



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	B.M.C. (Nursing Home) Limited
Address of centre:	Graiguenoe, Holycross, Thurles, Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	21 April 2021
Centre ID:	OSV-0000267
Fieldwork ID:	MON-0032450

## About the designated centre

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

Padre Pio Nursing Home is a two-storey facility situated in a rural setting within close proximity to the village of Holy Cross, Co. Tipperary. The centre is registered to accommodate 49 residents. Bedrooms comprise of single and twin rooms, some with en-suite shower and toilet facilities; all bedrooms have hand-wash basins. There is chair lift access to the upstairs accommodation. There are two dining rooms, two day rooms, a sun room and a large quieter seating area in the Poppy wing which also accommodates the oratory and hairdressers salon. Residents have access to the secure well maintained garden via several points around the centre. Padre Pio Nursing Home provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), people requiring long-term care, convalescent care, respite and palliative care and younger people whose assessed care needs can be met. Residents with maximum, high, medium and low dependency needs are accommodated in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	45
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 21 April 2021	09:45hrs to 17:00hrs	Catherine Furey	Lead
Wednesday 21 April 2021	09:45hrs to 17:00hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

At the time of this inspection, the country remained under Level 5 pandemic restrictions. The prolonged period of restrictions had impacted greatly on the residents, with many commenting that they missed their families, friends and trips out of the centre. However, despite the ongoing restrictions, from the observations of inspectors and from what residents told us, it was clear that the residents received a high standard of quality care. The overall feedback from residents and family members who inspectors met with, was that the management and staff of the centre were kind and caring, and that residents' choices and wishes were respected.

On arrival to the centre, inspectors were met by the clinical nurse manager, who conducted a COVID-19 risk assessment and ensured that temperature checking and hand hygiene were completed prior to gaining access to the centre. Following a short opening meeting, the person in charge accompanied inspectors on a tour of the premises. Inspectors greeted the majority of the residents in the centre and spoke in more detail with six residents, in order to establish their experiences of living in Padre Pio Nursing Home. The person in charge outlined that approximately 50% of the residents had a known or suspected level of cognitive impairment. On arrival, a large number of residents were seen to be up and dressed for the day and were seated or mobilising around in the various communal areas. Inspectors observed that residents were well-groomed, and appeared content and comfortable. Care was seen to be delivered according to the residents' preferences, for example, one resident who wished to sleep later in the morning was facilitated to do so and had the timing of their medications adjusted to fit in with their preferred schedule.

The centre is laid out over two floors. The first floor is a smaller area which accommodates 18 residents in both single and shared rooms. Access to the first floor bedrooms is via the stairs or a stair lift. The person in charge confirmed that residents on the first floor were routinely assessed to ensure they could use the chair lift. to access their bedrooms. The centre's Statement of Purpose outlines that residents may need to move to a ground floor room, should they become unable to use the chair lift.

Residents had easy access to the enclosed garden area from the dining room. The area was wheelchair-friendly with wide paths around the garden. Inspectors observed that there were several raised flower beds which were used as part of the activities programme, with residents planting seasonal flowers. There was a covered gazebo area and suitable garden furniture for residents to sit and enjoy the good weather. The centre's pet cat was seen in the garden, adding to the homely feel. Residents were seen to be outside enjoying the sunshine.

All of the residents who spoke to inspectors were highly complimentary of the service provided. One resident described how staff were "really very nice" and that they had "no problem with any of them, they are all great". Inspectors observed positive and supportive resident and staff interactions throughout the day. Staff

were observed to be attentive yet relaxed in their approach to residents and were seen to encourage independence where possible, for example when assisting residents to walk. The atmosphere was unhurried and there was an evident sense of camaraderie between residents and staff. Residents knew the person in charge by name and one resident remarked that she was "always there" saying "if I need her, she will come to me".

Residents were offered frequent drinks and snacks throughout the day and inspectors observed staff offering discreet assistance to residents where required. Mealtimes were seen to be a social occasion and residents were offered three options for the main course. Residents were very complimentary of the food offered, with one resident stating "the food is fantastic, never a complaint there"

Residents to whom the inspectors spoke with confirmed that the activities were very important to them and said staff went above and beyond to keep them entertained. Inspectors saw that residents' spiritual needs were met through regular prayers in the centre and attendance at Mass. Residents of other religious denominations were facilitated as required. The centre's prayer room was seen to be a peaceful place where residents could go to for quiet reflection. A programme of varied and innovative activities was in place for residents and the inspectors saw many lively and quieter activities taking place. Information on the day's events and activities was displayed in the centre. There is a staff member dedicated to the role of activity coordinator but other staff take on the role in the staff's absence and activities are provided seven days of the week. During the days inspectors saw a lively session of chair yoga take place with residents actively participating and encouraged to do so by the staff. Residents told inspectors that other activities such as bingo and arts and crafts are also popular. Pictures adorned the walls of residents engaging in various different activities and the activity coordinator told the inspectors of a number of recent inter-generational activities the centre was involved in including a bake off with the local transition year students where residents got to judge and score baking presented by various schools and declare a winner. Residents told the inspectors the best part was sampling the baked good afterwards. Other initiatives were an inter-generational choir and a story telling initiative with the local library where residents were recorded reading children's stories and these were then played to children who would enjoy the voice of a surrogate grandparent reading to them. Residents also told the inspectors of outdoor concerts and a visit from a local mobile bar which provided some welcomed refreshments during the pandemic.

The residents said that the biggest fear during the pandemic was not having family around and missing their chats and company. They also said they understand that it was for the safety of everyone. They were delighted that indoor visiting had recommenced in line with the HPSC guidelines. The inspectors met some visitors using the visiting room during the inspection and saw that the room had been set up which enabled safe visiting abiding by social distancing guidelines. Visitors booked in advance and went through a screening process and infection control guidelines with appropriate PPE wearing prior to visiting. The visitors expressed their delight to be able to visit their family member again. They were very complimentary about the staff and care given to their family member in the centre. They described how staff went above and beyond to ensure the residents kept in touch with their

families by sending pictures, video calls and text messaging. The centre also facilitated visiting for compassionate reasons and window visits. As the weather improved outdoor visiting was also being facilitated.

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 the quality and safety of the service being delivered.

## Capacity and capability

There were effective management systems in place in this centre, ensuring the delivery of high quality care to the residents. The management team were proactive in response to issues as they arose and used regular audits of practice to improve services. The provider ensured that the centre was adequately resourced and actions and improvements required from the previous inspection in September 2019 had been addressed and completed.

The centre is operated by B.M.C Nursing Home Limited, who are the registered provider. There are two company directors, one of whom is also the person in charge. Both company directors are involved in the day-to-day running of the centre. There is a clearly defined overarching management structure in place. The person in charge is supported in her role by two full time clinical nurse managers and a team of nurses and healthcare assistants. The centre also has a dedicated activities, catering and domestic team. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge was supportive of their individual roles and had a visible presence within the centre daily.

This was a short notice announced inspection conducted over one day to monitor ongoing compliance with the regulations and standards. The centre had managed to remain free from COVID-19 outbreak during the pandemic and were seen to adhere to the most up-to-date guidelines in relation to infection control and visiting procedures. COVID-19 vaccinations were completed for staff and residents and there had been a high uptake. Good awareness and emergency planning were evidenced in the provider's COVID-19 preparedness contingency plan, which detailed the extensive measures to be put in place if they were to experience an outbreak of COVID-19. This plan had been communicated to all staff at regular meetings.

The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included an extensive schedule of both clinical and environmental audits. Quality improvement plans were developed following audits and improvements were seen to be actioned within specific timelines. For example, an audit of falls identified that staff supervision of the dining room required review, and subsequently staff break times were adjusted to ensure adequate supervision was in place at all times. Various staff members were involved

in different committees such as the nutrition committee and quality and safety committee. This provided additional development opportunities for staff while also enhancing the quality of the service provided to the residents.

Records viewed by the inspectors confirmed that there was a high level of training provided in the centre. Training courses were a mixture of online and in-person through an external training company. All staff had received up-to-date mandatory training specific to their roles. Registered nurses completed annual medication management training and had undertaken additional training such as venepuncture and palliative care. A review of a sample of staff files showed that the provider had a robust induction process in place for new staff. Regular staff performance appraisals were conducted by the person in charge and staff confirmed that they were encouraged to identify their individual training and development needs.

Overall, there was a low level of documented complaints. There were no open complaints at the time of the inspection. A review of the complaints log showed that complaints were investigated and well managed in line with the centre's own policy and procedures.

### Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding the residents needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

### Regulation 16: Training and staff development

Records viewed by the inspectors confirmed that there was a high level of training provided in the centre. Mandatory training such as safeguarding, moving and handling and fire safety was completed by all staff. Training in dementia care and responsive behaviours was planned for a small number of new staff. Staff were supported to complete a range of additional training such as wound care and human rights. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE).

Staff were supervised in their roles daily by the person in charge and the clinical nurse managers. Staff turnover in the centre remained low. The provider had good procedures in place for the recruitment and retention of suitable staff. The centre's induction programme for new staff was thorough and included frequent reviews



with the person in charge.

Judgment: Compliant

### Regulation 21: Records

Requested records were made available to inspectors and were seen to be well maintained. A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. All staff that inspectors spoke with were knowledgeable about their roles and responsibilities.

There was a comprehensive audit schedule in place which included audits of falls, wounds and care plans. In addition, management conducted focused audits on the quality of interactions between staff and residents. This identified any instances of task-oriented care and management were able to redirect the staff member to provide more positive connected care. Audit outcomes and plans for improvement were discussed with the clinical governance committee and at regular staff meetings, ensuring that areas for improvement were shared and followed up on in a timely manner.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2020. This included targeted improvement plans for a variety of areas based on the outcomes of audits and reviews conducted during the year. The annual review was made available to residents in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose had been updated and contained all the necessary details outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information and contained all of the information required by the regulation. Details on display included the name of the nominated complaints officer in the centre, the investigation procedure, the appeals process and contact details of Advocacy services and the Ombudsman.

The inspectors reviewed the complaints log. There were no open complaints on the day of inspection. Closed complaints were seen to have been investigated thoroughly and promptly and included written acknowledgement and response to the complainant. The satisfaction of the complainant was documented for all complaints. The inspector spoke with staff who confirmed that they were aware of the complaints procedure. All complaints were shared with staff via the weekly news bulletin to ensure that lessons were learned and to minimise the recurrence of similar complaints. Residents confirmed that any concerns or complaints they had would be dealt with and they were confident to highlight issues to staff members.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through good access to

healthcare services and plentiful opportunities for social engagement. Some improvements were required in the premises.

Resident/s healthcare needs were well met and there was a choice of General Practitioners' (GP's) that supported the centre. Based on a review of a random sample of care plans; the inspectors found that care plans were person centered and there were very comprehensive end of life care plans seen. Inspectors saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. The inspectors found that residents were consulted about how the centre was run and were enabled to make choices about their day-to-day life in the centre. There was also adequate arrangements in place for consultation with relatives and families. There was evidence that ongoing communication had taken place with families during the COVID-19 pandemic.

Incidents and accidents that occurred in the centre were reviewed and action plans were developed to mitigate ongoing risk and to ensure learning and continuous quality improvement. This learning was passed on to staff through a written staff bulletin and during staff meetings. There was an emergency policy in place and an evacuation procedure and process. Appropriate arrangements for alternative accommodation for residents in the event of an emergency were also in place. There was a number of additional risks identified specific to COVID-19 which included refusal of vaccinations, congregation of staff and the risk of external contractors entering the centre.

The design of the premises was homely and an ongoing programme of regular maintenance was in place. The actions required from the previous inspection had been addressed by the provider. Refurbishment works had been completed on the first floor, with the removal of the unused domestic bath and the creation of an additional shower room. This ensured that the 18 residents accommodated in this area had access to three shared showers and three shared toilets, in line with the National Standards. There had been ongoing improvements with the decor, particularly in the communal areas which provided a bright and homely appearance. Plenty of communal space was provided in a number of different areas allowing for choice and social distancing.

The effects of social isolation had been individually assessed for each resident and suitable alternatives implemented to ensure the residents remained connected with their families. Staff were found by the inspectors to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests. There were systems in place to safeguard residents from abuse and training for new staff was ongoing.

## Regulation 11: Visits

There were a number of visiting areas available throughout the centre and in the grounds of the centre. Indoor visiting was taking place on the day of the inspection

in line with current HPSC guidelines. A visiting room had been set up which enabled safe visiting abiding by social distancing guidelines. Families booked in advance and went through a screening process and infection control guidelines with appropriate PPE worn prior to visiting. Inspectors met a number of visitors during the inspection who were delighted to be able to get into visit their family member again. The centre also facilitated visiting for compassionate reasons and window and garden visits. Residents also kept in touch with their families via telephone, video calls, mail and other technological means.

Judgment: Compliant

### Regulation 17: Premises

Storage space on the first floor of the centre was inadequate and required review. Inspectors observed:

- The main storage area on the first floor was cluttered. This area was used to store various equipment both in use and in storage including hoists, activity supplies, a cleaning trolley and oxygen concentrators. This area was also used as a changing area for some staff.
- There was no cautionary signage on the door of the storage room to indicate that oxygen concentrators were stored within.
- A chest of drawers in a shared bedroom required replacement or repair as it was worn and scuffed in places, which could hinder effective cleaning and decontamination.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26. Risk reduction records including an emergency plan and an up-to-date risk register were in place. Clinical and environmental risk assessments were seen to be completed and appropriate actions were taken to mitigate and control any risks identified. A major emergency plan was in place detailing arrangements for the safe care of residents.

Judgment: Compliant

### Regulation 27: Infection control

The centre was seen to be very clean and the management team had a comprehensive COVID-19 preparedness plan in place. Contingency plans were in place for the management of the centre in the absence of the person in charge. Social distancing was put in place throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff briefings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE.

An updated cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High use areas were cleaned frequently and deep cleaning schedules had been enhanced. The cleaning staff spoken with were knowledgeable around correct cleaning techniques, infection prevention and control.

Staff had access to personal protective equipment and there was up to date guidance on the use of these available. All staff were observed to be wearing surgical face masks correctly. Alcohol gel was available throughout and staff had each had a personal bottle of hand sanitiser attached to their uniforms. They were observed to use these appropriately. Hand hygiene notices were displayed and staff and residents have been training in good technique. The person in charge said they had received adequate supplies of PPE from the HSE.

Inspectors saw that new admissions and residents returning from the acute sector remained in their rooms for 14 days in precautionary isolation.

Judgment: Compliant

### Regulation 28: Fire precautions

Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Annual fire training was completed by staff and regular fire drills were undertaken including the simulation of a full compartment evacuation with minimal staffing levels which provided assurances regarding suitable evacuation times.

The person in charge had commissioned a fire audit of the centre via a fire consultancy firm and she is to submit the report to HIQA once completed.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed by the inspectors to be in line with best practice guidelines. Medications that required administrating in an altered format such as crushing were all individually prescribed by the GP and maximum doses were prescribed for as required (PRN) medications.

Medicine management was audited frequently and staff had undertaken medication management training. Out of date medicines and medicines which were no longer in use were returned to pharmacy. Controlled drugs were carefully managed in accordance with professional guidance for nurses. All staff signed when medicines had been administered and medicines which had been discontinued were signed as such by the general practitioner (GP).

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

### Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met and that staff supported residents to maintain their independence where possible. There was evidence of good access to medical staff with regular medical reviews in residents files. In relation to COVID-19, there was evidence of liaison with the public health officer and with the HSE locally regarding supplies of PPE, testing vaccinations and management of same.

Residents had access to a range of allied health professionals which had continued throughout the pandemic with some reviews taking place online. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by

the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of specialist advice and dietetic input. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques and ways to effectively respond to behaviours. There was evidence of residents being referred to a clinical specialist for advice and supportive plans.

There was evidence that when restraint was used, an assessment was completed to ensure it was used for the minimal time and checks were in place. The number of bed rails used as a restraint was unclear at the start of the inspection as a number in use were not counted as restraint. After review and discussion it was established that they were 7 bed rails in use and all were used as a restraint. The person in charge said they are currently reviewing the use of restraint to further reduce its use and aim towards a restraint free environment.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of residents meetings which inspectors reviewed. Overall, residents' right to privacy and dignity were respected and positive, respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents including one to one activities These were carried out in accordance with public health advice and inspectors observed that there was space to facilitate social

distancing.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Padre Pio Nursing Home OSV-0000267

Inspection ID: MON-0032450

Date of inspection: 21/04/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ol style="list-style-type: none"><li>1. The cautionary signage was placed on the door on the day of inspection.</li><li>2. The worn chest of drawers in the bedroom has been replaced.</li><li>3. Lockers for staff belongings have been purchased and installed.</li><li>4. The storage room has been de-cluttered.</li><li>5. A storage unit has been commissioned for storage of activity supplies.</li></ol>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	31/07/2021