



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

## Issued by the Chief Inspector

Name of designated centre:	Rosslodge Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	13 September 2022
Centre ID:	OSV-0004945
Fieldwork ID:	MON-0028836

## About the designated centre

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

Rosslodge services provides residential respite service to up to five residents at a time, who are over the age of 18 years. Rosslodge can accommodate residents who may have a moderate to severe intellectual disability. Residents who use this service may also require additional supports relating to behaviours of concern and mental health needs. Residents receive respite on a planned and recurrent basis, with each resident having their own bedroom for the duration of their stay. Residents are supported by a combination of social care workers, support workers and a nursing staff. The provider also has a waking staff in place at night-time to meet residents' needs, as and when required. The centre is located within a short drive of a local village and also in close proximity to a large city. There is transport available for residents to access their local community if they so wish, and public transport links are also readily available.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 13 September 2022	09:00hrs to 16:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection carried out to monitor ongoing compliance with the regulations.

On arrival at the centre staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

This centre provides a respite service and is registered to accommodate up to five residents. Nine residents receive respite on a planned and recurrent basis, with each resident having their own bedroom for the duration of their stay. The length of stays typically varies from four to five nights at a time. Residents are supported to attend their day services during the day time while availing of respite services.

The inspector met with staff working in the centre, the person in charge, reviewed documentation and inspected the house. The inspector met with all four residents in the afternoon when they returned from their day services. A questionnaire submitted following the inspection was also reviewed and indicated a high level of satisfaction with the service provided.

The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. They were observed to be familiar with and comfortable in their surroundings. When residents returned to the centre they were greeted warmly by the staff on duty, they were observed to go about their own routines, moving freely throughout the house, helping themselves to drinks, and relaxing in their preferred ways. One resident preferred to relax in the small sitting room and turned on the television to watch his preferred TV channel. Others liked to relax in the main sitting room and listen to music and another went outside as he enjoyed the outdoors and fresh air. It was clear from what the inspector observed and from a review of documentation that residents had a good quality of life, had choices in their daily lives and actively partook in activities that they enjoyed when availing of respite services.

Staff spoken with were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Staff were observed to interact with residents in a caring and respectful manner. They spent time interacting warmly with residents, offering choice and supporting their wishes. While residents did not communicate verbally, the inspector observed how they communicated effectively with staff and staff clearly understood and correctly interpreted their gestures and cues.

The centre was a large, bright and comfortable single storey house set in a rural area but within close proximity to the local village and the city. The house had five large bedrooms with en suite shower and toilet facilities. Additional toilets, bath and assisted shower room were provided. There was a variety of communal day spaces

provided including a large sitting room, dining room, kitchen and smaller sitting room. The layout and design of the house allowed residents to enjoy a variety of settings including adequate space to relax in their own space if they wished. The house was found to be visibly clean, well maintained, comfortable, suitably furnished and decorated in a homely manner. There were lots of framed photographs of residents enjoying a variety of activities displayed throughout the communal areas of the house. Staff told the inspector how the house had been recently repainted. A well equipped laundry room, storage for cleaning equipment and office had recently been provided. Residents had access to a large well maintained garden and patio area at the rear of the house. There were lawns, colourful and sensory flower beds, outdoor furniture and a polytunnel provided. Staff reported that some residents enjoyed spending time outside, helping out with gardening activities, watering plants and watching the passing traffic. The inspector saw photographs of residents enjoying outdoor activities in the garden and observed one of the residents sitting outside relaxing while enjoying a drink.

Staff continued to support residents in keeping active and partaking in activities that they enjoyed both in the house and out in the community. During the evenings and at weekends, residents continued to enjoy activities such as going for drives and walks, visiting the local shops, eating out and getting takeaway meals. Some residents had recently attended the Galway races, music concerts, a local motoring event, and other day trips to places of interest including Knock religious shrine. Residents also enjoyed spending time relaxing in the house, watching television or their preferred DVD's, listening to music, using the computer and spending time outside in the garden. The inspector saw photographs of the residents enjoying outings in the community, attending music events, walking in parks, celebrating birthdays, gardening in the poly tunnel and using exercise equipment.

Visiting to the centre was being facilitated in line with national guidance. There were no visiting restrictions in place and there was adequate space for residents to meet with visitors in private if they wished. Staff confirmed that while visitors were welcome, due to the respite nature of the service, visits did not take place on a regular basis.

There were measures in place to ensure that the residents' rights were being upheld. The residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning. The inspector observed that the rights of residents were respected and promoted by staff. The inspector noted choice boards in use and staff verbally offering choices. The residents had access to televisions, the Internet and information technology. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as the complaints process, COVID-19, fire notices and staffing information was available.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It was evident that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very

much promoted.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

This was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who availed of a respite service in this centre. The service was well managed and effectively overseen. The provider was actively trying to recruit additional staff in order to fill current vacancies.

The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary experience and qualifications to carry out the role. She was also the person in charge for three other centres located nearby. She regularly visited the centre and was in daily contact with staff. She was knowledgeable regarding the assessed needs of residents and ensured a good quality of care was provided. The person in charge was supported in her role by the service coordinator, the team leaders in each house and the senior management team. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels and mix were not in line with that set out in the statement of purpose. There was one full-time vacancy and three other staff were currently on extended leave. The person in charge advised that due to the staffing shortages, the centre was now closed on six days per month and that there were some days when it was not possible to have three staff on duty as planned. The core team of staff had worked in the centre for several years and regular locum staff who were known to the residents were rostered to fill the staffing shortfall. The staffing roster reviewed indicated that a team of consistent staff was in place to ensure continuity of care, however, there were days when there were only two staff on duty. Staff advised that this sometimes impacted upon resident choice in attending activities and could also lead to increased behavioural issues for some residents who required a lot of one to one support and reassurance. Photographs of staff on duty were displayed so that residents could be reminded or check as to which staff were on duty.

Training was provided to staff on an on-going basis. Records indicated that all staff

had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. Training had also been provided in medicines management, epilepsy and administration of epilepsy medicine. The training matrix was up-to-date. There was a training plan in place for 2022 and further refresher training was scheduled. There was a range of policies, procedures and protocols in place to guide staff in the delivery of a safe and appropriate service to residents, staff were observed to implement this guidance in practice. Regular team meetings were taking place at which identified areas for improvement were discussed and learning could be shared.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review from January 2021 to January 2022 had been completed. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Priorities and planned improvements identified for 2022 included staff recruitment to fill current vacancies, staff training updates, regular team meetings, and ensuring that persons supported had meaningful goals. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were in the process of being addressed. For example, laundry equipment had been removed from the kitchen and a new fully equipped laundry room had been provided to enhance infection prevention and control. Regular reviews of identified risks, health and safety, accidents and incidents, complaints, restrictive practices, medicines management were completed. Records reviewed generally indicated a high level of compliance with audits. Reviews had been completed following COVID-19 outbreaks in November 2021 and April 2022, lessons learnt and areas for improvement were clearly outlined. The COVID-19 lead worker continued to complete monthly checks to ensure that all protocols were being adhered to.

The inspector was satisfied that complaints if received would be managed in line with the centre complaints policy. The complaints procedure was displayed and available in an easy read format. The inspector was advised that there had been no complaints received and there were no open complaints. There were systems in place for recording, investigating and review of complaints.

### Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant



## Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. She was positive in attitude and showed a willingness to comply with the regulations. She was well known to residents and staff in the centre.

Judgment: Compliant

## Regulation 15: Staffing

Staffing arrangements in the centre required review to ensure that the number, qualifications and skill-mix of staff was appropriate to the number, assessed needs of the residents and the statement of purpose. At the time of inspection, there was one full-time vacancy and three other staff were currently on extended leave. The person in charge advised that due to the staffing shortages, the centre was now closed on six days per month and that there were some days when it was not possible to have three staff on duty as planned.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including infection prevention and control, hand hygiene, putting on and taking off PPE (personal protective equipment), medicines management, epilepsy and first aid.

Judgment: Compliant

## Regulation 23: Governance and management

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who availed of a respite service in this centre. The provider continued to monitor and review the quality and safety of care in the centre and action plans as a result of these reviews had either been addressed or were in the process of being addressed. The provider was actively

trying to recruit additional staff in order to fill current vacancies.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose submitted with the application to renew registration required updating to clearly reflect the working arrangements in place for the person in charge regarding the governance of the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format and had been discussed with residents and their families. There were systems in place to record and investigate complaints. The annual review indicated that there had been no complaints received during 2021 and the person in charge advised that no complaints had been received to date during 2022.

Judgment: Compliant

### Regulation 4: Written policies and procedures

There were policies and procedures in place as set out in Schedule 5 of the regulations. There were systems in place for reviewing and updating policies. Staff had signed the policies to indicate that they had read and understood them.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the residents received a good quality and person-centred service where residents rights and individuality were respected. The residents well-being was promoted, independence and community involvement was encouraged. The residents appeared to enjoy availing of the respite service,

appeared to be content and relaxed in their environment and with staff supporting them.

Residents health, personal and social care needs were assessed and kept under regular review. Due to the intermittent nature of residents' respite breaks in the centre, their healthcare arrangements were mainly supported by their families. Care and support plans were developed for all identified needs and were found to be informative and person centered. Residents weights and medical conditions continued to be closely monitored. Staff spoken with were familiar with and knowledgeable regarding residents up to date health care needs including residents dietary needs and associated health implications.

Residents were supported to identify and achieve meaningful personal goals while availing of the respite service. Annual meetings were held with residents and their family representatives where appropriate. Regular meetings were held to review progress of the goals. There was photographs available to view in the personal plans which showed residents' achievement of goals; such as attending a horse racing event, attending a motor racing event, celebrating a birthday, attending a music event, eating out in a restaurant and various types of physical exercise activities.

Residents had access to General Practitioners (GPs), out of hours GP service, consultants and a range of allied health services. A review of a sample of residents files indicated that residents had been regularly reviewed by a range of healthcare professionals including the physiotherapist, speech and language therapist (SALT), psychologist, psychiatrist and diabetic nurse. Some residents had been recently referred to the occupational therapist and dietitian and were waiting on reviews. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had their annual medical review recently. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated in a rural area but close to a range of amenities and facilities in the nearby villages, towns and city. The centre also had its own vehicle, which could be used for outings or any activities that residents enjoyed.

Residents were supported to enjoy a range of activities during their respite stays including going for walks in the locality, going for drives to places of interest, visiting the shops, eating out, getting takeaway meals and spending time in the garden. Residents were also supported to attend events in the local community such as music concerts, the cinema and visit places of religious interest.

The layout and design of the house suited the needs of residents. The house was spacious, bright, comfortable and visibly clean. Service users were accommodated in individual bedrooms with en suite shower facilities which were comfortable and nicely decorated. Residents were able to enjoy the variety of communal day spaces and large garden area. The house and garden areas were accessible with suitable

ramps and handrails provided. There was appropriate signage throughout the house in picture and word format.

There was guidance and practice in place to reduce the risk of infection, including measures for the management of COVID-19. Staff spoken with were knowledgeable regarding the guidance. There were adequate supplies of personal protective equipment (PPE) available and staff were observed to be correctly wearing it in line with national guidance. Arrangements described by staff for the management of laundry was in line with best practice in infection prevention and control. There were cleaning schedules and a colour coded cleaning system in place and the inspector observed that the house was visibly clean.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. Staff had received training in managing behaviours of concern. There were individualised positive behaviour support plans in place for residents which were informative, identified triggers and supportive strategies. Staff were knowledgeable regarding these recommendations and were seen to implement these effectively during the inspection.

Overall, there were good arrangements in place to manage risk in the centre. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, emergency plan and an individual personal emergency evacuation plan for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated. Risks identified as requiring updating and review at the last inspection had been addressed.

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. There were records of regular fire safety drills completed involving both staff and residents which provided assurances that residents could be evacuated safely in a timely manner in the event of fire or other emergency. During the inspection the inspector noted that some fire doors were not closing properly when released, however, this issue had been satisfactorily addressed before the end of the inspection.

There was evidence of good medicines management practices and policies to support and guide practice. Staff spoken with demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines were stored securely and refrigerated storage was provided for medicines that required specific temperature control. There were systems in place for checking medicines on receipt from the pharmacy and for the return of unused and out-of-

date medicines to the pharmacy. A review of a sample of medicine prescribing and administration charts showed that medicines were being administered as prescribed.

### Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. There were no restrictions on visits at the time of inspection.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities while availing of respite service both in the centre and in the community. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre also had its own vehicle and had access to a second vehicle at weekends which could be used for outings or any activities that residents enjoyed. However, as discussed under the capacity and capability section of this report reduced staffing on some days had the potential to impact upon resident choice in attending activities. This action is included under Regulation 15 : Staffing.

Judgment: Compliant

### Regulation 17: Premises

The centre was designed to meet the needs of the residents. It was spacious, bright, clean, suitably decorated and maintained in a good state of repair. Residents were accommodated in individual bedrooms with en suite shower facilities which were comfortable and nicely decorated. Residents had access to a variety of communal day spaces and a large well maintained garden area.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Infection prevention and control information, guidance and protocols were available to guide staff. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There were cleaning schedules and a colour coded cleaning system in place and the inspector observed that the house was visibly clean. Cleaning equipment was appropriately stored. Laundry equipment had been recently removed from the kitchen and a new fully equipped laundry room had been provided to enhance infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

There was evidence of daily, weekly and monthly fire safety checks being carried out. All fire exits were observed to be free of any obstructions. Staff had received ongoing fire safety training which included evacuation and use of equipment. The fire alarm was serviced on a quarterly basis and had been recently serviced in July 2022. The fire equipment had been serviced in October 2021. Staff spoken with were familiar with the evacuation needs of residents and confirmed that they had been proactively involved in simulated evacuation drills. During the inspection, the inspector noted that some fire doors were not closing properly when released, however, this issue had been satisfactorily addressed before the end of the inspection.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

<p>There was a medication management policy in place to guide practice in relation to the ordering, receipt, prescribing, storage, disposal and administration of medicines. A review of medicine prescribing and administration charts showed that medicines were being administered as prescribed. All staff had completed training on the administration of medicines.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>A comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>The health needs of residents were assessed and they had good access to medical and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while residents were availing of respite services.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Positive behavioural support</p>
<p>Residents who required support with behaviours of concern had individualised positive behaviour support plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern and were seen to implement recommended strategies effectively during the inspection.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>Safeguarding of residents was promoted through staff training, management review</p>

of incidents that occurred and the development of comprehensive intimate and personal care plans.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with the residents in a caring and respectful manner. The residents had access to televisions, the Internet and information technology. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rosslodge Services OSV-0004945

Inspection ID: MON-0028836

Date of inspection: 13/09/2022

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing continues to be an issue, we are experiencing extreme difficulties recruiting appropriately skills personal .There is ongoing advertising and recruitment occurring in order to try and fill our vacancies. We are now also pursuing the use of agency staff to facilitate the filling of some of the vacancies. The provider and PIC will continue to work at filling vacancies with appropriately skills personnel.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose was updated to reflect clearly the working arrangements in place for the person in charge and details the time spent in the Designated Centre along with the supports available for the team. The statement of purpose was resubmitted 19/9/22	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	23/09/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/09/2022