



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

Issued by the Chief Inspector

Name of designated centre:	Rosedale Residential Home
Name of provider:	Rosedale (Kilmacow) Voluntary Housing Association Company Limited by Guarantee Trading as Rosedale Residential Home
Address of centre:	Rosedale, Upper Kilmacow, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	20 July 2021
Centre ID:	OSV-0000740
Fieldwork ID:	MON-0032733

About the designated centre

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

Rosedale Residential Home is located in the quaint upper village of Kilmacow, Co. Kilkenny. It is managed by a voluntary non-profit organisation and provides care for people who do not require full-time nursing care. Rosedale is set on three acres of well maintained gardens. It is a two-storey building with lift and stairs access between floors. Rosedale is registered to accommodate 15 residents, both male and female. Residents' accommodation comprises 13 single bedrooms with hand-wash basins and two bedrooms have en-suite shower and toilet facilities, a sun room, sitting rooms on both floors, dining room, chapel and comfortable seating throughout. Other facilities include a laundry, and day services which residents have access to if they wish to attend. Rosedale caters for people with low dependency assessed needs requiring long-term residential and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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 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
Tuesday 20 July 2021	10:15hrs to 16:40hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

From the information provided to inspectors from residents and families, and from the inspector's observations, it was evident that the residents of this low support centre were very happy with the care and support provided to them. The centre had managed to keep its residents free from COVID-19 infection throughout the current pandemic. The overall feedback was that the staff and management were caring and respectful and that they ensured that the residents maintained their independence and autonomy.

The inspector arrived unannounced to the centre in the morning and was met by the person in charge who welcomed the inspector into the centre following a COVID-19 screening process. The centre is registered to accommodate 15 residents and there were two vacancies on the day of inspection. The inspector met most of the residents present in the centre on the day and spoke in more detail to five residents, gaining an insight into their experiences living in the centre. Residents described feeling content and safe in the centre. The impact of visiting restrictions since the beginning of the pandemic had been felt by all residents, who were used to their family and friends coming into the centre however residents confirmed that they had been included in all discussions about the pandemic and they were knowledgeable about the reasons for the restrictions. Visiting had reopened in line with current guidelines and residents stated that they were delighted to be able to go back out for drives, day trips and to welcome visitors back into the home again.

The centre is laid out over two floors, set in large well maintained grounds and within walking distance of the shops, post office and church in the local village. Many residents were from the local area and took great pride in telling the inspector that they had always wanted to come to live in the centre, as it was a key part of the community. Residents were seen throughout the day going outside and walking around the grounds which were beautifully maintained and contained many seating options dotted throughout at various rest points. The front garden contained a decorative summer house and fountain, and a grotto with a memorial plaque to the presentation sisters who previously ran the service. It was evident that this centre was central to the history of the local community and was held in high regard by the residents. The centre has an additional day care centre which previously welcomed members of the community to weekly gatherings and was ran by volunteers. The person in charge outlined that this area was now repurposed as additional space to carry out scheduled activities and to receive visitors. Residents told the inspector that they preferred to receive their visitors in this area as there was plenty of space for them to sit and chat.

The centre had plenty of communal space on both floors and there was large flat screen TV's for residents to enjoy watching TV and movies. Residents confirmed that if they did not like what was on they could easily go to another room to watch something else. Internet facilities were provided to residents and there was a dedicated laptop and tablets to allow residents to make video calls or to use search

engines. The local priest had returned to say Mass in the centre twice a week and on the other days Mass continued to be live streamed for the residents. Bedroom accommodation is provided in single bedrooms and there were a sufficient number of shared toilet and shower facilities. Two bedrooms had full ensuite facilities and the person in charge outlined the plans to increase the total number of ensuite rooms. All bedrooms contained handwashing facilities and had access to call bells. Residents said they rarely needed to use the call bell, but when they did the staff responded very quickly. Residents bedrooms were personalised to their liking with photographs, mementos, posters and bedding and a number of rooms had been recently repainted. Residents told the inspector that they were very happy with their rooms and had no complaints about them at all. One resident said her room was always cleaned well and she appreciated that the cleaner did her best to not disturb her collection of personal items while doing so.

On the morning of inspection the inspector saw residents come out into the sunshine independently to have a cup of coffee and read the daily paper. Later in the morning a visiting musician who was well known to the residents sat outside to play the accordion and residents were seen enjoying this session, singing along and tapping their feet. A scheduled game of pongo in the afternoon was held in the day centre and was seen to be a lively and competitive affair, residents explained the rules to the inspector and showed the prizes on offer for the winner. Residents appeared relaxed and comfortable with each other and the staff throughout the day. One resident told the inspector "the staff must have been hand-picked, one is better than the next". The inspector had the opportunity to speak with visitors on the day who were unanimous in their glowing praise for the centre. Visitors stated that they were kept up to date with any pertinent issues and that they were so grateful to the management and staff for keeping their loved ones safe during the pandemic.

Residents said they were very happy with the care and attention afforded to them by the staff and the person in charge who they said treated them with respect and listened to their concerns or queries. Residents were very happy with the food on offer and the inspector observed choices being offered at mealtimes. The food was attractively presented and residents commented that it tasted even better than it looked. Residents had access to tea and coffee making facilities, fresh water and juices, and numerous snacks throughout the day and night.

Overall, this centre displayed a commitment to supporting and enhancing the residents quality of life, respectful of their individual choices and wishes. Staff stated they were well supported by management. The next two sections of the report will describe in more detail the specific findings of this inspection in relation to the governance and management of the centre, and the areas where this impacts on the quality and safety of the service provided to residents

Capacity and capability

There was evidence of effective management systems in this centre, ensuring a high level of quality care was delivered to the residents, which was respectful of each individual's rights and promoted their independence. The centre was adequately resourced and had a history of good compliance with the regulations.

Rosedale Residential Centre is operated by Rosedale (Kilmacow) voluntary housing association limited which was established for the supported care of older people from the local and surrounding areas. The centre is run by a voluntary board of management. Funding for the service is granted under a service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act 2004, voluntary fundraising, and residents' own contributions. The centre's statement of purpose outlines that it provides care for residents with low to medium dependency levels and should dependency needs of residents change, alternative accommodation is sought. The centre does not provide care to residents requiring full-time nursing care, therefore as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations, the person in charge is not required to be a registered nurse. This centre promotes a social model of care. A nurse is employed two days a week to provide oversight of resident's medical needs. Residents can access medical services through their own General Practitioners (GP's) and support from local public health nurses.

This unannounced inspection was carried out to monitor the ongoing compliance with regulations and standards, and following the application of the centre to renew its current registration. The person in charge of the centre works full time and on an on-call basis. The senior healthcare assistant deputises in the absence of the person in charge. Further support is provided by a full time administrator who has operational oversight of the service. The board of management are actively involved in the running of the centre and engage weekly with the person in charge. A team of dedicated health care staff, housekeeping, catering and maintenance personnel support the overall needs of the resident on a day-to-day basis. Monthly board meetings are held which are attended by the person in charge where all aspects of service provision are discussed. The centre had continued to remain free of COVID-19 infection during the pandemic. The centre's COVID-19 contingency plan remained in place, ready for implementation should the centre experience an outbreak. Staff meetings and updates continued regularly ensuring that all staff were aware of changing guidelines for isolation and visiting procedures. Strong lines of communication were maintained with residents and their families regarding these changes.

The staffing levels and skill-mix of staff was found to be sufficient to meet the assessed dependency needs of the residents as described in the centre's statement of purpose. There were good communication systems in place for staff, including thorough handover of patient care needs and regular email updates with regard to operational issues. This ensured that there was good coordination of care within the centre. There was a high level of training provided in the centre, both in person and online. Mandatory training as required by the regulations such as safeguarding vulnerable persons at risk of abuse and moving and handling techniques were up-to-date for all staff. Healthcare assistants received additional training in medication

management, monitoring of vital signs, blood sugar levels and other key clinical tasks to support them in their roles when administering medications and when working alone. In addition, all healthcare staff were trained in first aid and Cardio Pulmonary Resuscitation (CPR) should this be required in an emergency, in the absence of a registered nurse.

The centre was seen to manage any incidents and accidents occurring in the centre well with good systems in place for the identification, recording, investigation and learning from incidents and near misses involving residents. The person in charge and the management team displayed a commitment to continuous quality improvement through regular audits of aspects of resident care utilising key quality indicators. A staff recruitment process was in place and a thorough induction programme ensured that staff employed in the centre were suitable and appropriate to their roles. Garda vetting was in place for all staff prior to commencing employment. Overall, there was a low level of documented complaints in the centre and all complaints that were received were managed in line with the centre's own policy.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted a timely application to the Office of the Chief Inspector to renew the registration of the centre which included the information set out in Schedule 1 of the Registration Regulations

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulation and was found to be knowledgeable of the regulations and standards, and of her own roles and responsibilities within the centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to the size and layout of the centre and the low to medium dependency needs of residents as assessed in accordance with Regulation 5.

Judgment: Compliant

Regulation 16: Training and staff development

The mandatory training modules as required by the regulation were completed for all staff. Role-specific training was completed for kitchen and domestic staff. Additional training had been undertaken by staff including human rights training and nutrition management.

Documents reviewed by the inspectors indicated that staff completed an annual performance review appraisal which was used to inform future education and training needs.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was viewed by the inspector and found to contain all of the information required, as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All required records were maintained in a manner which made them easily accessible to the inspector. A sample of staff files viewed by the inspector were found to well maintained and contained the requirements of Schedule 2 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. Staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous improvement and quality assurance. There was evidence of ongoing quality improvement strategies and monitoring of the services provided through a schedule of clinical and environmental audits including audits of falls, hand hygiene, environmental cleaning and medication. The inspector found that quality improvement plans were identified following these audits and actions were seen to have been completed within the identified timelines.

The person in charge had completed an annual review of the quality and safety of care delivered to residents in 2020, a copy of which was available in the reception area. This review was prepared in consultation with the residents and included their views and feedback on the service.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a signed contracts of care detailing the services provided to each resident. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the centre which was updated on inspection and accurately described the facilities and service to be provided, outlined the management structure and described the ethos of the centre as one that was person-centred and respectful of residents' rights.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the centre's incident and accident log confirmed that all required

incidents had been notified to the office of the Chief Inspector in line with the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the record of complaints in the centre and found that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded. There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information which clearly specified the nominated people designated to deal with the complaint process, as required by the regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place and updated to reflect current national guidelines.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a very good quality of life which was respectful of their wishes and choices in a centre that provided a home-from-home environment. The rights and independence of the residents was at the forefront of the care provided and residents were consulted about all aspects of the service. Residents' healthcare, social and spiritual needs were well met. Some improvement was required with regard to fire safety prevention.

The design of the premises was bright and spacious and was conducive to the overall well-being of the residents. The centre was well maintained and the decor throughout provided a homely ambience. There was sufficient storage within the centre and the environment was uncluttered, ensuring residents could freely walk around the centre and into the grounds. The centre was spotlessly clean throughout.

Staff were found to be very knowledgeable about the residents' needs. Detailed information was gathered before a resident came to live in the centre, as evidenced by the pre-admission assessment forms completed by the registered nurse. This assessment ensured that the centre could cater for the resident's needs. On admission, further risk assessments were completed within the required timeframes, providing baseline measurements which formed the basis of ongoing clinical assessment. Social assessments were carried out in the form of the "Key to Me" questionnaire. This highlighted the residents likes and dislikes, past hobbies and occupations, and family history. This helped staff to get to know residents as individuals and supported staff to engage in conversations appropriate to the resident's social needs and interests. There were corresponding social care assessments and individualised care plans for each resident. Care plans were implemented and reviewed on a regular basis, reflecting each resident's changing needs. Inspectors reviewed a sample of the residents' care plans and saw that they were detailed and personalised to effectively directed the individualised care of the residents.

Residents were facilitated to have good access to local GP services. Additional supports from medical services such as psychiatry of later life and physiotherapy were also accessed, to ensure a high level of medical care for residents. The physiotherapist visited the centre regularly and where required residents had supportive plans to increase and sustain their mobility. Group physiotherapy exercise classes were held which all residents were welcome to join. Individualised plans of care were in place to ensure residents' nutrition and hydration needs were met. Specialist advice was sought when assessments identified that a residents nutritional status was compromised and the appropriate guidance was seen to be implemented by staff.

The provider ensured that systems were in place to promote safety and effectively manage risks. The centre continues to regularly monitor residents and staff for symptoms of COVID-19. The provider had implemented and maintained stringent infection control procedures and protocols to minimise the occurrence of COVID-19. Personal Protective Equipment (PPE) had been sourced and was readily available to staff. The inspector observed that all staff used PPE such as surgical face masks correctly, in line with national guidance. There was sufficient availability of hand washing sinks and hand hygiene dispensers throughout the centre. Regular audits of hand hygiene ensured continued adherence with the correct techniques. Social distancing measures were in place within the centre including separate sittings in the dining room. Minutes of resident meetings with the person in charge confirmed that residents were consulted with and made decisions around these arrangements.

Residents had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed for all staff. The inspector viewed record which showed that newly employed staff were guided through the fire prevention and detection measures by the person in charge during their induction. Fire drills were carried out, however some improvement was required to ensure that lone workers were competent to evacuate a full

compartment at night.

Regulation 11: Visits

Visits to the centre were operating in line with current Health Protection and Surveillance Centre (HPSC) guidance. The inspector observed visitors arriving throughout the day. Screening measures were in place for residents visiting indoors. The centre provided dedicated computer facilities to enable residents to keep in touch with their loved ones abroad.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that residents were enabled to retain control over their personal belongings. Residents were accommodated in single bedrooms and each included sufficient space for the resident to store their clothes and other personal possessions. A locked facility was available for valuable or precious items. Residents clothes were carefully laundered onsite and were returned to the resident without delay.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the low to medium dependency needs of the residents as set out in the centre's statement of purpose. The premises conformed to the matters set out in Schedule 6 of the regulations. There was an ongoing schedule of planned refurbishment, which included the upgrading of some bedrooms to include ensuite facilities.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents confirmed that they were satisfied with the mealtime arrangements and that they were offered choice at each meal. The inspector observed that residents were provided with adequate quantities of wholesome and nutritious food and

drinks, which were safely prepared, cooked and served in the centre. Residents had unrestricted access to a range of drinks and snacks at all times. The inspector saw evidence of appropriate referrals to a dietitian following careful monitoring and assessment of residents nutritional needs.

Judgment: Compliant

Regulation 26: Risk management

The centre had a comprehensive risk management policy which included the measures and actions in place to control the risks specified in the regulations. There was comprehensive individual risk assessments in place for each resident. A separate environmental risk register was held which identified hazards and risks throughout the centre and included appropriate controls to minimise the risk of occurrence.

Judgment: Compliant

Regulation 27: Infection control

Appropriate infection control procedures were in place throughout the centre. The centre had a comprehensive preparedness plan in place which detailed the measures in place to minimise the spread of infection should an outbreak of COVID-19 occur. All staff had completed comprehensive training in infection control, hand hygiene and the correct use of PPE. Regular audits of hand hygiene procedures and environmental cleanliness were completed.

There was sufficient cleaning hours allocated to staff and the centre was cleaned to a high standard. The inspector observed cleaning checklists were in place to ensure that high touch areas were completed by staff in the evening, when the cleaning staff had finished their shift. Daily and weekly cleaning schedules were in place and cleaning staff were knowledgeable about best practice procedures for cleaning and disinfection. Minor alterations were in process in the laundry to ensure that dirty linen was stored within closed containers, minimising the risk of cross infection from dirty to clean linen.

Judgment: Compliant

Regulation 28: Fire precautions

As identified on the last inspection in September 2020, timed evacuations of the centre's largest compartment of five beds had not been carried out. While a drill was carried out with the lowest staffing numbers of one staff member at night, this did not simulate the full compartment. The provider was requested to submit a full compartment evacuation drill following the inspection. The submitted drill provided assurances that the centre could be evacuated in a safe and timely manner. Further, regular drills of this nature are required to ensure that all staff are confident with the procedure.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed that procedures in place regarding medication management were in line with current Nursing and Midwifery Board of Ireland Guidance for Registered Nurses and Midwives on Medication Administration (2020). The centre's own policy on medication management was sufficiently detailed to guide the healthcare assistants to safely administer medication. Staff had received training in medication administration, and the person in charge checked all medications on receipt from the pharmacy. There were procedures in place for the return of out-of-date or unused medications. Residents were assessed and supported to safely self-administer medications where appropriate.

A medication container identified that the use by date had passed. It transpired that a new supply of in-date medication had been decanted into the old container in error. This was rectified on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was a good standard of care planning in place which detailed person-centered interventions to meet the residents' assessed needs, while promoting their personal independence and choice. Assessments were regularly and routinely completed using validated assessment tools to assess various clinical risks including risks of falls and malnutrition.

Care plans had been updated to reflect specific needs such as isolation and lack of communication during visiting restrictions. Residents input was sought regarding their care plans and resident signatures were evident on a number of plans. All care plans and assessments were updated at a minimum of four-monthly, as required by the regulation.

Judgment: Compliant

Regulation 6: Health care

All residents in the centre had been assessed as having low to medium dependency healthcare needs. Dependency levels were assessed regularly to ensure the centre could meet the needs of the resident. There was evidence of good access to medical services, including GP services and referral to other specialist and allied health care services such as speech and language therapy, chiropody and ophthalmic services. Residents predominantly attended appointments with family members, however arrangements were in place for residents to be accompanied by staff when required.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date policy of the prevention, detection and response to abuse. All staff had attended mandatory training in safeguarding vulnerable persons at risk of abuse. Staff were knowledgeable about the procedure in place for the reporting of such allegations. The centre was acting as pension agent for three residents however the residents finances were not maintained separately by the centre and records confirmed that finances were delivered to and retained by the residents after collection by the centre's nominated agent.

Records viewed by the inspector identified that staff had the required Garda Vetting disclosures in place prior to commencing employment in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The centre's staff provided activities for residents on a daily basis. Inspectors reviewed the activity schedule on offer to the residents and noted that the activities reflected residents interests' and capabilities. The communal areas of the centre including the day care centre had been arranged to allow for social distancing during group activities. Residents were invited to participate in activities and their right to decline was respected.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were

seen between staff and residents. Residents said that if they had any complaints or suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rosedale Residential Home OSV-0000740

Inspection ID: MON-0032733

Date of inspection: 20/07/2021

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A full timed evacuation of the largest compartment with lone worker simulation was undertaken on 27/7/21. A program of 4 fire drills per annum is now planned alongside induction and annual fire training for all staff. To ensure residents and staff can be safely evacuated in an emergency we plan to also continue with desk scenarios to supplement staffs familiarization with emergency procedures.</p>	

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 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	27/07/2021