



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

Issued by the Chief Inspector

Name of designated centre:	Rosevale
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	13 February 2025
Centre ID:	OSV-0007948
Fieldwork ID:	MON-0046236

About the designated centre

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

Rosevale is operated by Saint John of Gods services and provides 24 hour support to four male and female adults that live here. It is located in a new housing estate in a small town in Co. Louth. The premises comprises of a large detached two storey house and has a good sized garden to the back of the property. There are five en-suite bedrooms (although only four are occupied), a large open plan kitchen, dining and sitting area and another sitting room downstairs. Off the kitchen there is a small utility room. The staff team consists of two nurses, five healthcare assistants, a person in charge and a clinic nurse manager. There are two staff on duty during the day and one waking night staff. The residents here are supported to have a meaningful day, some attend day services on a fulltime basis and some attend on a part time basis. Otherwise residents are supported by staff to choose activities they like on a daily/weekly basis in line with their personal preferences. A car is provided also. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 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
Thursday 13 February 2025	11:40hrs to 18:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support.

Overall, the inspector found some positive examples of how residents were empowered to make decisions in the centre. There were also systems in place to safeguard residents. However, some minor improvements were required in health care, the communication needs of one resident and general welfare and development.

On arrival to the centre, three of the residents had left for the day. One attended a day service and the other two residents had gone on planned day trips. The inspector met with the person in charge (who facilitated some of the inspection), the director of care and support and a staff member. The inspector met with all of the residents, and reviewed records pertaining to the residents care and support, as well as governance arrangements in the centre.

Prior to the inspection a small number of safeguarding concerns had been notified to HIQA over the last year. These concerns related to some negative verbal interactions between residents. The inspector found that the person in charge had systems in place to manage and review these concerns. Staff were also very aware of the measures in place to minimise the occurrence of these concerns and support residents when they did occur.

The inspector met two of the residents informally, one of whom was out for most of the day of the inspection. The other resident did not like new people in their environment and needed time to adjust to unfamiliar faces. The staff member informed the inspector of this and was very respectful of this residents' likes and dislikes over the course of the inspection. For example; the inspector observed throughout the day that the centre was quiet and low music was being played as this resident enjoyed this type of environment. At the end of the inspection, the inspector said goodbye to this resident who was relaxing in their bedroom.

However, the inspector noted that while this resident liked routine, and their own space, over the last number of weeks there had been limited activities outside of the centre (except for a walk) that the resident engaged in. For example; the resident's activity schedule included reflexology every second week, however the reflexology therapist the resident normally attended was no longer available. The inspector found that while the person in charge was looking for another therapist, an alternative activity had not been planned for on the resident's activity schedule. This needed to be reviewed.

All of the residents were observed to be comfortable in the presence of staff and the staff were observed to be person-centred in their approach to residents.

The inspector found a number of examples where residents had been empowered to make their own decisions. For example; two of the residents did not want to attend a day service anymore and the staff and management team had facilitated this and there was now one staff who worked with these residents to facilitate a meaningful day. Both of the residents were out for the day of the inspection and on return to the centre, they told the inspector they had enjoyed the day. One of the residents had been to the cinema and told the inspector that they had liked the film.

Another resident had been provided with easy read information on a hospital appointment they were due to attend. Following this, the resident wanted to attend the appointment, however on the day of the appointment the resident changed their mind as they were anxious. The staff informed the inspector that they were now planning to rearrange the appointment and look at bringing the resident to visit the hospital area they were attending prior to the appointment as it may allay the residents' fears the next time.

Notwithstanding this positive example in relation to a residents choice around their health care appointment, the inspector observed in another resident's personal plan that a follow up appointment with a doctor had not been arranged. This is discussed under regulation 6, health care of this report.

One of the residents communicated using non-verbal cues. To support the resident, a communication dictionary had been developed to explain what some of the resident was communicating using gestures or movements. The staff were observed to know these non-verbal cues. For example; the staff informed the inspector that when the resident did not want the TV turned on in their room, the resident hid the television remote. Another non-verbal gesture was that when the resident was walking into the kitchen area and around it, it was an indication that the resident was thirsty. The inspector observed the staff responding to this in a timely manner. However, while it was evident from a review of records and observing some practices that the staff member knew what the resident was communicating, the resident had no assessment completed by a speech and language therapist to assess whether the resident may benefit from communication aids to support and enhance their communication skills.

The staff were observed to treat residents with dignity and respect over the course of the inspection. As an example one resident was complaining of a toothache and the staff reassured them and provided pain relief to them in a timely manner. Another resident had decided after dinner that they wanted to go and buy a valentines gift and staff facilitated this.

Residents were supported to keep in contact with family members and some of them went home regularly. Some residents had mobile phones to keep in contact with family members also. One resident spoke to the inspector about visiting family and keeping in touch with them.

The care and support provided in relation to safeguarding concerns was regularly reviewed to try and minimise occurrences in the centre. The inspector observed that these reviews were having a positive impact on residents. For example; it had been observed that while there were some incidents of negative verbal interactions between two residents, at other times there were no issues. In an effort to try and build positive relationships between the two residents the staff team had organised some outings that both residents liked accompanied by familiar staff. The staff had reviewed this and it was found that both residents were now getting on well together.

The centre was clean, maintained to a good standard, was homely and warm. There was adequate communal space for residents to have some alone time. This was important as if residents were not getting along, on a particular day, they could spend some time in a sitting room upstairs if they wanted to. Residents who wanted to, had a key to their own bedroom and one of the residents said that this was very important to them. Each resident had their own bedroom and en-suite bathroom. One of the residents was redecorating their bedroom and showed the inspector their progress with this. The resident had chosen a theme they wanted to decorate the bedroom in and showed the inspector some of the items they had purchased so far.

The garden areas to the front and rear of the property were well maintained and also available to residents to utilise in times of good weather. Residents were also supported to take charge of their own home and be involved in running their own home. For example; the person in charge had organised a project with the residents to maintain the garden instead of paying a contractor to do it.

Residents meetings were held every week where issues to do with safety and how to stay safe in the centre formed part of the standing agenda. At each meeting a different human rights topic was discussed to ensure that residents were provided with education about their rights. The day before the inspection, there had been a staff meeting which included training about supporting people with their rights. From that meeting staff had identified areas that could be improved in the centre. For example; they had decided to look at the residents' goals they had for the coming months to ensure they were meaningful to the residents and were aligned with their personal preferences.

On the notice board in the kitchen, there was contact details and photographs of people to contact should residents have a concern, and/or need the support of an advocate or report a complaint to. The inspector also observed that the staff rota was displayed on the notice board each day to show the residents who was working during the day and at night. One resident was observed referring to this rota during the inspection and knew the staff on night duty and was happy with who was working that night.

Overall, while the inspector found that some improvements were required, the care provided in this centre was person centred.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance

and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that there was a clearly defined management structure in the centre which included reporting safeguarding concerns when they arose in the centre. However, improvements were required in some regulations including communication, healthcare and general welfare and development.

There was a consistent staff team employed and the numbers and skills mix of staff were appropriate to meet the needs of residents. At the time of the inspection some staff were on planned leave and the person in charge was ensuring consistency of care by making sure that staff who knew the residents well were employed to cover shifts.

Staff had been provided with appropriate training, in respect of safeguarding and a human rights based approach to care. The staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre.

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 an appropriate qualification in management.

The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person centred care to the residents living here.

They were also aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings. The staff members spoken with also reported that the person in charge was very supportive to them and they felt comfortable raising any concerns they may have to the person in charge.

The person in charge was also in charge of another designated centre under this provider which was located very close to this centre. The inspector found that this was not impacting on the oversight of this centre at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of weekly rotas for November and December 2024 and found that the staffing arrangements were as described by the staff team on the day of this inspection. For example: one staff worked a waking night every night, two staff worked from 9am to 9pm every day and four days a week a staff member worked from 9am to 4pm. The skill mix consisted of nursing staff and health care assistants. At the time of the inspection some staff were on planned leave. The person in charge was ensuring consistency of care by making sure that staff who knew the residents well were employed to cover those shifts. For example; some of these staff were consistent relief staff.

A senior manager was on call 24 hours a day to offer support and advice to staff. The staff also were able to report safeguarding concerns (should they arise) to these senior managers if the person in charge was off duty. The names and contact details of the designated officer (who is responsible for safeguarding) was also available in the centre.

The inspector viewed a sample of staff meetings and found that issues to do with safeguarding concerns were regularly discussed at these meetings. As well as this risk management and restrictive practices were also discussed.

The staff personnel files were not reviewed as part of this inspection as they were stored at a different location.

Overall, the inspector found that there was sufficient staff in place to meet the needs of the residents at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training records which were compiled on a database in the centre, the inspector found that staff were provided with the required training to

ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well-being.

For example, staff had being provided with training in:

- Safeguarding of Vulnerable Adults
- Fire safety
- Positive Behavioural Support
- Safe Administration of Medicines
- Epilepsy Awareness (to include the administration of emergency medication)
- Feeding Eating Drinking and Swallowing Difficulties (FEDs)
- Manual Handling
- Basic Life Support
- Human rights approach to care

Relief staff had also undertaken most of this training also. One staff member said that they would have no concerns raising any issue they might have about the safety and welfare of the residents with the person in charge. Staff were also provided with supervision. The inspector reviewed two staff members supervision records and found that at these meetings staff were able to raise concerns they may have about the quality and safety of care provided. The inspector noted that the staff concerned had raised no concerns. One staff member said that they would report concerns immediately to the person in charge or the on call manager should they arise.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge reported to the director of care and support.

The person in charge was a qualified nurse with experience working in and managing disability services. They were found to have very good organisational skills and were responsive to the inspection process. They were also aware of the assessed needs of the residents living in this centre and residents were observed to be relaxed and comfortable in the presence of the person in charge.

The designated centre was being audited as required by the regulations and the person in charge was in the process of compiling the annual review of the service for 2024. At the time of the inspection the person in charge was awaiting feedback from family members on the quality of care provided in order to include this in the annual review.

A six monthly unannounced visit to the centre had also been completed in August 2024. These audits were to ensure that the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the residents. On completion of the audits, actions were being identified along with a plan to address those actions in a timely manner. For example, the last six monthly audit in August 2024 identified two actions to be addressed one of which was to follow up on a safeguarding plan in the centre. This had been completed by the person in charge.

The registered provider also had mechanisms in the organisation to review safeguarding concerns. The director of care and support informed the inspector that they met with the regional director each week and this meeting included a review of safeguarding concerns in all designated centres under their remit (including this one). The director of care and support also informed the inspector at the end of the inspection that the regional director was going to put additional oversight measures in place to compliment the current measures in place. This included conducting a self-assessment safeguarding tool which also looked at ensuring residents rights were being met and assurances that they were included in decisions around their care and support.

The registered provider also had a human rights committee in the organisation, where referrals could be made to seek advise on issues pertaining to residents rights. This included if there were ongoing safeguarding concerns in a centre. This showed that the provider was reviewing safeguarding measures in the centre and assuring that residents' rights were protected when it came to safeguarding concerns.

The inspector also found that at the time of the inspection there had been no complaints made in the centre. As discussed while there were some safeguarding concerns being reported, the inspector found that the staff team and the person in charge were managing these effectively at the time of the inspection.

Overall, the inspector found that the registered provider, person in charge and the staff team had systems in place to ensure that residents felt safe in the centre they were living in.

Judgment: Compliant

Quality and safety

The inspector found that the staff team were promoting person-centred care to the residents in this centre. This meant that residents were able; to express their views, were supported to make decisions about their care and that the staff team listened

to these views. However, improvements were required in healthcare, communication and general welfare and development.

Each resident had a personal plan which included an assessment of need and support plans were in place to guide staff practice.

Residents had access to a range of allied health professionals both in the community and some who were employed by the provider. However, the inspector found improvements were required with follow up appointments for two residents at the time of this inspection.

Residents were supported with their communication needs and easy to read information was provided where necessary to enable the residents to make informed decisions. However, improvements were required in this area for one resident.

Safeguarding concerns were being identified, reported to the relevant authorities and reviewed regularly in the centre.

Residents were supported to have a meaningful day in line with their wishes and preferences, however one resident's activity schedule required review.

The registered provider had systems in place to safeguard residents' finances and personal property.

Regulation 10: Communication

Staff were aware of the different communication supports in place for residents. Some residents liked visual aids to inform them of what was happening in the centre. For example, the staff rota was displayed in picture format in the kitchen to inform residents who was working each day. Easy to read information was also used to inform some residents of about important information, such as their rights.

To support one resident who communicated their wishes using non-verbal cues, a communication dictionary had been developed to explain what some of the resident was communicating using gestures or movements. However, while it was evident from a review of records and observing some practices that the staff member knew what the resident was communicating, the resident had no assessment completed by a speech and language therapist to assess whether the resident may benefit from communication aids to support and enhance their communication skills going forward.

Residents had access to the Internet and some of them who chose to had mobile phones.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The registered provider had systems in place to safeguard residents' finances and their personal property. The inspector reviewed two residents' financial records and found that checks and balances were maintained each day by staff to assure that residents' finances were correct. For example; each day two staff checked the money stored against the money recorded in residents' finance records. As well as this the person in charge checked these periodically to ensure they were accurate.

The registered provider also had systems in place to audit finance records in the centre. The inspector was informed that there had been no discrepancies in the residents' finances and a review of a sample of records by the inspector showed this also.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were for the most part supported to have meaningful days in the centre. One of the residents attended a day service Monday to Friday. Two of the residents were supported by staff to plan a meaningful day instead of attending a day service. This was something that the residents had chosen themselves. However, improvements were required with one resident's planned activities as the inspector observed that while this resident liked routine, and their own space, over the last number of weeks there had been limited activities outside of the centre (except for a walk) that the resident engaged in. For example; the resident's activity schedule included reflexology every second week, however the reflexology therapist the resident normally attended was no longer available. The inspector found that while the person in charge was looking for another therapist, an alternative activity had not been planned for on the residents' activity schedule. This needed to be reviewed.

Residents were supported to keep in touch with family and were in regular contact with them in line with personal preferences.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed the support needs they required to enjoy an active and healthy life. These plans had also been developed into an easy read version for residents.

An annual review took place of the care and support provided, which residents and their representatives attended in line with the residents' preferences. At these meetings, residents were supported to develop goals that they would like to achieve. The staff team had identified at the last team meeting that they were going to support the residents to develop more goals going forward.

Judgment: Compliant

Regulation 6: Health care

Residents had personal plans in place that outlined their health care needs. Support plans were also in place outlining the supports residents would require with their health care needs. However, the inspector found that two residents required a follow up appointment with allied health care professionals at the time of this inspection that needed to be arranged.

Residents had 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.

Residents had the right to refuse specific medical appointments. For example; a resident had been provided with easy read information on a hospital appointment

they were due to attend. Following this the resident wanted to attend the appointment, however on the day of the appointment the resident changed their mind as they were anxious. The staff informed the inspector that they were now planning to rearrange the appointment and look at bringing the resident to visit the hospital area they were attending prior to the appointment as it may allay the residents' fears the next time.

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

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were provided with support to manage their emotional needs which sometimes required positive behaviour support strategies. Each resident had a plan in place outlining the supports the resident required to manage their needs.

A clinic nurse behaviour specialist was also available to provide guidance and support to staff and residents. Where incidents occurred in the centre, they were recorded and reviewed by staff to ensure that the resident was supported properly during these incidents and to see if there was any learning from this going forward. The inspector observed from records viewed that this was having a positive impact for one resident and incidents that required positive behaviour support had reduced in the centre.

At the time of this inspection, there were no restrictive practices used in this centre

Judgment: Compliant

Regulation 8: Protection

All staff had completed safeguarding vulnerable adults from abuse training. Residents were provided with information about their right to feel safe and who to talk to if they needed advice and support.

Prior to the inspection some safeguarding concerns had been notified to HIQA over the last year. These concerns related to some negative verbal interactions between residents. The inspector found that the person in charge had systems in place to manage and review these concerns. Staff were also very aware of the measures in

place to minimise the occurrence of these concerns and support residents when they did occur.

The care and support provided in relation to safeguarding concerns was regularly reviewed to try and minimise occurrences in the centre. The inspector observed that these reviews were having a positive impact on residents. For example; it had been observed that while there were some incidents of negative verbal interactions between two residents, at other times there were no issues. In an effort to try and build positive relationships between residents the staff team had organised some outings that both residents liked with familiar staff. The staff had reviewed this and it was found that both residents were now getting on well together.

Safeguarding concerns were reviewed at staff meetings in the centre. The registered provider had mechanisms in place to review and audit safeguarding concerns in the centre.

Residents who required support with intimate care had a detailed plan in place showing their preferences in relation to this.

Judgment: Compliant

Regulation 9: Residents' rights

Residents meetings were held every week where issues to do with safety and how to stay safe in the centre formed part of the standing agenda. Residents were also regularly informed about their rights in the centre.

The inspector found some positive examples where residents had been supported to make decisions about their lives. For example; two of the residents no longer wanted to attend a day service and the provider had made alternative arrangements for the residents.

The inspector found examples of where the residents' rights to privacy was respected. For example; residents who wanted to, had a key to their own bedroom and one of the residents said that this was very important to them.

The registered provider also had systems in place to ensure that residents' rights which included their right to feel safe was reviewed and monitored. For example; referrals could be made to a human rights committee in the organisation to review aspects of care that may be infringing on the rights of the residents in the centre.

Residents were included in decisions about their lives. For example; one of the residents was redecorating their bedroom and showed the inspector their progress

with this. The resident had chosen a theme they wanted to decorate the bedroom in and showed the inspector some of the items they had purchased so far.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rosevale OSV-0007948

Inspection ID: MON-0046236

Date of inspection: 13/02/2025

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: PIC emailed SLT to refer for communication assessment 4/3/25. Resident has been added to waiting list for next booking.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Spoke with keyworkers 4/3/25 and discussed a review of residents weekly activities according to the residents known preferences, same will be commenced, sampled and monitored for residents enjoyment of same.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Follow up appts for one residents dental appt has been sought and follow up appt for second resident psych review has been completed. PIC will maintain oversight of follow up appointments through daily reports and IPP audits.	

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(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	30/10/2025
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	30/04/2025
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	30/04/2025