre, and the inspector found overall there was effective governance and operational management of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff employed in the centre, with the skills and qualifications to meet the assessed needs of residents, consistent with the details in the statement of purpose. In one apartment a staff was on duty during the day and at night time, and an additional staff provided three afternoons a week. In the

second apartment a staff was on duty during the day and at night in a sleepover arrangement, and an additional staff on duty daily in the afternoon. The inspector reviewed a sample of rosters from three months and found continuity of care had been provided. There was one staff vacancy the centre at present and the person in charge had made arrangements to fill the vacancy.

Rosters were appropriately maintained. The inspector reviewed two staff files and found all of the required records as per Schedule 2 of the regulations were maintained.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records. Overall staff had been provided with most mandatory training; however, one staff member did not have training in behaviour of concern completed, and two staff members also required refresher training. All staff had up-to-date training in fire safety, safeguarding and medication management. Additional training had been provided in the administration of emergency medication, manual handling and first aid. In response to the recent pandemic, the provider had ensured staff had been provided in training in hand hygiene, infection prevention and control, and donning and doffing personal protective equipment.

The inspector found the training provided ensured the needs of residents were safely and comprehensively met. Staff were supervised appropriate to their role and staff supervision meetings had been facilitated approximately every six months.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found the designated centre was resourced appropriately to ensure the effective delivery of care and support. Sufficient staff had been provided and the premises had been configured into two apartments to suit the individual needs of the residents living there. Each resident had been provided with a car in order to ensure their safe transportation in the community.

The management systems in place ensured the service provided was safe and effective, which was reflective of the high levels of compliance found on this inspection. The provider had completed unannounced six monthly visits to the centre, and the actions arising from these reviews were found to be complete on the day of inspection. There was a scheduled of audits developed for reviewing practices

in the centre, for example, fire safety, medication management, finances and health and safety. The care and support needs of residents were monitored through ongoing review of personal plans and multidisciplinary team reviews.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had been provided with a written agreement outlining the services and facilities to be provided in the centre. The arrangement for payment of fees was outlined in this agreement, and an assessment of the fees to be charged to residents was maintained.

There had been a comprehensive admission process of residents into the centre, which had considered the individual needs of residents, the need to protect residents, and had provided easy to read information about the designated centre, in a order to assist residents with their transition.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a procedure in place in relation to making a complaint, and the provider had nominated the person in charge to deal with complaints in the centre. There was a system in place for recording complaints and compliments; however, there had been no complaints in the centre since it opened. Easy to read information was provided to residents on advocacy and residents could access an external advocacy service if required.

Judgment: Compliant

Quality and safety

The care and support provided to residents was found to be of good quality, individualised to meet the residents' specific needs, with risks identified and responded to, to ensure residents were safe in the centre. However, some improvement was required in the provision of mental health services.

The provider and person in charge had ensured that residents' needs had been identified through assessment, and planned for through personal planning and the

provision of appropriate resources, services and facilities. For example, each residents had their own apartment, their own car for transport and had access to a range of allied health care professionals. Residents were supported to engage in arrange of activities, for example, art and crafts, baking, and while residents had been impacted by restrictions with a number of activities on hold due to COVID-19, staff had ensured residents had a meaningful day, and accessed amenities outside of the centre for walks and drives daily.

Overall residents had timely access to a range of allied healthcare professionals in order to meet their identified healthcare and emotional needs; however, a resident did not have access to mental health care services, as was their support requirement, prior to and following admission to the centre. Residents healthcare needs were monitored within the centre on an ongoing basis

Residents were supported with their emotional needs through the provision of behavioural support planning and the inspector found the use of restrictive practices in the centre was in line with evidence based practice.

Appropriate systems were in place to ensure residents were safeguarded in the centre, for example, ensuring residents dignity and privacy was promoted during intimate care interventions, robust management of residents' finances, and responsive action to risks identified. Similarly, potential risks had been identified and managed through centre's risk management procedures and control measures implemented to reduce the potential impact for residents, visitors and staff.

Overall there were safe medication management practices in the centre relating to the ordering, receipt, storage, and administration medicines. One issue relating to the prescribing of as required (PRN) medicines was identified on the day of inspection and action was taken by the person in charge to rectify this issue following the inspection

Suitable procedures were in place regarding the prevention and control of infection, and the provider had ensured procedures were adopted to respond to the COVID-19 pandemic, in line with public health guidance. Appropriate information was provided to residents to keep them informed of the pandemic and the impact this may have on their lives. Staff had been provided with information relating to COVID-19, and training in infection control, the use of personal protective equipment, and in hand hygiene.

Regulation 10: Communication

Residents communication needs had been assessed and detailed guides on residents communication methods were outlined in personal plans. Residents were observed to be assisted by staff to communicate and staff were skilled and knowledgeable on these communication approaches. Residents were provided with appropriate media

such as telephones and televisions, and had been supported to access the Internet in order to contact their relatives.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and ongoing review of risks in the centre. Risks had been identified in the centre and the person in charge maintained an up-to-date risk register. Individual and centre based risks were assessed, and management plans outlined the control measures in place to minimise the impact of such risks. The inspector found these control measures were implemented in practice, for example, risk related to behaviours of concern had specific preventative strategies outlined regarding environmental considerations, and these were observed to be in place.

There was system for reporting incidents in the centre and responding to emerging risks. The circumstances surrounding incidents were reviewed and follow up actions taken to prevent re-occurrence. Allied health care support was also sought and provided where required as a follow up to incidents. The inspector found where recommendations were made by allied health care professional regarding residents' safety, these had been put in place, for example, safety grab rails in bathrooms. There were individual plans in place to support residents in the event of an emergency related to illness or injury, and staff knew the actions and specific individual requirements of residents in this regard.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate measures were in place for the prevention and control of infection. The provider had ensured the recommended public health measures were in place in response to the COVID-19. Policies and procedures had been adapted to take into account public health guidelines for example, a prevention and containment of COVID-19 policy, healthcare waste management, and wearing of surgical masks. There was sufficient personal protective equipment (PPE) in the centre and staff were observed to wear face masks and additional enhanced PPE during some care interventions, in response to an identified risk. There was adequate hand sanitising equipment provided, and regular hand washing was observed to be carried out by staff.

A COVID-19 contingency plan had been developed and the inspector found a satisfactory response had been taken to a recent outbreak of COVID-19 in the

centre. Up-to-date information was available for staff on the public health guidelines, hand hygiene, self-isolation and travel. Residents had been provided with easy-to read information, picture guides, and information sessions in residents' meetings, to help them understand and manage social distancing, hand hygiene and public health restrictions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Suitable practices were in place for the ordering, receipt, storing, and administration of medicines, and an issue related to the prescribing of some medicines was rectified by the person in charge.

Medicines were ordered from and supplied by a local pharmacy. Medicines were counted on receipt and records of all medicines received into the centre were maintained. Medicines were stored in a locked press and the key was securely held. Medicines prescriptions specified the name, dose, frequency and route of medicines and all medicines on the prescription record were signed by the prescriber. From a review of PRN (given as the need arises) medicine prescriptions, it was evident that the maximum dosage in 24 hours was specified on prescriptions. However, the circumstances for the administration of these medicines was not consistently clear. Corresponding PRN protocols were developed; however, these were not signed by a registered prescriber, consequently the inspector was not assured that the procedure for the administration of these medicines was in line with the prescriber's instructions. This was pointed out to the person in charge, who took action to review medicines with the general practitioner (GP). Evidence was provided to the inspector following the inspection, to confirm PRN protocols were signed by the prescriber.

Residents' specific preferences in relation to the administration of medicines were set out in personal plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of need had been completed for residents with the involvement of multidisciplinary team members, and assessments were updated as residents' needs changed. The provider had ensured that arrangements were in place to meet the identified needs of residents, and the designated centre had been configured and resourced for the purposes of meeting these needs.

Personal plans were developed in line with residents' identified social, health and personal care needs which outlined the support residents required to meet their needs. Plans took into account residents wishes and preferences and comprehensively guided staff in how to meet residents' needs, while respecting their choices. For example, social care assessments outlined residents' preferences, values or important things in their life, and these were reflected in activities such as nature walks, video calls to family, art and crafts, and shopping (pre- COVID-19 restrictions).

Residents had been supported to develop goals and the inspector found these goals were timely, meaningful, realistic and progressive, with the overall aim of assisting residents to settle in to their new home, develop new skills and experience new opportunities. Residents were supported to develop one goal a month, for example, personalise their bedroom, assist with laundry, or try horse riding. The progress of goals was documented both in written form and photographs, and the outcome of goals reviewed at the end of each month.

Judgment: Compliant

Regulation 6: Health care

Overall residents' healthcare needs were met and residents had access to most healthcare professionals in line with their needs. However, improvement was required to ensure a resident had access to mental healthcare services, as was provided prior to their admission to the centre.

Residents' healthcare needs had been assessed and plans guided staff in the provision of appropriate healthcare for residents. Residents healthcare needs were monitored on an ongoing basis and documentary evidence of monitoring interventions completed were maintained in residents' personal plans. Residents had regular access to their local GP, and were supported to access allied healthcare professionals such as speech and language therapist, occupational therapist and dentist. While mental health services were accessible for one resident, another resident had not been provided with access this service in line with their needs, since admission to the centre.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs and had ongoing access to a clinical psychologist and behaviour therapist. Behaviour support plans were developed following assessment of residents' emotional needs, and the identification

of the underlying causes of residents' behaviour, and these plans outlined the proactive and reactive strategies to support residents. Staff were knowledgeable on residents' support requirements, and on the rationale for the use of restrictive practices.

There were some restrictive practices in use in the centre, and the inspector found these practices were in place relative to the risks presented. Alternative measures were considered prior to the use of restrictive interventions, for example, proactive and reactive strategies. Restrictive practices were subject to regular review by the person in charge, area manager, behaviour therapist and psychologist, and there was evidence of the reduction and discontinuation of some restrictive practices in the centre following review. The residents' representatives had been informed of those restrictive interventions impacting their relatives.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected in the centre. The inspector reviewed a record of incidents in the centre and there had been no safeguarding concerns identified since the centre opened. Incidents were managed in order to respond to emerging risks and ensure residents' wellbeing was protected. Residents had been provided with accessible guidance on abuse and safeguarding vulnerable people.

Intimate care guidelines were developed and had detailed guidance on supporting residents, while maintaining their preferences, dignity and privacy. Staff were observed to provide support in assisting a resident in this regard.

The inspector reviewed finance records for a resident, and found appropriate recording and checking systems were in place to ensure the resident's money was safeguarded. Staff stated they felt residents were safe in the centre. Staff had been provided with up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner which overall respected the rights of residents living in the centre. While not all aspects of this regulation were inspected against, the inspector found that residents were participating in decisions about their care, and had freedom to exercise choice and control in their daily life. This was evident in the process of personal planning, in which the care and support was individually

tailored to meet the diverse and specific preferences, wishes, and needs of both the residents living in the centre. For example, a resident had a preference to spend a significant amount of time in the morning arranging his room and personal possessions, and this choice was respected and planned for in the residents' daily routine. Equally, both residents liked to spend time alone, and staff ensured that personal space and time was afforded to residents.

Each resident lived in an individual apartment, and practices in the centre relating to the provision of personal and intimate care, and secure storage of personal information ensured residents' privacy and dignity was promoted.

Information had been provided to residents on their rights and on accessing advocacy services, and from a review of residents' meeting, it was evident that staff had also discussed these rights and services with 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Delvin Centre 4 OSV-0007483

Inspection ID: MON-0030409

Date of inspection: 10/03/2021

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The outstanding training in Behaviours Of Concern has been completed on 29/03/2021. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Our Organisation has repeatedly sought Psychiatry (Mental Health Team) support for one of the individuals The following requests were made for Mental Health appointments:</p> <ul style="list-style-type: none"> • In June and September 2020.Senior Clinical Psychologist wrote twice to Mental Health Team. No response from Mental Health. • In November 2020.Person in Charge sought `medic to medic referral from Psychiatrist of previous residential home to Psychiatry in the new location. • In March 2021.G.P. made referral to Psychiatry. Psychiatry did not accept this pathway, requesting that a review of all medications and a Transfer of Care referral be completed by Psychiatry Department of previous residential home. • April 2021. Person In Charge spoke to Psychiatrist of previous residential home who gave reassurance that this review and Transfer Of Care will be completed in May 2021. 	

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	29/03/2021
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	31/05/2021