



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

## Issued by the Chief Inspector

Name of designated centre:	St Joseph's Supported Care Home
Name of provider:	St. Joseph's Supported Care Home
Address of centre:	Kilmoganny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	06 May 2022
Centre ID:	OSV-0000555
Fieldwork ID:	MON-0033388

## About the designated centre

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

St. Joseph's Supported Care Home commenced operations in 1982 to offer accommodation, in a homely environment, to residents from surrounding parishes who have low to medium dependency needs. It is managed by a voluntary non-profit organisation. It can accommodate 20 residents, both male and female, over the age of 18 years. Nursing care available is for low to medium dependency needs as there is not a nurse on duty on the premises over a 24-hour period. Healthcare assistants provide care under the supervision of the nurse and manager. It is constructed over two floors and is well decorated and maintained. Two stairwells provide access to the first floor and both are serviced by stair-lifts. The centre has 16 single and two twin rooms. There are two sitting rooms and a dining room off the kitchen. There is also a small church where mass is celebrated regularly. There is a parking area to the front and side of the premises with extensive gardens to the front.

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

Number of residents on the date of inspection:	16
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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
Friday 6 May 2022	09:00hrs to 16:30hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

There was a very welcoming and homely atmosphere in the centre. Residents' rights, choices, and dignity were supported, and promoted by kind, and competent staff. Care was led by the needs, and preferences of the residents. Residents' were happy and well cared for in the centre. The inspector greeted all 16 residents during the day of inspection, and spoke at length to 11 residents. The inspector spent time observing residents' daily lives, and practices in the centre.

The inspector arrived to the centre unannounced. The senior health care assistant guided the inspector through the infection prevention and control measures on entering the designated centre. The inspector was accompanied by a member of the health care assistant team on a tour of the premises, which was followed by a meeting with the person in charge.

The centre was warm throughout and appeared clean to a high standard. Alcohol gel was readily available throughout the centre to promote good hand hygiene. The atmosphere was calm and relaxed. The design and layout of the centre met the individual and communal needs of the residents. The centre is registered to accommodate 20 residents. The centre had 16 single rooms and two twin rooms. The premises comprised of a ground floor level and two separate first floor levels. There was a stair lift to both first floor levels.

The inspector met with residents' both individually, and in small groups during the inspection. Residents' mobilised freely throughout the centre, and the grounds. Residents' were observed in the communal dining room, sitting rooms, and conservatory area. The centre was nicely decorated. There was antique furniture and table lamps placed appropriately across the centre. There was a large television and piano in one of the sitting rooms. The centre had a oratory which was seen to be used by the residents on the day of inspection. The centre had a quiet room, hairdressing room, and a room with an exercise bike which was used daily by a resident. The centre had recently purchased new beds for residents and the old beds were temporarily stored in the quiet room awaiting disposal. One twin room was observed to be small in size and this will be discussed further in the report. The central court yard had garden furniture and was attractively decorated with pot plants.

The dining room was nicely decorated, and had a fridge containing snacks, and drinks for residents. The menu was displayed on a black board with a variety of options. The inspector observed the chef, and kitchen assistant making homemade scones in the morning, and preparing the evening supper. Fresh jugs of water and cordial were available in communal areas in the centre.

The inspector observed residents watching television and engaging in conversation. Books, playing cards and board games were available to residents. Residents, were observed to enjoy friendships with peers throughout the day. One residents choose

to stay in their room on the day of inspection. This resident watched television, had an exercise bike in their room, and had their own art work displayed on the walls. All rooms were bright, well ventilated, homely, and personalised with family photographs.

Residents were very happy that the current national guidelines allowed for them to get back to pre-pandemic activities. COVID-19 information for residents' was displayed on a notice board in the sitting room. The inspector spoke with a resident who had their own car, and on the day of inspection went to visit family nearby. Another resident had a motorised bike, and spent most days travelling around the surrounding areas villages and towns. One resident had their own herb garden, which supplied the kitchen with home grown produce. Residents' in communal areas were observed engaging in conversation, and laughter with each other.

All residents' spoken with, said that they felt safe, and that staff were kind, respectful, and that they could trust staff. The inspector observed residents' calling staff by their first name, and many examples of good camaraderie, and conversations between residents' and staff. Residents' were very complimentary of the food, and activities provided in the centre. One resident told the inspector " it's better than a hotel, I get great food, my laundry is washed, and my room is cleaned every day". All residents spoken with said they 'were happy with laundry facilities, the cleanliness of the centre and the activities provided'.

Visiting was in line with the most recent public health guidance. Visitors were observed throughout the centre in communal spaces, and resident's bedrooms during the day. The inspector spoke with two visitors who were delighted that the restrictions had been lifted. There was evidence of visitors temperature checks in the visitors log book in the reception hall.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how governance arrangements in the centre affect the quality and safety of the service.

## Capacity and capability

Overall this was a well-managed service with established governance and management systems in place to monitor the quality and safety of care and services provided to the residents. The provider had progressed the compliance plan following the previous inspection in February 2021. Improvements were found in relation to Regulation 4; written policies and procedures, Regulation 9; residents' rights, Regulation 15; staffing, Regulation 16; training and development, Regulation 23; governance and management, Regulation 26; risk management, and Regulation 28; fire precautions. However, on this inspection the inspector found that action was required by the registered provider to address areas of Regulation 5; individual assessment and care planning , Regulation 17; premises and Regulation 27;

infection prevention and control .

St Joseph's Supported Care Home is operated by a voluntary board of management. The chairperson of the board is the registered provider representative (RPR). The centre was established for the supported care of older people from the local, and surrounding areas. The centre provides long-term, and respite care for a maximum of 20 residents' who require minimal assistance only, in a homely environment. The centre is registered on the basis that the residents' do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The person in charge worked Monday to Friday in the centre, and provided out of hours on call cover for emergencies. The person in charge was supported in their role by a staff nurse, a team of care staff, housekeeping, catering and maintenance staff. The staff nurse worked in the centre from 9am- 5pm, four to five days each week. Every second week the staff nurse worked from 9am- 1pm on Friday and Saturday. The staff nurse deputised for the person in charge in their absent. There was no nurses on duty Sundays. The person in charge and staff nurse alternated on call for Sundays and for out of hours Monday to Saturday. One care staff worked a 12 hour day shift, one care staff worked a morning shift, and one care staff worked a twilight shift. One care duty staff member worked a 12 hour night duty shift who was the only staff member on duty between 10:30pm to 8:00am. The care staff on duty on the day of inspection were well informed of the individual residents' personal and social needs. The staff on duty were observed providing assistance in a caring and respectful manner.

Staff were supported in their work, and had good access to training and development. The inspector viewed the records of staff induction training and mandatory training. There was a comprehensive suite of training records which included fire safety training, manual handling training, safe guarding training, infection prevention and control training, and medication management training completed by both nursing and care staff. There was a good system in place to monitor, record and arrange for refresher mandatory staff training.

Records and documentation were well presented, organised, and supported management systems in the centre. Records were stored securely. Records of regular staff and resident meetings were available. Policies and procedures as set out in schedule 5 were in place and up to date. A review of four personnel records indicated that all the requirements of schedule 2 were met including Gardaí Síochána (police) vetting disclosures.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate, and consistent management of risks. There was evident of a comprehensive, and ongoing schedule of audits in the centre. The schedule of audits completed included cleaning, documentation and medication management audits. Audits were objective and identified improvements. For example; medication management audits of self-administration of medication identified refusal of pain medication as an action for a resident. The resident's refusal of pain medication was recorded on the centres night report. This was

brought to the attention of the resident's general practitioner (GP) and their pain medication prescription was reduced. Records of board meetings showed evident of actions required from audits completed which provided a structure to drive quality improvement. A copy of the centre's annual review of quality and safety of care 2021 was viewed, and was available to residents on the day of inspection.

The contract for provision of services clearly outlined the charge for care provided. There was no charge for hairdressing as the hairdresser was working as a member of the centres care staff at the time of inspection. Private services such as chiropody were paid directly by the resident.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies. There was evident of learning identified following incidents and improvement plans to prevent such an incident occurring. For example; a medication was administered to the wrong resident. The resident was reviewed by their GP following the incident and the medication round procedure was reviewed. Following the review, the medication round was not to take place in the dining room as this posed a risk of distraction for the staff member administering medication.

There was no records of complaints in the centre recorded since 2020. The person in charge confirmed that the resident's had not made any complaints during this period. The inspector viewed a sample of complaints and found that they had been managed in line with the centre's policy. There was evidence that the provider and person in charge had engaged with the complainants to find agreeable solutions to problems identified and used the learning to inform quality improvements. Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents, and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

#### Regulation 15: Staffing



Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The centres rosters were reflective of the staffing whole time equivalent on the statement of purpose.

Judgment: 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, correct use of PPE and hand hygiene, medication management, safe guarding and fire safety training. 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.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

- Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, documentation, cleaning and medication management and these audits

- informed ongoing quality and safety improvements in the centre.
- There was a proactive management approach in the centre which was evident by the action plans to improve safety and quality of care.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The contract for the provision of services contained all of the items as set out in regulation 24.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre and contained information on the nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

## Quality and safety

The rights of the residents' were at the forefront of care in this centre. Staff supported residents to maintain their independence and promoted residents rights'.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place. For example, temperature checks and health questionnaires. Residents could receive visitors in their bedrooms, the centres communal areas and outside in the gardens. Visitors could visit at any time and there was no booking system for visiting.

All residents had adequate space to store their personal possessions and belongings. Residents had access to a wardrobe and bedside locker in which to store all their belongings. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident/representative and a staff member. Laundry was provided on-site for residents.

The overall premises were designed and laid out to meet the needs of the residents. The Inspector found that the centre was warm, bright and homely in appearance. Improvements had been made to the premises since the previous inspection. A shower had been installed in a first floor bathroom. The centre had 16 single bedrooms and two twin rooms. The twin room on the ground floor was measured by the inspector on the day of inspection. This room was found not to be in compliance with the implementation of S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. The twin room on the ground floor did not afford individual residents 7.4m<sup>2</sup> of available space to include their bed, chair and personal storage space.

The individual dietary needs of residents was met by a holistic approach to meals. Residents had access to fresh water at all times. A choice of home cooked meals and snacks were available and offered to residents. Menus displayed in the dining room offered choice. Menus had been reviewed by a dietitian. The menus contained calorie and allergy information. The meal time experience was relaxed. The chef and a care staff member were available to ensure a pleasant experience for residents

during meal times.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. Arrangements were in place for the identification, recording, investigation and learning from serious incidents which included falls, injuries to residents, medication management and wounds/pressure ulcers. There were up to date COVID -19 risk assessments in place including the centres contingency plans for a COVID- 19 outbreak. The risk register contained site specific risks such as the risk of cross contamination in the centres laundry room and the risk to residents of self-administration of medication.

The centre had recently recovered from a COVID -19 outbreak. The centre had following the advice of Public Health specialists, and had put in place many infection control measures to help keep residents and staff safe. The centre was clean, tidy and found to be well maintained. Alcohol gel was available, and observed in convenient locations throughout the building. Dani- centres were available on all floors to store personal protective equipment (PPE). Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records had been reviewed since the last inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. Improvements were required in order to reduce infection prevention and control risks in the laundry. This is discussed further under regulation 27; infection prevention and control.

Improvements were found in a number of fire safety risks identified following the previous inspection in February 2021. There was an ongoing schedule of audit and routine servicing of fire detecting and firefighting equipment. The provider had ensured that fire drills were completed quarterly since last inspection. It was evident from the fire drill documentation that there were sufficient staff on duty, and clear procedures to follow in the event that the centre had to be evacuated at any time day or night. All staff were up to date in fire safety training and refresher fire training was scheduled. There was a robust system of weekly, monthly and quarterly checks of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. Staff spoken to were familiar with the centres evacuation procedures.

There was a comprehensive centre specific policy in place to guide care staff and nurses on the safe management of medications. All care staff and nursing staff had undertaken medication management training which was provided by a private trainer. Each resident had a medication prescription and medication administration record sheet. The inspector spoke with a member of the care staff who outlined the medication administration and storage procedures. Regular review of the residents' prescriptions had taken place virtually with the person in charge, GP and pharmacist during the pandemic. Control drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988, and in line with the centres

policy on medication management. There was evidence of medication management audits.

Each resident's needs were assessed prior to admission. There was a good standard of care planning in the centre. In samples of care plans viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were person centred and routinely reviewed. However, consultations with the residents or families had not been updated in line with the regulations.

Residents were supported to access appropriate health care services in line with their assessed needs and preference. The general practitioner (GP) visited regularly, and throughout the centres COVID-19 outbreak the GP visited and was available by phone access. A choice of GP was facilitated where necessary. Records showed that residents' had access to a range of allied health care professionals including physiotherapist, dietitian, speech and language therapist, chiropodist and dentist. Resident's had access to dermatologists, geriatricians and psychiatric of later life. Optician services were available to the resident on a routine two year basis.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. In addition the centre were using the national safeguarding policy to guide staff on the management of allegations of abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The inspector followed up on a notification of alleged verbal abuse that had been submitted to the Chief Inspector of Social Services. The inspector found that the person in charge had investigated the matter and the appropriate safe guarding measures were in place. There was evidence that the person in charge had reported the incident to the board of management.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details were displayed in the centre. The person in charge had enrolled the centre on a scheme which provided age- friendly tablets to the residents'. The local link bus was available to residents each week to take them to Kilkenny city. Musicians attended the centre weekly. The centre had arrangements for visiting dogs to attend. Mass was held weekly in the centre

## Regulation 11: Visits

Visits had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents retained control of their personal belongings and finances. Each bedroom had an individual safe facility for residents' valuables. Laundry was well managed in the centre and there was ample storage space in bedrooms for clothing and personal possessions.

Judgment: Compliant

### Regulation 17: Premises

The twin room on the ground floor was found not to be in compliance with the implementation of S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were varied and had been reviewed by a dietitian for nutritional content to ensure suitability.

Judgment: Compliant

### Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks, including those specified in regulation 26.

Judgment: Compliant

## Regulation 27: Infection control

Infection prevention and control practices in the centre were not fully in line with the national standards and other national guidance. For example:

- The layout of the laundry did not support the flow of dirty to clean laundry. The housekeepers storage press was located in area of the laundry where dirty linen was managed, this posed a risk of cross contamination to clean cloths and mops.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided, and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Evacuation drills were regularly practiced. Staff were familiar with fire safety procedures and evacuation plans for residents.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide care staff and nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs. However, there was

no evident that the resident or their care representative was involved in the reviews in line with the regulations.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's, Psychiatry of Old Age and allied health professionals supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 8: Protection

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. All staff had received training in the safeguarding of residents. The person in charge assured the inspector that all staff had valid Garda vetting disclosures in place.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in the centre. Activities were provided in accordance with the needs and preference of residents, and there were daily opportunities for residents to participate in a diverse range of group or individual activities. Residents were supported to maintain their independence. Residents were encouraged to choose their own daily routine, and maintain communications outside of the centre.

Residents were kept up to date with current affairs, and local and national news through various media outlets. Newspapers were available to the residents, and global news stations were accessible on TV. Internet service was provided in the centre.

Judgment: Compliant





## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Joseph's Supported Care Home OSV-0000555

Inspection ID: MON-0033388

Date of inspection: 06/05/2022

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The room in question was immediately made into a single use room. We spoke to both residents about the issue at hand and how we could offer them both a single room. The 2 residents made a decision who would vacate the room to the other single room which was made available. The home now has capacity for only 19 residents due to the loss of one bed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:            With much deliberation due to lack of space and financial funding since our last inspection in 2021, we have identified an area that can be made into a cleaning room. We have employed a plumber to do the alterations since January of this year but we are still awaiting the commencement of this procedure. Once this is completed, the laundry room will only be used for laundry. In the meantime we are continuing to halve the laundry room with laundry on one side and cleaning practices on the other. Signage has been highlighted further in the laundry room to remind staff to keep to their designated side when working.</p>	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The care plan reviews with residents is done every 4 months. Unfortunately staff had not obtained a signature from each resident once the review had been completed. Staff have all now been reminded to make sure each review is co-signed by the resident and with the person assisting the resident with the write up of the review.</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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/05/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	30/09/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/05/2022