



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

Issued by the Chief Inspector

Name of designated centre:	2 The Sparrow
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	25 September 2024
Centre ID:	OSV-0008804
Fieldwork ID:	MON-0044042

About the designated centre

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

2 The Sparrow is a four bedroom, two-storey home situated in a small village in County Meath. The centre provides a residential service for four children between the ages of 3-18. Accommodation comprises of four single bedrooms one of which has an en-suite bathroom. Two of the bedrooms are situated upstairs and two are downstairs. There is a kitchen /dining room, two sitting rooms, an office and a large sensory room. To the back of the property there is a large garden which has a trampoline and large swing. The staff compliment comprises of direct support workers and nurses. A nurse is on duty for 24 hours a day. There are three waking night staff on duty and four staff on duty during the day. The person in charge is responsible for one other designated centre under this provider. Transport is also provided to take children to school or to go on other activities and appointments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 25 September 2024	10:10hrs to 17:10hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found that, residents living in the centre were receiving person centred care from the staff team at the time of this inspection. However, improvements were required in some of the regulations to ensure residents had access to all of the supports they required in line with their assessed needs and that all staff had the appropriate training to provide a safe service.

This inspection was announced and the residents had been informed that the inspection was happening. The person in charge and an assistant director of services facilitated the inspection. Over the course of the day, the inspector met the three residents and spent some time with them and the staff. The inspector met with two staff members to discuss their views on the quality of services provided and to talk about some of the residents' needs. One family representative spoke to the inspector over the phone about whether they were satisfied with the quality of services provided to their family member in this centre.

The inspector also reviewed records pertaining to the quality and safety of care provided in the centre. Interactions between the residents and staff members were also observed over the course of the inspection.

On arrival to the centre one of the residents had left to attend school, and the other two were enjoying some activities in one of the sitting rooms. The staff were observed to be engaging with the residents in a kind and patient manner. One of the residents was doing some sensory play activities and the other resident was doing some physiotherapy activities with the staff. Staff were observed singing and playing with one of the residents with some of their activities and encouraging them to develop their language skills.

Overall, the premises was clean, well maintained and finished to a high standard. The residents bedrooms were decorated in an age appropriate manner and in line with the residents individual preferences. To the back of the property there was a large garden, with loads of space for the children to run around in if they wished. There was a trampoline and a swing which one of the residents really enjoyed using.

The three residents had only transitioned to the centre since it was registered in June 2024 and were therefore still settling in to their new home. They were supported to engage in activities they liked. One of the residents for example, liked going out for walks because they liked the feeling of the wind blowing on their face. Another resident had recently been to the cinema and liked watching some of their favourite TV programmes on their IPAD.

For the most part the residents used non-verbal methods to communicate their needs and wishes. The inspector observed that staff were encouraging one resident's language skills throughout the course of the inspection. Since moving to the centre, the resident was now using some words and on the day of the

inspection, the staff were very happy, as the resident had learned to say a new word. This resident loved listening to some nursery rhymes and the staff were singing to the resident when they were doing certain tasks with the resident that they did not enjoy. This helped the resident to manage the task they found difficult.

Another resident communicated using pictures and non-verbal cues. This resident had a communication book that staff completed with them to show the resident what was happening next. However, when the inspector reviewed the speech and language assessment report for this resident, the pictures being used were not in line with this assessment. The person in charge addressed some of this on the day of the inspection. The inspector was also informed that a communication device for the another resident had only been sourced recently and staff were in the process of learning this. Overall from these observations the inspector found that improvements were required in this. The inspector also found on review of other information recorded in the residents pre-admission assessments of need that other improvements were also required. This is discussed under regulation 5 of this report.

One of the residents attended school. Another resident was in the process of attending school again after a break. There was a transition plan in place to support the resident with this. The person in charge also informed the inspector that they were trying to source a pre-school for the other resident.

The interactions between the staff and residents was kind and respectful at all times. For example, one resident was a little anxious on their return from school and staff were observed engaging with the resident in a kind and supportive manner and using strategies to help the resident feel less anxious.

The two staff who met with the inspector were very informed of the residents health care needs and provided examples of the supports they provided to the residents. The staff were also aware of the fire safety arrangements in the centre and the supports that the residents needed to evacuate the centre in a timely manner. The staff reported that they were supported by the management team in the centre and that should they have a concern or suggestion that these were listened to.

The inspector also spoke to a family member of one the residents over the phone. Overall, they said they were very happy with the service provided and were kept informed of things that were happening with the resident. They said that they had found the staff nice when they visited the centre recently. The inspector also noted from the records reviewed that where a family member raised a concern that a meeting had taken place with the person in charge and family to address those concerns.

The next two sections of the report outline 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 care and support provided to the residents.

Capacity and capability

Overall, the centre had a clearly defined managed structure in place, along with systems to audit and review the care and support provided in the centre. A full staff team was employed and were providing individualised supports to the three residents living here. The staff led by the person in charge were for the most part providing a safe, quality service at the time of this inspection. However, two regulations required some improvements; which included the assessment of need for residents and staff training.

The centre was registered in June 2024 following the registered providers application to register the centre to support five residents. However, following a review of information and a site inspection by the Health Information and Quality Authority, the Chief inspector granted the application to register the centre for four resident only. At the time of this inspection there were only three residents living in the centre. The purpose of this inspection was to assess how the service was operating in compliance with the regulations and standards.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge reported to an assistant director of operations who in turn reported to the director of services. The registered provider also had several other key managers in the organisation to oversee specific areas of service delivery. For example; there was manager in charge of risk and fire safety in the organisation.

The provider had systems in place to monitor and audit the service. This included a number of audits that the person in charge or staff team completed. The assistant director of services also met with the person in charge every month.

A review of a sample of rosters for one week in August and September 2024 showed that there were sufficient staff on duty to meet the needs of the residents. At the time of the inspection there were no staff vacancies in the centre. A number of new staff had recently commenced employment in the centre.

A review of the staff training records that was maintained in the centre, showed that staff had completed mandatory training as outlined in the Statement of Purpose for the centre. However, some staff had not completed the practical module of training for fire safety and manual handling. This required review.

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They were an experienced nurse with a qualification in management. They were also in charge of another designated centre under the remit of the provider. In order to ensure effective oversight of both centres, the person in charge divided their time between both centres.

In this designated centre, the nursing staff were in charge of the service when the person in charge was not present. The person in charge was also available via phone and there were senior managers on call also. The inspector found that at the time of this inspection this was not impacting on the care and support being provided.

The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations and over the course of the inspection where improvements were required they took timely actions to address those improvements where they could.

They were also aware of their legal remit under the regulations and provided good leadership to their staff team and ensured that staff were supported through, staff induction meetings, supervision meetings and team meetings. The two staff spoken with reported that the person in charge was very supportive to them.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters since the centre had opened for one week in August and September 2024 showed that there were sufficient staff on duty to meet the needs of the residents. At the time of the inspection there were no staff vacancies in the centre. A number of new staff had recently commenced employment in the centre.

The staffing levels were in line with the assessed needs of the residents at the time of the inspection. There was always one nurse on duty during the day and at night. In total there were four staff on duty during the day and three waking staff at night. The staff and person in charge confirmed that this was in line with the assessed needs of the residents.

Staff who spoke to the inspector said they felt supported by the person in charge. The person in charge completed induction with all new staff starting to work in the centre and had a schedule in place to complete supervision with staff in line with the providers policy. Following induction, the person in charge also had some one to one meetings with staff to discuss their personal development and training needs along

with their knowledge of policies and practices in the organisation.

Overall, the inspector found that there was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents at the time of this inspection. This meant that residents were ensured consistency of care. The residents were observed on the day of the inspection to be comfortable in the presence of staff.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training records showed that staff were provided with mandatory training and some training that was specifically required to work in this designated centre.

For example, staff mandatory training included the following:

- Adult Protection
- Feeding, eating, drinking, and swallowing
- Fire Safety
- Manual Handling
- Health Safety and Security including food safety
- Infection Control
- Children's First
- Human Rights-based Approach in Health and Social Care Services
- First Aid
- Oxygen administration.

The fire safety and manual handling training require two parts to be completed. The two parts included a theory based session and a practical based session. However, three staff had not completed the practical training for fire safety and manual handling training. The person in charge outlined that dates were arranged for this to be completed going forward.

Two staff members who spoke to the inspector were aware of the assessed needs of the residents. For example, one resident had a specific medical condition that required rescue medicines to be administered and the staff were clear about when this medicine should be administered to the resident.

Other training provided included positive behaviour support, epilepsy and autism.

Overall the registered provider had not ensured that staff had completed all of the necessary training that was required to be completed prior to a staff member working in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre. The registered provider had ensured that the centre was adequately resourced to meet the needs of the residents, notwithstanding some improvements were required to this as outlined under regulation 5 of this report.

The registered provider had systems in place to audit and review practices in the centre. For example; the person in charge completed a number of audits each month to ensure that best practice was maintained. The assistant director of services also visited the centre each month to discuss the care and support being provided in the centre. During these visits the assistant director also completed some audits. A review of a sample of those audits showed that minor improvements were required in some areas. For example; one of the audits stated that the fire alarm and emergency lighting needed to be checked weekly. A review of a sample of these records showed that this was now completed every week.

The person in charge had also conducted an audit on medicine management practices and no areas of improvement had been identified from this. The inspector also found that no medicine errors had occurred in this centre since it opened.

Staff meetings were held regularly in the centre. A review of a sample of these records showed that at each meeting ,staff were asked if they had any concerns. No concerns were noted from the records viewed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

This document detailed the aim and objectives of the service and the facilities and services to be provided to the residents. For example, it set out how residents plans were reviewed, the complaints procedure and how residents privacy and dignity was maintained in the centre. Some minor improvements were required, however, these were addressed on the day of the inspection.

The provider and person in charge was aware of the requirement to review and update the statement of purpose on an annual basis (or sooner), as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed all of the incidents that had occurred in the centre since the centre opened and found that the person in charge had notified the Health Information and Quality Authority (HIQA) of any adverse incidents occurring in the centre in line with the regulations.

This assured the inspector that the person in charge was aware of their remit under the regulations to report adverse incidents.

Judgment: Compliant

Quality and safety

At the time of the inspection the residents had only been living in the centre a short time and were still getting used to their new home. The staff were observed to provide care in a kind and patient manner and the residents appeared comfortable and relaxed in the presence of staff. Notwithstanding this improvements were required in one regulation in respect of the residents assessed needs.

Each resident had a personal plan detailing their assessed needs. Prior to transitioning to the centre, the registered provider had conducted an assessment of need for each of the residents. This included consultation with the residents family members and some allied health professionals involved in their care. However, the inspector found that improvements were required in this process. For example; the inspector found that some of the recommended supports were not in place for the residents when they moved to the centre.

The registered provider had systems in place to manage risks in the centre, which included a number of risk assessments to show how risks were managed.

Fire safety measures were also in place to assure that in the event of a fire, residents could be evacuated from the centre in a safe manner.

The registered provider had procedures in place to ensure that residents were protected from abuse. The staff had all completed training in this area to ensure they knew how to recognise signs of abuse, and support the residents should this occur in the centre.

Regulation 17: Premises

Overall, the premises was clean, well maintained and finished to a high standard. The designated centre consisted of a large two storey detached property with four bedrooms one of which had an en-suite bathroom. Two of the bedrooms were upstairs along with a large sensory room. Downstairs there were two sitting rooms, a kitchen cum dining room, two bathrooms and an office. The residents bedrooms were decorated in an age appropriate manner and in line with the residents individual preferences.

To the back of the property there was a large garden, with a trampoline and swing which one of the residents really enjoyed using.

The registered provider had a system in place to ensure that any maintenance work was completed where required in the designated centre. Equipment stored in the centre was also maintained so as to ensure that it was in good working order. For example; the staff conducted checks on medical equipment stored.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider has a health and safety statement and risk management policy in place to guide and inform the management of risks in the centre. Risk assessments were also in place indicating how risks should be managed. The residents also had risk management plans in place outlining the controls in place to mitigate risks. There was a low level of adverse incidents reported in the centre since it had opened.

Where an adverse incident had occurred, it was reviewed by the person in charge, then by the assistant director of services and then by the health and safety committee in the organisation. This meant that when incidents occurred a number of personnel were reviewing them to ensure the safety of residents in the centre.

The registered provider had a number of checks in place to ensure that some risks were managed in the centre. For example; the water temperature in the centre was checked to ensure that the correct temperature was maintained.

Transport was provided in the centre. One bus and one car. The inspector observed the records in relation to the car and found that it had an up to date certificate to verify that it was in good working order.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage and/or prevent an outbreak of fire in the centre. Fire equipment such as emergency lighting, a fire alarm, fire extinguishers and fire blankets were provided and were being serviced regularly. For example; emergency lighting and the fire alarm was required to be serviced every three months. The records showed that this had been completed in August 2024.

Staff also conducted checks to ensure that effective fire safety systems were maintained. The fire exits and fire alarm were checked on a daily basis. On a weekly basis the fire alarm was also checked along with the emergency lighting. Six monthly checks were also completed on the fire doors to ensure that fire seals were intact and they were in good working order.

Residents had personal emergency evacuation plans (PEEPs) in place outlining the supports they required. Both of the staff who met with the inspector were aware of the fire evacuation procedures at night and during the day along with the supports that the residents required. One PEEP in place required review on the day of the inspection after the inspector requested additional advice from the risk manager. The inspector was satisfied that this was addressed in a timely manner on the day of the inspection.

Staff were provided with training/refresher training on fire safety. As discussed under regulation 16 some staff had not completed the practical fire safety training session. This was planned for in the coming weeks.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessment of needs conducted by managers prior to the residents being admitted to the centre and found that a number of improvements were required. For example; it was recorded that one resident had a particular health care need, and staff were not fully aware of this and had no records pertaining to how this should be managed.

Some of the assessments and reports conducted by allied health professionals prior to the residents moving to the centre were not available or had not been provided in a timely manner to the registered provider. This meant that residents did not have timely access to the supports they needed. For example; a communication aid recommended for one resident had not provided until after the resident had been

admitted to the centre.

The communication supports being provided for one resident were also not in line with the recommendations outlined in a speech and language therapist report for the resident. This resident had a communication book that staff completed with the resident to show the resident what was happening next. However, when the inspector reviewed this speech and language assessment report, the pictures being used were not in line with this assessment. The person in charge addressed some of this on the day of the inspection.

In addition a 'deep pressure vest' was not available for one resident even though it had been recommended that this helped the resident to self-regulate when they became anxious. The behaviour support plan for one resident did not include some of the supports that the staff provided to the resident when they were engaging in some behaviours of concern. This did not guide practice for staff who may be new to the centre.

In another part of an assessment for one resident it stated that they did not like certain things such as other people crying, however the staff were not familiar with this. Given this the inspector was not assured that the registered provider was providing all of the supports the residents required based on the assessment of need conducted prior to the residents coming to the centre. This required review.

Overall, the inspector found that improvements were required to ensure that residents had the supports they required in place prior to being admitted to the centre as identified in their assessment of need.

Judgment: Not compliant

Regulation 6: Health care

Residents had personal plans in place that outlined their health care needs. Support plans and/or risk management plans were also in place outlining the supports residents would require with their health care needs. The residents had access to a range of allied health supports some of which included:

- Positive Behaviour Support Specialist
- Speech and Language Therapist
- Physiotherapist
- Social Worker
- Psychologist
- Local General Practitioner
- Dietician

Overall, notwithstanding the improvement required under regulation 5 in relation to one residents health needs, the inspector found that the staff were very

knowledgeable around the health care needs of the residents.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults and childrens first training. Staff spoken to were aware of what constituted abuse and the reporting procedures to follow in such an event. Where incidents had been reported, the provider and person in charge had reported it to the relevant authorities and taken steps to safeguard the resident.

The inspector also found from reviewing records and speaking to staff that the registered provider had clear systems in place to report concerns should they arise in the centre. Some of these assurances were provided through the following observations:

- the two staff members spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- there were no open complaints about the service on file at the time of this inspection
- safeguarding formed part of the standing agenda at staff meetings
- after new staff were inducted to the centre, the person in charge conducted knowledge checks with staff, which included the policy on reporting safeguarding concerns in the centre.

Overall, this demonstrated that at the time of the inspection residents were being appropriately safeguarded in this centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for 2 The Sparrow OSV-0008804

Inspection ID: MON-0044042

Date of inspection: 25/09/2024

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 PIC has reviewed the training requirements for all staff working in this centre with HR to ensure that for any future employees practical elements are scheduled and completed during their induction week. All staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>Weekly reviews are completed by the PIC to ensure any outstanding training requirements are identified and completed by the staff team. Training audits also capture upcoming training and this is discussed during supervision meetings to ensure that staff have adequate time to complete the training. Training needs in the centre are escalated weekly to the Assistant Director and in turn the Director of Service.</p> <p>The outstanding practical manual handling training identified on the day of the inspection has been scheduled for the relevant members of the staff team and appropriate numbers of trained staff are on duty at all times. The fire safety practical session has been completed for all staff.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A full review of the admission/assessment of need documentation has taken place for all current residents in the centre. The PIC has undertaken a review, with the staff team, of all residents support plans to ensure that appropriate staff documentation is in place to guide staff practice. All staff have a full and in depth understanding and knowledge of the children in their care.</p>	

The PIC has linked with various allied health professionals of the Children's Disability Network Teams for all residents in the centre, to ensure that all aspects of the residents assessed needs are identified and actioned appropriately.

The Assistant Director of service provided feedback and learning from this inspection to the policy review team . The assessment process for future admissions as been reviewed to endeavor to ensure that all appropriate information from allied health professionals is requested from external agencies. Where there is a delay in the transfer of this information, the risk associated with this will be considered to inform if an admission to the centre is possible without it.

The Provider has implemented a post admission audit for the PIC to complete following any future admission to the centre to ensure all required supports are identified and in place for the resident.

The changes to processes are also reflected in the updated admissions policy, which was disseminated on 01.10.2024.

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	30/10/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/10/2024