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Castletownbere Residential, OSV-0002108, 05 July 2021

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

Issued by the Chief Inspector

Name of designated centre:	Castletownbere Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	05 July 2021
Centre ID:	OSV-0002108
Fieldwork ID:	MON-0033121

About the designated centre

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

The service provided is a social care model that bases residents in their local community. The service is for adults with an intellectual disability who require either residential or respite services. Residents have access to day services locally and are supported to access employment should they wish to. The premises of this centre consist of two pairs of semi-detached houses which have been joined internally. One of these has an extension to the rear. These houses are located on the outskirts of a rural town. These are located within a hundred metres of each other. Bedrooms are located on both the ground and first floor, with each bedroom having an en-suite. Some bedrooms have track hoists. Each house has their own kitchen and sitting room, which are adequate to provide suitable common space for the residents. Each house has a garden to the rear. The staff team comprises of social care workers and care assistants with a team leader supported by a person in charge.

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 - 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
Monday 5 July 2021	09:00hrs to 14:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The findings on the day of inspection were based on conversations with residents and staff, documentary evidence provided by the registered provider and general observations as residents went about their daily routine with staff supports.

The inspector visited both houses on the day of inspection and met and spoke with two residents and three members of staff. In line with current public health guidelines, all areas were well ventilated and the inspector and staff members wore face masks. The majority of documents reviewed had been requested in advance and were available to the inspector as requested. Hand hygiene was practiced and direct interactions were limited to periods of time less than 15 minutes. All residents and staff had been in receipt of COVID-19 vaccines and all were well on the day of inspection.

Since the previous inspection, the registered provider had moved residents in receipt of residential care to a different house. Residents said that they had preferred the move and found their current living arrangements more suitable and quieter. One resident said they slept better since the move. Residents had personalised their own bedrooms and liked having their own en-suite facilities. One resident had a plan in place to relocate to a larger bedroom and living area with direct access to the back garden. While the resident stated they would not be moving, staff were educating the resident to the positives and benefits of such a move. Additional supports and aids had been added to the new bedroom based on the residents assessed needs and increasing physical dependency. Residents described missing their friends and family due to the pandemic and lockdown and were positive that their community experiences and outings had been reintroduced. Visits with family had been subject to current public health guidelines and contact had also been maintained through telephone calls and video calls.

Each resident had a checklist of activities that they choose from with the support of staff, when planning their day. Activities were based on residents likes and dislikes and involved house based activities, chores, community excursions and day services. One resident had three different employments prior to the pandemic and was actively considering a return to some work. A special occasion for this resident was their first trip home to spend a week with their relatives, something they had missed very much. Residents had been introduced to zoom classes, virtual exercises, chair aerobics, yoga and boxercise during lockdown.

Care planning and supports to residents had been amended to reflect the impact of the pandemic on goals and activities previously planned by residents. Each resident had a wellness plan in place and goals set by residents had been reviewed to include an interim plan called My Life at the Moment. Additionally, this plan focused on positive emotions, being kind to oneself and undertaking activities that could boost their mood. Residents were encouraged and supported to partake in acts of kindness both to themselves and others. A resident who enjoyed visiting churches

and having a drink in public houses pre pandemic was supported to visit church grounds and avail of a mineral at home which they clearly identified as an alternative to a visit to a public house.

All staff interactions were seen to be patient and unhurried. Focus was placed very much on the resident and engagements were meaningful and respectful. Residents said that the staff were good and kind to them and they knew them well. The kitchen / dining room and living room afforded residents direct contact with staff and residents could be seen observing activities when they were relaxing of refraining from taking part.

One resident spoke to the inspector in great detail about a recent hospital experience and surgery they had undergone. This resident was supported by staff to adhere to a new dietary regime and the staff demonstrated good knowledge of the need for such dietary change.

Staff were observed supporting residents to manage their own finances as well as manage their own administration of medicines.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. The designated centre was well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good care and support where choice was offered and residents rights respected.

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

Capacity and capability

The registered provider had suspended respite services due to the current pandemic, providing residential services on a full-time basis and providing outreach support to respite service users who remained at home with their families. The inspector found that the focus of support to residents was person centred in a homely environment. The person in charge was employed as a senior manager within the organisation and was due to be replaced by a new person in charge. The registered provider had responded to the current pandemic by the direct provision of meaningful day activities to residents within their own home. Residents had meaningful engagement with their families and were supported by staff to visit families and to receive visitors within the framework of public health guidelines. The designated centre was well managed to meet the assessed needs and wishes of residents and further environmental improvements were planned to reflect residents increasing age and dependency. Staff demonstrated a good understanding of the

residents health and social care needs.

The registered provider had in place a team of staff that were trained to meet the assessed needs of residents. The person in charge was employed in a full-time capacity and they were awaiting the full-time employment of a new person in charge whose remit would focus solely on the designated centre. This would allow the existing person in charge to continue with a broad management brief within the organisation. The person in charge was an experienced and suitably qualified person. Delegated responsibility was to a named team leader who was based in the designated centre. The person in charge and the team leader attended organisational managers meetings relating to regulatory compliance and health and safety. The person in charge regularly called to the designated centre to support the team leader who in turn provided direct supervision to all staff employed. The team leader facilitated monthly staff meetings and supported staff through performance review. Staff numbers currently allocated to the designated centre by day provided one to one staff supports. This afforded person centred care. Two additional care staff were in the process of being recruited.

The registered providers quality and training manager had conducted two unannounced quality audits of the service. Actions arising had an action plan with defined dates and a named person responsible for delivery of the plan. The annual review of the quality and safety of the service took place in August 2020. Both residents and family feedback were sought for and included in the annual review. Resident meetings were facilitated and recorded. Records reflected that social events, menu planning, self care and the COVID-19 pandemic were all regularly discussed with residents.

The inspector found that the focus of support to residents was person centred in a homely environment. Residents were viewed holistically based on their age, preferences and wishes. The registered provider had responded to the current pandemic by the direct provision of day services to residents within their own home. Residents had meaningful engagement with their families. The designated centre was well managed to meet the assessed needs and wishes of residents. Residents appeared and stated that they were happy and well supported. The staff levels in place on the day of inspection and in previous and future rosters were consistent in providing residents with the staff supports to self determine and avail of activities of choice.

The registered providers staff training schedule was reviewed on the day. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training matrix records of nine staff were reviewed. All staff had received refresher practical training in relation to fire and safety as well as managing behaviours that challenge. One staff member required training in the safeguarding of vulnerable adults. Staff had undertaken hand hygiene training and infection prevention as well as the use of personal protective equipment. Staff had also undertaken additional training to meet the assessed needs of the residents with courses relating to first aid and the safe administration of medicines.

The registered provider had in place a statement of purpose that was an accurate

description of the service provided. The fire and emergency procedures specific to both houses were not stated as required by Schedule 1. The person in charge amended the statement of purpose during the course of the inspection. A copy of the registration certificate was on display in the designated centres hallway as required by regulation. The registered provider also maintained an accurate directory of residents with the required details pertaining to the three residents living in the designated centre. Each resident had a current contract in place illustrating the terms and conditions of residency.

All notifications had been made to the Chief Inspector, within the required three day period. All reported incidents to the Health Information and Quality Authority (HIQA) were consistent with the records maintained by the registered provider. On foot of a previous notification made to HIQA, the inspector reviewed evidence of an investigation commissioned by the registered provider, regarding the non adherence of a staff member to a residents food plan and guidelines. There had been no adverse outcome to the resident and the staff member had been offered additional training to ensure correct adherence to policy and procedures. The inspector noted that all necessary actions to safeguard residents had been taken.

The designated centre had been in receipt of a number of complaints since the previous inspection. Residents had a good understanding of how to make a complaint and the complainants satisfaction with the outcome was noted. Compliments by families and residents since the last inspection were retained within the complaints system. More recently, these records reflected residents satisfaction with the resumption of community activities, shopping trips, pamper days and barbecues.

Regulation 14: Persons in charge

The registered provider had employed a person in charge in a full-time capacity who was suitably qualified and experienced for the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to mandatory training, however some regulatory required refresher training in the area of protecting vulnerable adults was required by one staff member.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained an up-to-date directory of residents with the regulatory prescribed information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a current contract of admission outlining the terms and conditions of their residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

Quality and safety

The inspector found that the overall care and support for residents was properly resourced and the service provided respected the rights of residents. The assessed needs of residents were met in a homely environment, in a town resident's were integrated in through access to day services and employment. Residents were well protected during the pandemic and their welfare was maintained by the positive response of the registered provider and staff to limit the impact on resident's day to day lives. The registered provider had undertaken and addressed areas of regulatory non compliance that had been noted on the previous inspection.

Both houses were observed to be very clean. Staff had organised cleaning schedules to include the increased rate of cleaning of frequently touched areas. Staff had undertaken training in infection prevention controls, as well as hand hygiene. Staff practices and the use of personal protective equipment on the day of inspection was noted to be good. Staff supported and reminded residents of the risk of infection. Information for residents was in an easy-to-read format. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 and had also completed a self assessment of preparedness. The registered provider had appointed a lead worker representative and also had a staff contingency plan in place. Advice from the Health Protection and Surveillance Centre was available on site and implemented. Staff recorded their temperatures at the beginning and completion of their shift. All visitors were required to have their

temperature taken and a questionnaire completed.

Each houses were observed to be maintained to a good standard. All residents had an individual bedroom. All bedrooms were clean, well maintained and displayed photographs, art and posters chosen by residents. There was sufficient storage units in each bedroom to store residents clothing and private possessions. Staff undertook regular audits of the condition of the houses and used these reviews to request required repairs. The registered provider was in the midst of a recruitment campaign to hire a building and maintenance officer to enhance existing processes. Some painting and remedial repairs were awaited. A contractor had commenced paint works but had withdrawn before completing the entire contract. The registered provider was negotiating a completion date. Each house had external and internal areas that afforded residents privacy to facilitate visitors.

The kitchen / dining and sitting room areas were points of gathering for residents and residents were observed to access all areas of the designated centre without restriction. Each house had adequate supplies of fresh and nutritious foods and all meals were prepared on site. Dinners were prepared and cooked by the staff. Staff were seen to offer gentle encouragement to a resident who had little interest in eating. This resident was offered an additional food choice to promote eating. Residents had a choice of foods taking into account their dietary needs. Each house had a food choice folder and menus to select from. Residents told the inspector that they liked to shop for food. Each resident had a feeding and eating assessment and plan that staff were familiar with. This plan had the direct intervention of a speech and language therapist.

The registered provider had undertaken fire works to bring the houses into compliance with Regulation 28 - Fire and Safety. Both houses had a modern fire alarm and detection system in place and all fire exits and fire escape routes were clearly labelled and illuminated with running man signs. All systems and equipment had been examined and certified by a fire competent contractor. Staff conducted fire safety checks on a daily basis to ensure that all fire exits were kept clear, fire doors were in good working order and fire extinguishers and fire blankets were in place. Fire drill records demonstrated the safe evacuation of residents within acceptable time frames and at times of minimum staffing levels. Each resident had a current personal emergency evacuation plan in place.

Each house had an individual risk register that was maintained by the person in charge. The risk register was up-to-date and included specific assessments in relation to COVID-19 and also risk assessments specific to each resident. Risks determined by regulation were included on the risk register.

Most information available to residents was in an easy-to-read format. The residents guide that was available included a summary of the services provided and the terms and conditions of residency as required by regulation.

The inspector reviewed the person centred plans of the three residents. All plans were subject to regular review. Care plans had been revised to reflect the impact of the pandemic and additional goals set. A multidisciplinary review took place annually

and family members were invited to take part. Records did reflect residents taking part in and enjoying music sessions, gardening, trips of choice and visits to family members. Planned excursions had been impacted and influenced by public health guidelines. Residents and staff felt that things were beginning to revert to normal. Residents choose activities that they wished to do. The service had a vehicle specifically for the residents use. Residents stated that they liked to attend local beaches or go shopping. Communication for residents was enhanced through the use of phones and video calls. Virtual forums were utilised in the absence of direct contact.

Each resident had a current healthcare and wellness plan in place and had access to a named general practitioner. Records reflected that residents had been in receipt of medical check ups and all residents had been vaccinated against coronavirus. Each resident had the input and attendance of allied health professionals as needed. This included psychology and physiotherapy supports as well as speech and language services. A resident spoke regarding a recent surgery they had undergone and the support that they were in receipt of from staff to aid their recovery. Residents had been assessed and were supported to manage their own medicines with staff supervision.

Staff adhered to a positive approach to reduce behaviours that challenge and demonstrated the skills necessary to the early identification of issues through their knowledge of and familiarity with residents. Residents had behaviour support plans in place that staff adhered to. These plans were written in an easy-to-read format to aid understanding. The plans were simple and concise which meant both residents and staff had a shared understanding of them.

One resident stated that they would tell a named staff member if they had any issue or concern. Residents were observed to be comfortable in the presence of staff and peers. One resident had a safeguarding plan in place to ensure their safety and protection from peer incidents arising in the residents day services. This plan was agreed by the resident and staff working in the designated centre as well as the day services.

The registered provider had a restrictive practices log in place. Restrictive practices were as reported to HIQA. Restrictive practices were risk assessed and those employed were for the shortest duration possible. Staff used an audio monitor to help reduce the risk of falls to one resident at night time. This practice had been explained to the resident and the rationale behind its use. The resident understood that the actions were to prevent them falling. The registered providers restrictive practice committee had undertaken a review of the practice in the current year.

Regulation 10: Communication

The registered provider ensured that residents were assisted and supported to communicate based on the residents assessed needs.

Judgment: Compliant

Regulation 11: Visits

Staff facilitated each resident to receive visits, attend their home place and meet with friends in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that the residents had access and control to both their possessions and finances.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing through structured day services and direct staff supports within their home.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents. Some areas of the designated centre required and awaited painting and minor repairs.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and

cook food.
Judgment: Compliant
Regulation 20: Information for residents
The registered provider had a residents guide available with prescribed information pertaining to the services provided and the terms of conditions of residency.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider ensured that all residents were protected from the risk of healthcare and COVID-19 infection by implementing current guidelines diligently.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had in place an effective fire and safety management system.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The residents had a comprehensive individual care plan that they were involved in.

<p>This care plan was subject to regular review and goals and outcomes were person centred and their effectiveness was assessed in terms of the impact of the pandemic on their achievement.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>The registered provider ensured that the residents had an appropriate healthcare plan in place and residents current healthcare conditions and requirements were well known to staff.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Positive behavioural support</p>
<p>The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.</p>
<p>Judgment: Compliant</p>

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castletownbere Residential OSV-0002108

Inspection ID: MON-0033121

Date of inspection: 05/07/2021

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> <p>The mandatory training for behavior support is currently under review by the psychology department to ensure the training is the most suitable for the center. Currently MAPA training is the mandatory training for staff within the residential center. Due to the nature of training it has been difficult to provide the training with Covid Public Health guidelines. The quality and training manager has worked to source virtual training and/or external training to for MAPA, however this has been unsuccessful. The internal trainer was not in a position to provide due to their individual working restrictions based on Covid-19 risk assessments and occupational health review. However, as vaccination levels reach near totality in the organization and the guidelines allow, MAPA training will be scheduled to be completed by the end of Q4 2021 for all staff.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>CoAction has recently hired a building and transport manager who will oversee the project management of the required works in the residential center by the end of Q4 2021. These works will include the painting works, that were unfortunately suspended midway through the works as the contractor was unable to fulfill their role.</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).

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	30/11/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/11/2021