



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Grangebeg
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	17 June 2022
Centre ID:	OSV-0003621
Fieldwork ID:	MON-0036959

About the designated centre

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

Grangebeg Camphill Community has a statement of purpose in place highlighting that it is a residential service inspired by Christian ideals where people of all abilities, many with special needs, can live, learn and work with others in healthy social relationships based on mutual care respect and responsibility. The centre is a registered designated centre to provide residential services to up to 13 residents. It consists of two, three storey premises on a campus, on a farm, which is situated in a rural part of Co. Kildare. Staffing support is provided 24 hours a day, seven days a week by a person in charge, social care workers and social care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 17 June 2022	10:00hrs to 16:30hrs	Marie Byrne	Lead
Friday 17 June 2022	10:00hrs to 16:30hrs	Micheal Kelly	Support

What residents told us and what inspectors observed

From speaking with residents and staff, from reviewing documentation and from what the inspectors of social services observed, this was a well run centre where residents were provided with a good standard of care and support. A number of residents told inspectors that they were well supported, happy, and felt safe living in the centre.

The inspectors has an opportunity to meet each of the 12 residents living in the centre on the day of the inspection. They had an opportunity to spend time with the majority of residents and to get their views and experiences on what it was like to live in the centre, but for some residents, the time spent with them was limited as they were engaged in activities, or relaxing in their homes when the inspectors visited.

Inspectors found that residents had opportunities to take part in activities which they found meaningful. They were taking part in the day-to-day running of their home, and making decisions about where and how they would like to spend their time. Residents were choosing to attend days services, to attend workshops in the centre, working in their local community, or working on the farm and grounds.

The two houses that make up the designated centre are situated on a 40 acre farm in a rural area in Co. Kildare. There were raised beds, gardens, walkways and seating areas available for residents. There is also a community hall on the site where residents could choose to attend workshops such as drama, weaving, cooking and baking, food preservation, music and dance, pottery, and arts and crafts. Events and parties were also being held in the community hall. There are a number of vehicles available for staff to support residents to access work or activities in their local community. There was a pollytunnel beside one of the houses where residents could get involved in growing and tending to the plants, fruit and vegetables. There were also horticulture pollytunnels located in the farm area. Residents could also choose to be involved in the upkeep of the gardens, including cutting the grass if they so wish.

The opportunities for residents to take part in the farm included animal husbandry, horticulture, landscaping, bee keeping, and grounds maintenance. A number of residents described their roles and responsibilities within their home and on the farm. Some residents discussed how important working the land and taking care of the animals was to them.

Throughout the inspection residents appeared happy and content in their home, and relaxed and comfortable in the presence of staff and volunteers. The inspectors observed kind, caring and respectful interactions between residents and staff during the inspection. A number of residents were very complimentary towards the staff team. They talked about how they supported and encouraged them in their day-to-day lives, how they supported them to develop and achieve their goals, and how

they supported them to take part in activities they enjoyed.

A number of residents invited the inspectors to join them for their tea break on the morning of the inspection. They described things they liked to do and things they had to look forward to during the summer months. These included visits to their families, holidays and hotel breaks, and music events. They also talked about things they had done so far this year such as visit their family abroad, trips to hotels with friends to see their favourite musicians, trips to the cinema and shopping trips. They also talked about the important people in their lives and how they kept in touch with them, especially during the pandemic.

One resident spoke with the inspectors about their new job in their local community. They said they loved it and were working at times that suited them, as they had responsibilities on the farm which they took seriously. They talked about how important their job was to them and how their work on the farm and grounds had prepared them for this job. They also discussed how important it was to them to meet different people and to feel part of their local community.

A number of residents spoke to the inspectors about looking forward to an upcoming art festival in a local town. They described the kind of events that would happen at the festival and talked about friends they were looking forward to meeting there. They also talked about the Women's Mini Marathon and described how much fun they had over the years taking part. They also discussed how important raising the money was to them, and about how they kept it safe before giving it to charity.

One resident showed the inspectors around the site and talked about the events that happened during the year. The tour included taking a look at the kiln and some of the pottery and ornaments residents had recently made. They showed the inspectors aerial photos of the site, and pictures of the construction stage of some of the buildings. They talked about drama classes in the hall, arts and crafts projects, opportunities to spend time with their friends, and parties that they had enjoyed over the years.

There was a complaints procedure available and a photo of the local complaints officer on display in the houses. A number of residents told the inspectors who they would go to if they had any worries or concerns. Some residents were accessing advocacy services, and for others, there was information available and on display on how to access advocacy services if they so wish.

A number of residents talked about a recent outbreak of COVID-19 in the centre and the impact this had for them. They talked about the procedures that were put in place to keep them and others safe during the outbreak. They talked about how difficult they found it to isolate from others during the outbreak but said that they understood that it was to keep them and others safe, and that by doing this they had prevented residents and staff in other areas of the centre from contracting COVID-19.

The inspectors found that there was a homely atmosphere in both of the houses, and that residents welcomed them into their homes. Residents had access to plenty

of private and communal spaces within their home. A number of bathrooms had recently been renovated and funding was in place, and works planned to refurbish more. There was a new electronic system in place to record maintenance and repairs requests, and to track progress on these works.

Overall, inspectors found that residents were experiencing a good quality of life while living in the centre. There were a number of areas which required improvements to ensure that the provider was compliant with the requirements of some regulations. They included the need to fill staffing vacancies to ensure there were the right number of staff to support residents in line with their assessed needs, and the need to ensure that residents' assessments and plans were up-to-date and reflective of their care and support needs.

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.

Capacity and capability

This unannounced inspection was completed following the receipt of unsolicited information in the form of a concern, and the receipt of solicited information in the form of notifications to the Chief Inspector of Social Services. The findings of this inspection were that some of the areas of concerns outlined in the unsolicited information was substantiated, but that overall the provider was aware of areas where improvements were required in the designated centre, and that they were in the process of implementing the required actions to bring about these improvements.

As previously mentioned the main areas where improvements were required included residents' assessments and plans, and staffing numbers. The provider had also identified through their own audits and reviews that improvements were required in areas such as staff meetings, auditing, and the follow up and completion of actions from previous audits and reviews.

There were a number of staff vacancies in the centre at the time of the inspection and the provider was in the process of recruiting to fill these. These included social care workers, social care assistants and a person in charge. They had just been successful in recruiting to fill some vacancies including the person in charge vacancy. They were due to start in the centre in July 2022. In the interim, the provider had identified suitable interim arrangements and identified a person responsible for the centre. This person was also identified as person in charge of another designated centre close to this one. Inspectors found these arrangements were suitable until the new person in charge took up post. There was a management presence on site a number of times weekly and there was a team leader responsible for the day-to-day running of the centre. There was also an on-

call manager system to ensure support was available to residents out-of-hours.

The provider was implementing a number of new system across the organisation at the time of the inspection, and inspectors found that some of these required more time to be fully implement. From what inspectors observed, and through discussions with staff it was evident that these systems were contributing to better oversight and monitoring in this centre. The systems were capable of producing reports, and alerting staff and managers that actions were required in certain areas. These actions could not be closed off as complete until the person participating in the management of the designated centre (PPIM) had oversight of the actions taken, and were satisfied that improvements had been brought about.

There had been a reduction in the number of volunteers in the centre since the last inspection, and inspectors found that their roles and responsibilities of volunteers were clearly defined. They were no longer directly involved in residents' care and support but rather available to spend time with residents, and to support them to engage in activities which they found meaningful and enjoyed. During the inspection inspectors observed kind, caring and respectful interactions between residents and volunteers. One resident was observed spending time with a volunteer on the grounds, they were smiling and chatting while sweeping some paths around that grounds. Two residents were also observed spending time relaxing and listening to music with a volunteer in their home after their lunch.

Regulation 15: Staffing

There were four and a half whole time equivalent staff vacancies in the centre at the time of the inspection. The provider had recently recruited to fill some vacancies and had an ongoing recruitment drive to fill the open vacancies. In the interim, continuity of care and support for residents was supported through staff in the centre completing additional hours, and two regular relief staff covering the remaining shifts.

There were planned and actual rosters and they were well maintained. The information and documents specified in Schedule 2 of the regulations was available for staff and volunteers in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

For the most part, staff were supported to access education and training in line with the organisation's policy and residents' assessed needs. However, a small number of staff required training or refresher training in fire safety awareness, managing behaviour that is challenging, medicines management, first aid awareness, infection

prevention and control and manual handling.

There was a supervision schedule in place to ensure each staff received regular formal supervision to ensure they were aware of their roles and responsibilities in relation to residents' care and support. However, as identified in the providers own audits, these meetings were not occurring in line with timeframes identified in the provider's policy or the supervision schedule.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that the provider's own audits and reviews were identifying areas for improvement in line with the findings of this inspection. Their latest annual and six monthly reviews were detailed in nature and identifying areas for improvement in relation to documentation, and monitoring and oversight in the centre.

The provider had just filled the vacant person in charge post and put suitable arrangements in place until this person took up their post. A number of new staff had commenced in the centre including a team leader who was on site five days a week and available in both the houses to support residents and staff. A shift leader was also identified in each of the houses to ensure residents were in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had their roles and responsibilities in writing. They were in receipt of supervision appropriate to their role and involvement in the centre. There was a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place for volunteers in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a record maintained of all incident occurring in the designated centre. A notification was submitted to the Chief Inspector for the occurrence of incidents as required in line with the requirement of the regulations; however, there were five notifications which were not submitted within the required timeframe since the last

inspection. These included, the late notification of one unplanned evacuation of the centre, and four late notifications relating to allegations, suspected or confirmed of the abuse of any resident.

Judgment: Not compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had put suitable arrangements in place during the absence of the person in charge. They had notified the Chief Inspector of the arrangements regarding the running of the centre and the details of the person who was responsible for their centre during their absence.

Judgment: Compliant

Regulation 34: Complaints procedure

A number of residents spoke to the inspectors about the complaints process and it was available in an easy-to-read format, and displayed in each of the houses. There was also a picture and contact details of the local complaints officer on display.

There was a complaints policy and the process was contained in the centre's statement of purpose and residents' guide. There was a system in place to ensure complaints were responded to appropriately and that records were maintained. From the sample of complaints reviewed, it was evident that once complaints were brought to the attention of the provider was attempting to resolve them in a proactive and timely manner, and to the satisfaction of the complainant. The complaints policy detailed the complainants options should they find that their complaint had not been resolved to their satisfaction. It was also evident that information gathered from complaints was being used to bring about improvements and to plan, deliver and review services.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents were in receipt of a good standard of care and support in the centre. They lived in warm, safe and comfortable homes. They were being supported to be active participants both in their home and their local community. Care and supports was delivered through a person-centred approach.

However, improvements were required to ensure that residents' assessments and plans were up-to-date and reflective of their care and support needs.

The houses were decorated in a homely manner and they were well maintained. Both houses were well furnished and residents' bedrooms were personalised to suit their tastes. Residents had access adequate storage for their personal belongings. There were suitable arrangements in place to control the spread of infection in the centre. Residents and staff were protected by the infection prevention and control policies, procedures and practices in the centre.

As mentioned earlier in the report, residents were very much involved in the day-to-day running of their home. Residents' meetings were occurring regularly and agenda items included areas such residents' rights, advocacy, safeguarding, fire, menu planning, infection prevention and control, and activity planning.

Overall, the inspectors found that residents were supported to enjoy a good quality of life and that they were in receipt of a good quality and safe service. The provider and staff team were making considerable efforts to ensure they were happy, safe, and engaging in activities they enjoyed. The provider was in the process of developing new documentation to ensure that residents' assessments and personal plans contained sufficient detail to guide staff to support them in line with their wishes and preferences. Although the provider was aware of this and in the process of implementing new systems, this needed to progress in a timely manner.

Regulation 17: Premises

The houses were tastefully decorated and both houses were found to be clean and well maintained during this unannounced inspection. A number of bathrooms had just been renovated, and funding had been secured and plans were in place to renovate others.

There were plenty of spaces available for residents for rest and recreation in their home. They also had access to plenty of outdoor recreational areas.

Judgment: Compliant

Regulation 18: Food and nutrition

Eating and drinking well was viewed as an important part of residents health and well-being in the centre. Residents were involved in growing fruit and vegetables, and collecting eggs from the farm. They were involved in choosing their meals, and in preparing and serving meals for themselves and others, if they so wished. There were facilities to ensure that food was stored hygienically.

Inspectors observed meals being prepared with fresh ingredients during the inspection and there was fruit and healthy drinks and snacks freely available for residents during this unannounced inspection. There was evidence that staff were supporting residents at residents' meetings and keyworker sessions to choose healthy options. There was evidence that, as required, residents nutritional intake was documented and that residents were supported to access the support of health and social care professionals in line with their assessed needs.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected by the infection prevention and control policies, procedures and practices in the centre. There were systems to minimise the risk of infection for residents, staff and visitors such as, a central check in point where visitors could complete hand hygiene, have their temperature checked, and make a declaration that they didn't have any signs or symptoms of infection. Staff had completed a number of infection prevention and control related trainings and there were stocks of personal protective equipment available.

There had been a number of outbreaks of COVID-19 in the centre since the last inspection but from speaking with residents and staff and from reviewing documentation, it was evident that the centre's contingency plan had been implemented and that this had resulted in the containment of the infection. For example, during one of the outbreaks, six staff were confirmed to have contracted COVID-19; however, no residents tested positive. On another occasion, 1 resident tested positive for COVID-19 and there were no further cases recorded in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had identified in their own audits and reviews that improvement was required to residents' assessments and personal plans. They were in the process of developing and implementing new systems for completing assessments and documenting residents' care and support needs. However, from a review of a sample of residents' assessments and personal plans, inspectors found that at the time of the inspection some residents did not have a comprehensive assessment of their health personal and social care needs in place.

While personal plans were in place, due to the fact that some residents' assessments were not fully completed or reflective of residents' care and support

needs, some residents' personal plans were not found to be accurate or reflective of their needs. Inspectors acknowledge that staff who spoke with them were aware of residents' care and support needs, and that generally residents' health personal and social care needs were met; however, there was significant deficiencies in documentation and a lack of guidance to ensure that all staff were aware of residents' assessed needs and what care and supports they may require.

Judgment: Not compliant

Regulation 8: Protection

Residents were being supported to develop their knowledge, understanding and skills for self care and protection through resident and keyworker meetings. Allegations and suspicions of abuse were being followed up on in line with the organisation's and national policy and procedures. Safeguarding plans were developed, implemented, and reviewed as required.

Staff had completed training to ensure they were aware of their roles and responsibilities should they become aware of an allegation or suspicion of abuse. Those who spoke with inspectors were found to be aware of these roles and responsibilities.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found through discussions with residents and staff, and a review of documentation that residents' diversity and uniqueness was celebrated in the centre. Residents' privacy and dignity was being respected through practices and documentation in the centre. For example, staff were observed to knock on doors prior to entering residents' rooms or bathrooms, to offer residents choices, and to offer support in a sensitive manner. Staff were observed to take the time to listen to residents and to pick up on their communication cues. The language used in residents' documentation was respectful and person-centred. There was documentary evidence to show that residents were involved in the development and review of their personal plans.

Residents spoke with inspectors about decisions they were making in relation to how and where they spend their time, and about how involved they were in the running and upkeep of their home. Residents also spoke about their opportunities to take risks in their lives, such as working with animals, and working on the farm and grounds.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Community Grangebeg OSV-0003621

Inspection ID: MON-0036959

Date of inspection: 17/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> - An extensive recruitment drive had commenced to fill all vacant posts. To date there has been one Social Care Worker shift Lead position offered and accepted. There were a further four interviews conducted on Friday 15/07/2022 where all four candidates were issued with a letter of offer. All successful candidates are currently undergoing the on-boarding recruitment process. - CCoI had also linked with agencies in an attempt to fill vacant posts in a timely manner. 	
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"> - Learning and development Training officer in post that has full oversight of the communities training tracker and has scheduled meetings with administrators to highlight all training gaps and offers the support in ensuring staff are scheduled on to upcoming booked training via internal booking system. - There were two gaps identified on the training tracker for National Standards for IP&C in Community Services training. Both of these staff had just onboarded at the time of inspection and dates of completion had not yet been populated on the training tracker. - Training is an agenda item on all Community Management meetings, community team meetings and supervisions with PIC/Team Leader/Admin and staff. - The following training has been scheduled and booked: 11th July Fire Marshall 12th July Fire Marshall 	

13th July Manual Handling
 20th July Medication Management
 28th July Manual Handling
 3rd August Fire Marshall
 4th August First Aid
 11th August First Aid
 18th August First Aid
 26th August Medication Management

- Clinical support officers are in the process of devising a Positive Behaviour Support Training package to be delivered to all staff. Eight Quality and Safety Leads/Team Leaders nationally have recently completed a train the trainer in MAPA/CPI to deliver training to staff, a schedule of training will be issued when complete.
- Supervision schedule is in place for all staff where all staff will be assigned a supervisor. This will be monitored as an agenda item during two monthly Community Management Meetings and through supervision with the Team Leader and Social Care Worker Shift Leads.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- There is increased oversight in the designated centre where the PIC reviews Community Members daily logs on a daily basis. There is also increased oversight at Senior Leadership Level where all incidents/accidents/near misses/behaviors of concern/medication errors/safeguarding concerns are reported and escalated on the same day.
- Calendar reminder set to ensure quarterly notifications are submitted within the regulatory timeframe.
- Notifications is a standard agenda item on bi-monthly Community Management Meetings and supervision sessions with both the Team Leader and PIC.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- A Workshop has been arranged for Thursday 28th July 2022 including the Compliance Co-Ordinator and all three Area Service Managers to conduct a full review on the current

comprehensive needs assessment and associated documentation and to provide feedback on any material that has been trialed in communities to date to measure suitability. When the system has been finalised and approved there will be a workshop scheduled with all Persons in Charge to support the rollout successfully.

- There is a Annual Review schedule in place for all Community Members where all plans are reviewed by the appropriate personnel.

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 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	30/09/2022
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	30/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2022

Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	20/07/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	20/07/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Not Compliant	Orange	30/09/2022

	than on an annual basis.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/09/2022
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/09/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	30/09/2022
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	30/09/2022

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
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