



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

Issued by the Chief Inspector

Name of designated centre:	Teach Ban
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	13 February 2024
Centre ID:	OSV-0008620
Fieldwork ID:	MON-0041176

About the designated centre

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

Teach Ban is a two bedroom bungalow situated in a small town in Co. Louth. The centre provides residential care to two male adults who require support around their emotional and health care needs. It is in close proximity to a number of other towns where residents have access to a range of community facilities such as shops, restaurants, hotels, pubs and parks. Accommodation comprises of two single bedrooms one of which has an ensuite bathroom. There is a large modern kitchen/dining/living area, a bathroom and a small communal room. There is a small garden to the back and front of the property including a patio area with furniture where residents can sit and enjoy the outdoors. The staff compliment comprises of healthcare assistants. There is one waking night staff on duty and two staff on duty during the day. The person in charge is responsible for three other designated centre under this provider. They are supported in their role by a clinic nurse manager to assure effective oversight of this centre. Transport is also provided should residents wish to avail of it for leisure activities and appointments. Residents do not attend formal day services but are supported by staff in the centre to having meaningful activities during the day in line with their personal preferences.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 13 February 2024	10:45hrs to 15:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was well-resourced and provided person centred care to the residents living here. This was evidenced in the high levels of compliance found in the regulations inspected. One improvement was required to support one residents communication needs.

On arrival to the centre the inspector observed that the centre was decorated to a high standard, clean and well maintained. Both residents had their own bedrooms one of which is en-suite. There was a large kitchen/dining/living room where the central focus was a electric fire. One resident was observed sitting in a large recliner chair in front of the fire listening to music when the inspector arrived. The other resident was out for a walk. The inspector met briefly with both residents as they did not want to engage with the inspector and this was respected. One resident engaged with the inspector for a very short time and said that they were happy living in their new home.

Both of the residents living here had moved from a large campus based setting where they had lived for a large part of their lives. The staff informed the inspector about some of the things the residents were really enjoying since moving to their new home. In particular one staff said that, the residents loved their double beds as before they would have been used to hospital beds. The staff stated that this might seem like something small but that it was a big thing for both the residents who appeared to love their new bedrooms and double beds.

Another staff said that, the residents lives were not dictated by routines as they had been when they lived on a campus based setting. They could decide when they got up, when they went to bed and where they went on a daily basis. For example; there were two cars available, so that each resident had transport available so they could choose where they went at anytime.

The staff also informed the inspector that residents were more involved in cooking and baking. One resident in particular loved baking cakes. The inspector observed the resident asking staff about making pancakes that day to celebrate pancake Tuesday. The inspector also saw some pictures of this resident baking brownies in their new kitchen. The residents got to choose the meals they liked in the centre. At residents meetings; they usually decided the meal plan for the week. A resident who needed support around their communication had visual aids to enable them choose what meals they would like.

The inspector observed staff making pancakes and offering residents the opportunity to partake in preparing the pancakes in line with their preferences. For example; the resident who initially wanted to make pancakes had decided they did not want to help out and staff were observed offering them the choice to help out with chopping fruit for their pancakes instead which the resident accepted.

It was evident from observing the practices in the centre that, residents were supported to live self directed lives. Residents were supported to have meaningful active days in line with their personal preferences and were able to choose activities on a daily basis because they had one to one staff support and access to a car each to avail of activities when they wanted.

One resident liked a specific routine that they liked to keep each day. On the morning of the inspection they had gone on a walk and to purchase items in the shop. This was a good example to show how this resident was being supported to integrate into their local community and increase their independence. For example; the resident now went into the shop and chose the item they wanted, brought it to the counter and paid for the item themselves.

The inspector reviewed some photo albums that residents were keeping to show how life had changed for them since moving from a campus based setting which may not have always been available to them when they lived there. For example; residents could now go to the local shop, walk over to the local football grounds for a coffee or to watch a match or just take a walk around their local community. The inspector also observed where residents had gone to the zoo, to the races, went out for breakfast, walks on the beach, to garden shops and, football matches. Some of these activities were incorporated into goals for residents. For example; one resident who liked nature programmes was going to plant some flowers in the garden and had started visiting garden shops to pick out some of the flowers/plants they were going to use.

Residents were also observed in photographs celebrating special events since they had moved to their new home, like their first Christmas in their new home or their birthdays.

A review of the residents records showed that staff supported them to keep in touch with family and arranged for them to visit their family members. One resident had some pictures of family members who were important to them hanging in their bedroom.

Staff were aware of the residents communication supports. As an example; the pictures of staff who were rostered to work that day and night were on a wall to inform and remind residents who was working that day. This was important to both residents as they liked familiar staff on duty. Easy read information was displayed in areas of the home which helped the residents to understand information or what was happening during the day. One resident used pictures to make choices like what activity they wanted to do. However, improvements were required in this as there was no assessment of need conducted in relation to the residents communication needs.

There was a small garden to the back of the property that had a patio area with furniture where residents can sit and enjoy the outdoors. At the time of the inspection a pathway leading to the garden shed was due to be put down and this was in progress at the time of the inspection. One resident had some sensory items in the garden that they liked. The other resident had a goal in place to plant flowers

in the coming months.

On review of a sample of files, the inspector observed that staff had training in human rights. When asked how they were putting this training into everyday practice to promote the rights of the residents, staff informed the inspector that it was important to know the resident well so as to understand what a resident maybe communicating to them. The staff gave an example of a resident who had some behaviours of concern and said that these behaviors were the resident communicating that they were not happy and that it was important to listen and respond to the resident to make sure they were supported.

This was also observed in practice as the inspector observed when a resident became anxious staff used positive behaviour support techniques to manage the residents anxiety in a patient, kind and proactive manner which allayed the residents anxiety.

The inspector also observed an example where staff had supported one resident to raise a complaint about access to the internet which affected their ability to watch certain nature programmes that they liked. As a result the registered provider had sought a more improved internet service for the residents.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements affected the quality of care and support being provided to residents.

Capacity and capability

Overall, this centre was well resourced and person centred care was provided to residents by a consistent staff team. The governance and management systems in place were ensuring a safe quality service to the residents.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a clinic nurse manager to ensure effective oversight of the centre.

The centre was also being monitored and audited as required by the regulations.

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection.

The training records viewed indicated that all staff had completed training in order to support the residents needs in the centre.

Regulation 14: Persons in charge

The person in charge was employed full time in the organisation. They were a qualified professional with significant experience working in and managing disability residential services.

The person in charge was promoting person centred care and informed the inspector that the philosophy they worked from was 'that we (meaning staff) are visitors in the residents home'.

They demonstrated a good knowledge of the residents' needs in the centre and were aware of their responsibilities under the regulations.

The person in charge was also responsible for three other designated centres under this provider. To support them with the oversight of this centre, a house manager was employed. The inspector found that this was effective at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff in place to meet the needs of the residents which enabled them to live self directed lives.

Planned and actual rotas were in place and a review of a sample of rotas indicated that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents during the day.

The provider had contingencies in place to manage planned and unplanned leave as a regular relief staff member were available to cover shifts. This meant that residents were ensured consistency of care during these times.

An on call manager was on duty 24hours a day to support staff and offer guidance and assistance if required.

The staff spoken to also had a very good knowledge of the resident's needs and said that they felt supported in their role and were able to raise concerns at any time to the person in charge/house manager/on call management.

The registered provider and staff team listened to and responded to the needs of the residents and what they were communicating in relation to staff. For example; it had been observed through reviewing records relating to residents anxieties and some behaviours they were displaying that both residents responded better and were less anxious when male staff were supporting them. As a result male staff only

supported the residents on a day to day basis.

At the time of the inspection the person in charge and management were reviewing the residents' needs to see if nursing staff were required in the centre. This was ongoing at the time of the inspection, however in the interim the clinic nurse manager provided nursing support where required.

Staff personnel files were not reviewed at this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, all staff had undertaken training in:

- safeguarding of vulnerable adults
- fire safety
- manual handling
- basic life support
- safe administration of medicines
- infection prevention and control
- positive behavioural support
- children's first
- Crisis prevention interventions
- dysphagia
- assisted decision making.

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

From speaking to two staff members the inspector was assured that they had the required knowledge to meet the needs of the residents. As an example; the inspector observed that positive behaviour support techniques to manage a residents anxiety were implemented in a patient, kind and proactive manner which allayed the residents anxiety.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted an up-to-date insurance policy statement as part of their application to register this centre in July 2023.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a clinic nurse manager. The person in charge provided good leadership and support to their team. They reported to the director of nursing who was also a person participating in the management (PPIM) of the centre. They had regular contact with each other over the phone and through monthly meetings to review the care and support being provided.

There were adequate resources to support residents achieving individual personal plans and to provide person centred care. For example; both residents were supported by one staff member each and had access to their own car/bus which enabled them to go out in the community when they chose to.

Staff meetings were held every six weeks which the person in charge attended. A review of sample of minutes showed that various issues were discussed about the service provided like risk management, residents being safe, health concerns and activities and goals that residents were planning.

At the time of the inspection a six monthly unannounced quality and safety review had not taken place but the provider had specific personnel employed to do this.

Audits were conducted locally in the centre on some aspects of service delivery. For example; an audit had been conducted on fire safety, personal plans and residents finances. Some minor improvements recommended following these audits had been implemented.

The registered provider had also implemented a number of initiatives to promote a human rights approach to care. For example; a member of staff is employed in the wider organisation to support residents and staff about the importance of including residents in decisions about their care. This staff member had provided training to staff and also provided weekly tip sheets to discuss at residents meetings about decision making.

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. It had recently been updated in line with changes to the management structure in the centre.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers employed in this centre. The person in charge was aware that there was a policy in place in the wider organisation regarding volunteers should this change in the future.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre since it opened, informed the inspector that the person in charge had notified the Health Information and Quality Authority(HIQA) of adverse events as required under the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider is aware of their responsibilities to notify the Chief Inspector of any period where the person in charge is absent for 28 days or more. Where required, the provider has notified the Chief Inspector appropriately and provided the required information according to the specified time frames.

Judgment: Compliant

Quality and safety

Overall, the residents enjoyed a safe quality service in this centre. Residents were supported to have meaningful and active lives of in line with their preferences within the centre and within their community. Improvements were required in communication for one resident.

Staff are aware of the different communication supports in place for residents. Some assistive aids were in place to support one resident. This resident used visual aids like pictures to choose meals and activities. However, on reviewing the residents personal plan there was no detailed assessment of the residents communication needs or goals that may further enhance this residents communication skills.

Residents were being supported with their healthcare and emotional needs and had regular access to allied health professionals and medical doctors.

The centre was modernised, decorated to a high standard, clean and well maintained. Both residents had their own bedrooms one of which is en-suite.

Residents were supported to have meaningful active days in line with their personal preferences and were able to choose activities on a daily basis because they had one to one staff support and access to a car each to avail of activities when they wanted.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Fire safety systems were also in place to minimise the risk of fire and ensure a safe evacuation of the centre.

Regulation 10: Communication

Staff are aware of the different communication supports in place for residents. Some assistive aids were in place to support one resident. This resident used visual aids like pictures to choose meals and activities.

However, on reviewing the residents personal plan there was no detailed assessment of the residents communication needs or goals that may further enhance this residents communication skills.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to have meaningful active days in line with their personal preferences and were able to choose activities on a daily basis because they had one to one staff support and access to a car each to avail of activities when they wanted.

One resident had a specific routine that they liked to keep each day. On the morning of the inspection they had gone on a walk and to purchase items in the shop. This was a good example to show how this resident was being supported to integrate into their local community and increase their independence. For example; the resident now went into the shop and chose the item they wanted, brought it to the counter and paid for the item themselves.

The inspector reviewed some photo albums that residents were keeping to show how life had changed for them since moving from a campus based setting which may not have always been available to them when they lived there. Residents could now go to the local shop, walk over to the local football grounds for a coffee or to watch a match or just take a walk around their local community. The inspector also observed where residents had went to the zoo, to the races, went out for breakfast, walks on the beach, to garden shops, football matches, cooking and baking in their home. Some of these activities were incorporated into goals for residents. For example; one resident who liked nature programmes was going to plant some flowers in the garden and had started visiting garden shops to pick out some of the flowers/plants they were going to use.

Residents were observed in photographs enjoying their first Christmas in their new home and opening presents on Christmas day.

Residents were also supported to keep in touch with family and friends. One resident had some pictures of family members who were important to them hanging in their bedroom. A review of the residents records showed that staff supported the residents to keep in touch with family and arranged for residents to visit their family members.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, clean and decorated to a high standard. Each resident had their own bedroom which they had personalised to their own tastes and styles.

There was a small garden to the back of the property that had a patio area with furniture where residents can sit and enjoy the outdoors.

The registered provider had a system in place to ensure that the premises were well maintained. At the time of the inspection a pathway was due to be put down in the garden and this was in progress at the time of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks were discussed at team meetings and management meetings.

Individual risk assessments for residents included control measures in place to manage or reduce the likelihood of injuries occurring. For example; a resident who was at risk of falls had a falls risk assessment completed outlining the support the person required to manage this. One control measure included a sensor alarm to alert staff that a resident was getting out of bed to ensure the resident was supported in line with the falls risk assessment.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm and fire extinguishers and fire doors were being serviced. For example; the fire alarm and emergency lighting had been serviced in December 2023.

Staff also conducted daily and weekly checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were activated.

Residents had personal emergency evacuation plans in place outlining the supports they required. The inspector noted that one residents peep was not in line with a fire drill that was conducted in the centre. For example; the fire drill carried out said that the resident was evacuated in a wheelchair, however staff and management said that the resident walked out of the centre with staff support. The inspector was satisfied that the person in charge had amended this by the end of the inspection.

Fire drills had been conducted to assess whether residents could be evacuated and the records indicated that these were taking place in a timely manner.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare related needs and had timely access to a range of allied healthcare professionals, doctors and clinic nurse specialist available through the organisation to include:

- psychiatry
- physiotherapy
- occupational therapy
- speech and language therapy (for swallowing difficulties)
- dietitian
- clinic nurse specialist in behaviours
- clinic nurse specialist in health promotion.

In the community residents had access to:

- general practitioner (GP)
- dentist
- chiropody
- optician.

Additionally, each resident had a number of healthcare plans in place so as to inform and guide practice and one staff spoken with was knowledgeable of the assessed needs of the residents.

Residents had the right to refuse specific medical treatments and their doctor had been informed of this. For example; a resident who did not like having their bloods taken had been reviewed and it had been decided that the resident (who routinely had bloods taken annually) would not have this anymore unless there was a specific need for it at which point a comprehensive support plan was in place to assure that the persons will and preference was respected.

Residents had also been supported to access national health screening services in line with their age and health profile.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had access to the support of allied health professionals. Where required, residents had a positive behavioural support plan in place which was reviewed by a

clinic nurse specialist.

Behaviour Support plans outlined strategies that staff needed to follow to support the residents and ensure that the use of restrictive practices were minimised. The staff were knowledgeable around the residents needs. Since moving to this centre, one residents' medicines prescribed to support the residents mental health was being reviewed regularly and the dosage of some medicines was being reduced or discontinued.

The registered provider had systems in place to ensure that where restrictive practices were used, there was good governance over these practices to ensure that they were the least restrictive measure for the shortest duration.

There were only two restrictive practices used at the time of the inspection. One related to a sensor alarm to prevent falls and the other was a locked gate which was only locked when required (this had not been used in the preceding three months). All restrictive practices were sent to a committee in the organisation who had to approve the use of these practices.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. One staff met, was aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- staff spoken to said they had no concerns about the quality and safety of care
- the concept of safeguarding was discussed at staff and residents meetings
- there were no complaints about safeguarding concerns in the centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were able to exercise choice in their daily lives and led self directed lives with the support of staff.

Residents meetings were held to make choices around meals they would like and also to inform the residents about things that were happening in the centre.

Through reviewing the care and support of the residents, the staff and management team had acted on the residents preferences' and as a result only male staff supported the residents in the centre.

One resident had been supported by staff to make a complaint about the internet service available and this was addressed by the provider.

The registered provider had also implemented a number of initiatives to promote a human rights approach to care. For example; a member of staff is employed in the wider organisation to support residents and staff about the importance of including residents in decisions about their care. This staff member had provided training to staff and also provided weekly tip sheets to discuss at residents meetings about decision making.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Ban OSV-0008620

Inspection ID: MON-0041176

Date of inspection: 13/02/2024

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ul style="list-style-type: none">• Communication assessment was carried out by speech and language Therapist on 29/02/2024 , report to follow week ending 17.03.2024.	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	29/02/2024