



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

Issued by the Chief Inspector

Name of designated centre:	Knockrobin Hill Care Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Knockrobin, Port Road, Wicklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	21 July 2021
Centre ID:	OSV-0005774
Fieldwork ID:	MON-0033053

About the designated centre

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

Knockrobin Hill Care Home is situated in Knockrobin, County Wicklow. Residents' accommodation is situated on three floors of the facility and accommodates 99 residents. It is a purpose built facility and accommodation comprises of 99 single rooms, all of which have spacious ensuite bathrooms. Each ensuite bathroom consists of a toilet, hand sink and shower facilities. The centre has communal sitting and dining rooms all floors and there is a safe garden area for residents to use and enjoy. The centre can accommodate both female and male resident with the following care needs: general long term care, palliative care, convalescent care and respite care. The age profile of each resident maybe under or over 65 years but not under 18 years with low to maximum dependency care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	74
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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
Wednesday 21 July 2021	12:30hrs to 17:30hrs	Helena Budzicz	Lead
Wednesday 21 July 2021	13:30hrs to 17:30hrs	Mary O'Donnell	Support

What residents told us and what inspectors observed

There was a very welcoming and homely atmosphere in the centre. Residents' rights and dignity were promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and generally well cared for. The centre had recovered from an outbreak of COVID-19 in late December 2020, and residents were pleased that visiting restrictions had lifted and daily life in the centre was returning to normal. The inspectors met most of the residents and spent time speaking with eight residents and some visitors. Inspectors also spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

On arrival, the inspectors were guided through the centre's infection control procedures before entering the building. The centre was clean to a high standard, disinfectant hand gels were available throughout, and some hand washing sinks were available to promote good hand hygiene.

This modern, three-storey facility had single bedrooms, with full ensuite facilities and communal space, including a spacious day room, a dining room, a sun room and a visitors' room on each floor. The main kitchen, laundry, hair salon and staff changing rooms were located on the ground floor. Accessible communal bathrooms were provided close to communal rooms. The centre was bright and airy and suitably furnished with pictures and artefacts throughout. Residents' bedrooms were tastefully furnished and decorated, and residents were encouraged to personalise their own space. With the residents' permission, staff had posted a canvas photo of each resident with a synopsis of their life history and key information to support staff to engage with residents in a person-centred way. Framed photographs of residents enjoying day trips or activities were displayed in communal rooms, including one of a famous artist who held a work shop for residents in the centre. There were assistive handrails to aid residents to move around safely and maximise independent functioning. There was a secure external garden that residents could freely access. On the day of inspection, residents were seen outside enjoying the fine weather. There were safe pathways and garden furniture with parasols for residents to enjoy the garden safely. Cool drinks, sun hats and sunscreen, were also provided. The garden had shrubs and seasonal flowers, and it was evident that this area was well used by residents. Residents who smoked used an external smoking area, and they wore a pendant alarm so that assistance would be summoned in an emergency.

All communal spaces enjoyed natural light, and residents were observed in various communal spaces throughout the day. Residents attended Mass which was celebrated in a large communal room on the afternoon of inspection. Residents said they were delighted that they could attend religious services again. A resident who was unable to attend Mass said she was pleased that the priest took the time to pop in to see how she was doing. A weekly Church of Ireland service was also celebrated in the centre.

Residents looked well-groomed. Female residents were especially pleased that the hairdresser was operating in the centre again. Residents were observed chatting with each other, and staff engaged with residents in a friendly and respectful manner. Inspectors observed that visitors and staff were on first name terms. Visitors who spoke with inspectors said the staff treated residents as though they were their own family members. A visitor pointed out staff who were especially wonderful, including a member of the household team. Residents' feedback about the staff was overwhelmingly positive and stated they could not do enough for them. Some residents commented that staff worked very hard, and there were times when more staff should be on duty. One resident said she was sometimes reluctant to ask for help because she knew the staff member would also be dealing with two-three other residents. Staff confirmed that the mornings could be quite busy.

Visiting was a normal part of daily life for residents' pre-COVID days, and both residents and visitors were happy to resume indoor visiting. Two family liaison officers were employed to coordinate safe visits in the centre. Visits were facilitated during the fine weather in the garden or the resident's bedroom. Families and friends could visit by calling the centre to book a visit. Infection control procedures were in place to ensure the ongoing safety of all residents, and visits were in line with the current national guidance.

There was a rights-based approach to care, and residents were supported to make choices and decisions about care in accordance with their preferences. Residents who were unable to or who required support making decisions had access to an independent advocate, and their next-of-kin was consulted. There were two activity coordinators who facilitated activities from Monday to Saturday. Prior to COVID-19, visitors came in droves on Sundays and activities were not required. Given the changes since the pandemic, inspectors advised that this is reviewed. Records for activities and social engagement had gaps on Sundays, and documentary evidence that less able residents were socially engaged was lacking. There was a varied selection of activities on offer, which included bingo, finger painting, live music, arts and crafts, and day trips. Residents told the inspectors about tours they enjoyed to local beauty spots and the zoo. They were looking forward to an ice-cream garden party on Friday when the ice-cream van called to the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in place to monitor the quality and safety of care, resulting in a good quality of life for residents. The centre was effectively managing identified risks and had improvement plans in place to

eliminate identified risks. The centre was adequately resourced and mostly compliant with the regulations. The centre had experienced an outbreak of COVID-19 in December 2020, and robust infection prevention procedures remained in place to maintain the safety of residents and staff.

Knockrobin Hill Care Centre was established in October 2018, and Knockrobin Hill Limited is the registered provider. One of the company directors oversees the operation of the centre, and he attends the centre at least weekly. There was a clearly defined management structure in the centre, and staff and residents were familiar with staff roles and their responsibilities. The person in charge was supported by a full-time assistant director of nursing, two clinical nurse managers (CNM) and a team of nursing, caring, housekeeping, catering, maintenance, activities and administration staff.

This was an unannounced inspection to monitor ongoing compliance in the centre and to follow up on actions from the previous inspection. Overall the service had worked hard and completed the compliance plans following the previous inspection in October 2020. Improvements were found across a number of regulations including, 16 training and staff development, 23 governance and management, 4 policies and procedures, 26 risk management, 27 infection control, 8, protection, 25 temporary absence and discharge of a resident and 5 individual assessment and care planning. Improved monitoring of the service and supervision of staff resulted in a safer and more quality-focused service for residents. For example, inspectors found there was a comprehensive and ongoing schedule of audits completed in the centre. Audits were objective and informed continuous quality improvements.

Staffing levels had increased across all areas during this registration cycle for nurses, healthcare assistants, housekeeping, administration, and maintenance staff. There were 18 nurses employed and a minimum of three nurses on duty over 24 hours to allow the centre to implement their contingency plan for COVID -19 should they have a suspected or confirmed case. Staff were knowledgeable about the needs of residents and were observed to be following best practices with infection control procedures and hand hygiene. A review of activity staff and health care assistants in the morning were required. This is discussed under Regulation 15: Staffing.

There were increased levels of supervision for all staff with CNM's cover at weekends. Oversight of training needs in the centre was good. Training had continued throughout the periods of restriction due to COVID-19. This was facilitated by online and remote learning where appropriate. There was a comprehensive suite of mandatory and additional training provided, and staff were fully supported to complete all training.

There was a positive culture of reporting in the centre, and appropriate records were maintained. For example, when residents were transferred a scanned copy of the discharge letter was retained on the system. The centre promoted the recording of concerns and complaints and used the information for ongoing learning and quality improvement.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted a complete application to renew the centre's registration six months in advance of the registration expiry date. The application was accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the registered provider and the person in charge.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appointed to the position in March 2021. She is a registered nurse and works full time in the centre. She has relevant nursing and management experience and holds a recognised management qualification. She and her management team were actively engaged in the governance, operational management and administration of the service. The person in charge demonstrated a commitment to the development of oversight and quality improvements ensure the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

There were two staff vacancies which the provider had recruited to fill in the near future. The healthcare and activity staffing levels required review. Two activity staff were working across three floors, and there was no activity staff on duty on Sunday. Staff and residents told inspectors that staffing levels in the morning were insufficient to meet the needs of residents as the dependencies of residents on the first floor had increased.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and

management of COVID-19 and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Recent training was provided to support good communication with people who had dementia. Within the previous two months, staff had attended training in safeguarding, CPR and dysphagia.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up-to-date and includes the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The provider had a valid contract of insurance against injury to residents and other liabilities.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The lines of responsibility and accountability were clearly outlined, and staff were aware of the same. There were robust systems in place to monitor the quality and safety of the service provided. The management team and the recently appointed person in charge had identified areas for improvement to the quality and safety of care to residents. They had developed action plans to address these issues. A comprehensive annual review of the quality and safety of care delivered to residents that included consultation with residents and their families had taken place for 2020.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had recently reviewed the Statement of Purpose, and it contained the information set out in Schedule 1. The Statement of Purpose accurately described the facilities and the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications were submitted to the Chief Inspector within the appropriate time lines.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy which was displayed in the centre and also in the 'Information for Residents' booklet. Complaints were recorded and investigated in line with the policy. A senior manager was nominated to oversee the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a set of policies and procedures as set out in schedule 5. Most of the policies were reviewed in June 2020, and relevant policies such as the visiting policy and the infection prevention and control policy were revised in line with current guidance.

Judgment: Compliant

Quality and safety

Residents' safety and welfare was maintained by a good standard of evidence-based care and support. Visiting was ongoing, with both indoor and garden visits in line with the national guidance. There was a rights-based approach to care; both staff

and management promoted and respected the rights and choices of resident's within the confines of the service. Activity provision and records of residents' engagement in activities required review to ensure that all residents had their social needs met. Fire drills required review to ensure the safety of residents.

Daily and weekly fire safety checks were completed. Servicing of fire safety equipment and lighting was done regularly. Residents had Personal Emergency Evacuation Plans (PEEPs) in place, and these were updated regularly. This identified the different evacuation methods applicable to individual residents. The fire training was held six-monthly and completed for all staff. Inspectors viewed records which showed that newly employed staff were guided through the fire prevention, detection and emergency measures as part of their induction. The person had arranged for the fire safety officer to induct all new staff to ensure that all staff had the necessary information. Fire drills were carried out; however, some improvement was required to ensure that staff, including night staff, were competent to evacuate a full compartment.

Improvements were required in relation to fire drills. Evacuation drills had been practiced, but the evacuation of the centre's largest compartment based on night time staffing levels had not been undertaken. This was organised post-inspection, and the provider was undertaking to continue to review the dependency levels of residents in fire compartments to ensure that in the event of a fire, each resident could be safely evacuated.

There was good oversight of risk in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent a recurrence. Risk assessments had been completed for potential risks associated with COVID-19, and the provider had put in place many controls to keep all of the residents and staff safe.

The centre continued to maintain infection prevention and control procedures to help prevent and manage any future outbreak of COVID-19. For example, symptom monitoring of residents and staff for COVID-19, strict monitoring of visitors to the centre were continuing with routine screening. A successful vaccination programme was completed in the centre, and there were arrangements for the vaccination of any new residents and staff.

Staff were observed to have good hand hygiene practices and correct use of PPE. Weekly hand hygiene audits on each floor were done to ensure that hand hygiene training was implemented in practice. Sufficient housekeeping resources were in place with additional staff resources in place during the pandemic. The centre looked clean throughout. The sluice rooms were suitably fitted out, including bins for hazardous waste, a bed-pan washer, sluice hopper and a hand wash sink. Shared equipment was on a deep cleaning schedule and was cleaned and stored appropriately in the centre. Comprehensive records of regular housekeeping, deep cleaning and cleaning of high touch areas were maintained. Single en-suite bedrooms and communal rooms on each floor facilitated social distancing.

There was a good standard of evidence-based assessments and care planning. Residents' needs were comprehensively assessed, and appropriate care plans were

developed to meet individuals' needs. A sample of care plans was examined, and inspectors found residents' individual care plans were based on a nursing assessment and comprehensive reviews from allied health professionals and the residents' GP. There was an ongoing review of residents needs, and end of life care plans had sensitively considered residents' preferences. Residents and their next-of-kin, where appropriate, were involved in the care planning process.

Residents were supported to access health care services and had good access to their GP and allied health professionals as required. A minority of residents experienced episodes of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). A sample of assessments viewed were appropriately identifying antecedents to episodes of responsive behaviour. This information assisted staff in reducing the impact and frequency of these episodes and overall improved the residents' experiences and quality of life. Staff in the centre were also promoting a restraint-free environment with only two restrictive bed rails in use on the day of inspection. All restrictive practices were risk assessed, monitored and reviewed in line with the national policy.

Residents and visitors alike were delighted to have indoor visits resume. Visitors were observed coming and going throughout the day. There were safe visiting spaces within the centre and also in the garden. Safe systems were in place to facilitate the booking and safe visiting for residents. Residents could also receive visits in their bedrooms. Window visits and compassionate visiting had continued throughout level five restrictions for COVID-19.

Residents' rights and choices were promoted and respected in this centre. 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. There were daily opportunities for residents to participate in activities. Notice boards on each floor had information on activities throughout the day from Monday to Saturday. However, some residents stayed in their rooms, and it was not evident from their records how their social needs were met. Facilities and the ethos in the centre promoted resident's dignity, and service provision was directed by the needs of the residents.

Regulation 10: Communication difficulties

Inspectors saw that residents with communication difficulties were supported effectively. For example, inspectors observed that the resident's preferred communication method was respected, and an additional communication interpreter was provided for a resident. Signage was also in place to guide residents around the centre. The fire alarm system provided visual cues when activated to alert residents

who were hard of hearing. Furthermore, the person in charge ensured that relevant information and education were provided to staff to support residents with communication needs.

Judgment: Compliant

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had a booking system for visiting in place, and relatives and friends visiting at the centre had symptom and temperature checks and screening questions to determine their risk of exposure to COVID-19. Residents could meet visitors in the garden or in their rooms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage space for their clothes and to display their personal possessions. Each resident had access to a locked unit in their bedroom. There were effective systems in place to launder residents clothes, and clothes were marked discretely so that items of clothing were safely returned to individual residents.

Records relating to residents' finances were well maintained and were available on file. Invoices and receipts were maintained, and residents or their relatives were made aware of the fee structure and any expense in relation to medical items and so on. The provider act as a pension agent for one resident, and the procedure was in line with the Department of Social Welfare guidance.

Judgment: Compliant

Regulation 13: End of life

Each resident was consulted with and given the opportunity to express their wishes and preferences regarding their end of life care. Where residents were unable to discuss this information, staff spoke with their relatives to obtain information on residents' preferences and wishes about their physical, psychological and spiritual care and where they received this care at the end stage of their lives. This ensured that each resident's wishes and preferences were clearly communicated to all members of the staff team. Residents who wished to return home were supported

to do so.

Judgment: Compliant

Regulation 17: Premises

The centre was laid out and decorated to create a pleasant ambience that was suitable for the residents. All bedrooms were single occupancy, and most of the rooms were personalised with residents' pictures and personal items. Each floor had a choice of communal spaces for residents to use, and all floors could be accessed by stairs or passenger lift. Colourful signage was in use throughout the centre to support residents and visitors to find their way. Residents also had access to pleasant, safe outside spaces.

Judgment: Compliant

Regulation 20: Information for residents

There was a 'Residents Guide' booklet which was available to residents. The information contained in the booklet was in line with regulatory requirements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A scanned copy of the transfer letter was uploaded and on file for each resident discharged or transferred to the hospital.

Judgment: Compliant

Regulation 26: Risk management

The policies and procedures in place for the management of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. A register of live risks was maintained, which included additional risks due to COVID-19. These were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practices for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place, and the vaccination programme for COVID-19 had been completed with a positive response from both staff and residents.

A review of the COVID-19 outbreak had been undertaken, with areas for improvement identified. For example, the provider had installed a bedpan washer in the second sluice room on each floor. A review of storage arrangements was undertaken to ensure that items were not stored in communal bathrooms and sluice rooms.

Judgment: Compliant

Regulation 28: Fire precautions

Fire drills had recommenced since the COVID-19 outbreak. However, the drills simulated the evacuation of one or two residents and did not provide assurance that residents in compartments could be safely evacuated. The provider undertook to organise a drill to simulate the evacuation of the largest compartment with night time staffing levels. Further drills are required to ensure all staff are familiar with compartmental evacuations and to achieve optimal time frames.

The induction of new staff had been revised recently to include a comprehensive briefing on fire safety. However, this needed to be rolled out retrospectively to all new recruits. Some staff who spoke with inspectors were not sufficiently knowledgeable about horizontal evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly completed to assess various clinical risks, including risks of

malnutrition, pressure sores and falls.

Inspectors reviewed a sample of care plans and found appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided to residents. The GP attended the centre to support the residents' needs a number of times each week. Residents also had access to allied health professionals, and there was evidence of ongoing referral and review by an allied health professional as appropriate. There was multi-disciplinary involvement in reviewing residents following a fall and supporting decision making for advanced care planning and the restrictive practices.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of staff interactions with residents, inspectors evidenced that staff had knowledge and skills appropriate to their role to respond and manage responsive behaviour. This was also reflected in the assessments and responsive behaviour care plans that were person-centred.

Staff and the person in charge promoted the principles of a restraint-free environment, and restraint measures were only used when alternatives or other interventions failed. Restrictive practices were reviewed weekly by the multi-disciplinary team, and the use of any form of restraint was recorded in the restraint register.

Judgment: Compliant

Regulation 9: Residents' rights

Activity provision was returning to normal, and there were daily opportunities for residents to participate in scheduled activities. Documentation of individual resident's engagement in activities and activity provision on Sundays required

review.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Knockrobin Hill Care Home OSV-0005774

Inspection ID: MON-0033053

Date of inspection: 21/07/2021

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:

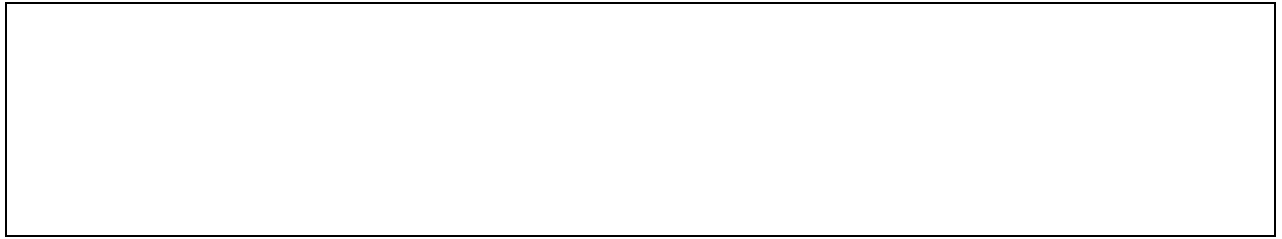
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We are continuing to recruit additional staff and an additional 9-2 HCA shift will be added on the First Floor once our staff roster is robust enough to support this. We currently have two activities staff covering six days a week and we will begin the process of recruiting an additional activity staff member.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have conducted a compartment evacuation drill (using night time staff numbers) on 23/07/21 and we will continue compartment evacuation drills on a regular basis. We will review all recently recruited staff to ensure that they have received a comprehensive fire safety briefing, that now forms part of our induction training for all new employees.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Activity staff members have been appraised of the requirement to document all individual resident engagement with all forms of activities. We will begin the process of recruiting an additional activities staff member.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	23/07/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	31/10/2021

	activities in accordance with their interests and capacities.			
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