

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

Issued by the Chief Inspector

Name of designated centre:	Newbridge Respite Centre
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	15 June 2022
Centre ID:	OSV-0003448
Fieldwork ID:	MON-0028637

## About the designated centre

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

This designated centre is a respite centre for adults with primarily physical disabilities and can accommodate respite breaks for up to five adults at a time. The accommodation comprises of five wheelchair accessible apartments with an en-suite, bathroom, kitchen and patio area. The apartments are accessed internally from an enclosed corridor and externally from an open courtyard. There is a communal kitchen and sitting room, utility room, a laundry room a reception area on entrance to main building, a staff office, and a quiet room (for staff), a general office, and three communal toilets one of which is wheelchair accessible. There are 15 staff members employed in this centre; the person in charge is employed on a full-time basis and there are senior care support workers, care support workers, one waking night staff, one administrator, one cleaning staff member and one maintenance person employed in this centre. There is a vehicle available to this service.

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

Number of residents on the date of inspection:

3

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
Wednesday 15 June 2022	10:00hrs to 17:30hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

This was an announced inspection which took place to inform a decision about renewal of the registration of the designated centre. The inspector found that people using the service were receiving good quality, person-centred care which was respectful of their right to determine their own support and have choice over how they spent their stay. There were high levels of compliance with the regulations, with improvements required in the provider notifying the Chief Inspector of minor injuries in the centre.

The centre is a purpose built adult respite centre designed to support people with physical disabilities and neurological conditions. The centre comprises five self-contained apartments which are equipped with overhead tracking hoists, wheelchair accessible kitchen spaces and large bathrooms. The apartments are very large and residents have ample space to store their belongings and to move about freely. Each apartment has a door and a lobby area accessed from within the centre and an external door. All apartments had sliding doors into a courtyard area. Residents had a locked box to store their medication in their apartment and a call bell system was used for residents to alert staff when needed support. The corridors of the centre were bright and airy and nicely decorated. There was a large communal dining room and kitchen where residents could gather for karaoke, mealtimes, bingo and movie nights. Other activities which took place in the centre were baking, take-away nights, going to local pubs, shops and parks and visiting the cinema. The service has transport which is wheelchair accessible.

There were approximately seventy people registered with the respite service on the day of the inspection and this was under review. A maximum of five residents were able to access the service at a time. There were three residents using the service on the day of the inspection. Two residents used speech as their primary means of communication, while the third resident used a combination of speech, writing, gesture and sounds to communicate. The inspector had the opportunity to meet and spend time with all three residents over the course of the day. The first person who the inspector met with told them they were staying for a week. They spoke about the staff being 'great' and the things they liked to do when they were staying in the centre which included listening to their favourite pop band, relaxing and getting some rest, going out for walks and having fun with staff. They told the inspector that they were supported to contact their family when they wished and that the service had everything they needed to physically accommodate them such as an air pressure mattress, hoists and accessible bathing facilities. They reported that they felt safe and that staff responded to them quickly if they needed it.

The second resident who met with the inspector told them that they had come in on a break while a family member was abroad. They were making themselves a cup of tea in their apartment and doing a word search. They told the inspector that their family visited while they were in the service. Family were able to enter into an external door of the apartment and use the courtyard space outside the apartment

for a visit. They told the inspector that the staff were "very good" and "nice" and that they enjoyed being busy. They told the inspector that they didn't always get to go out when they wanted that they were told they had to wait. They told the inspector that they spent some time with other guests in the communal area but liked to come back to their bedroom to enjoy watching their favourite television shows by themselves. They showed the inspector a call bell which they wore on their wrist and how they were able to call staff as they needed. Over the day, the inspector heard staff responding promptly to calls for assistance. The resident was supported to go out shopping later in the morning with a member of staff. As the inspector was leaving, the resident was sitting out enjoying the sunshine in the courtyard.

The third person who the inspector met was relaxing in their bedroom. They told the inspector they had enjoyed a lie in that morning and they were going to relax and read their book for the afternoon. They spoke very highly of the service, calling it a "home from home". They were availing of a two week stay in the centre and told the inspector that the staff "couldn't do enough" for them. They told the inspector that they felt very safe in the centre and they were able to spend their day as they wished to.

It was evident that the service worked in partnership with residents and their families to ensure that prior to admission they had all the required information in order to best support the resident to have a safe and enjoyable stay. On admission, each resident was met with individually and there was a check-in form completed which included re-acquainting the resident with the call bell system, safeguarding arrangements, finances and with fire evacuation procedures. Any changes in the residents' health and social care needs were discussed and where required, support plans were updated. This meeting also covered the residents' preferences for their stay in relation to activities or meals. Feedback was sought at the end of each stay to capture residents' experiences. This form was reviewed by the senior social care workers to ensure that any negative comments or complaints were discussed and identified before the resident left the centre. The inspector observed and heard a number of interactions between residents and staff members during the day and found that there was a friendly and fun atmosphere and that staff were respectful, patient and kind. It was clear that residents were very comfortable in the company of staff.

In summary, from what residents and staff told us, what the inspector observed and from reviewing documentation, it was evident that this centre was striving to provide a good quality, person-centred support to residents and to ensure that residents had a safe, comfortable and enjoyable stay. The next two sections of the report present the inspection findings in relation to the governance and management arrangements in the centre and how these arrangements affected the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the provider had strong governance and management arrangements in place to monitor and oversee the quality and safety of care provided to residents. There was a clear management structure in place. The provider had a number of service partners who were responsible areas such as quality, clinical services, human resources, health and safety and safeguarding. Quality assurance checks were carried out by service partners in their respective areas and action plans were developed and regularly reviewed. The provider had carried out a six monthly unannounced visit in addition to an annual review which included consultation with residents and their families. Feedback was very positive from residents who had used the service in 2021. There were emergency governance arrangements in place. To ensure that all staff were kept informed about developments in the organisation which affected their role, there were a number of mechanisms in place to share that information such as meetings, memos, emails and supervision sessions.

The person in charge was recently appointed but had worked in the centre for a number of years in another role and was very familiar with residents and their families. They were suitably qualified and experienced to perform the duties of the role. They were on site five days a week and worked full-time. The person in charge was supported in the day-to-day management of the centre by a senior care worker. The inspector was assured that there was a clear system for ensuring there were an appropriate number of staff to support residents. Staffing levels fluctuated and were dependent on the number of residents staying and on their assessed needs. This was kept under regular review. Staff training records were viewed by the inspector and staff were found to have completed mandatory training in areas identified by the provider. Some training with competency-based elements were in progress and due to be completed shortly after the inspection. Supervision took place once a quarter with the person in charge or the senior care worker. The provider had developed a statement of purpose which met regulatory requirements and was reflective of the services and facilities available to residents on the day of the inspection. On review of accidents and incidents in the centre, the inspector noted that the provider had failed to submit quarterly notifications relating to minor injuries to residents.

Residents had a contract of care with the service which clearly outlined the responsibilities of both the residents and the service which included fees payable and any additional costs to the resident. These contracts were reviewed regularly and signed by the resident and their families where that was appropriate. There was a culture of seeking and acting on feedback in the centre. This was underpinned by a complaints policy which had a protocol for identifying, documenting and investigating complaints at different levels.

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

The registered provider submitted all required information to the Chief Inspector to

renew their application for registration.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had recently appointed a person in charge who was based full-time in the centre. The person in charge had worked in the centre for a number of years and was found to be suitably experienced and qualified for the role. They had good knowledge of the residents and their families.

Judgment: Compliant

### Regulation 15: Staffing

The staff team included care support staff, senior care workers and a household staff. The inspector noted that there were adequate staff on duty to support residents on the day of the inspection. There was a system in place for planning staffing for respite breaks to ensure that residents' assessed needs were best met. Where a resident required medical care, for example residents who were fed via a percutaneous endoscopic gastronomy (PEG) feeding tube, an agency nurse was employed. The centre used two regular agency staff for these guests. A review of Schedule 2 files was completed and all files were found to contain information required by the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a new online system in place which enabled the management team and the staff to monitor and identify gaps in training and address these appropriately. Staff were trained in a number of areas such as manual handling, fire safety, safeguarding, safe administration of medication, nutrition, first aid, feeding, eating, drinking and swallowing difficulties, epilepsy, diabetes. Some staff members were awaiting competency based or practical sessions on supporting bowel care and catheter care and this was due to be completed in the weeks following inspection. Supervision for staff members was carried out once a quarter by the person in charge and the senior care worker. Records viewed showed a structured approach to supervision was taken. Staff had a performance development review annually. Where additional supervision was required in the case of a medication error this was



scheduled separately to support staff and manage performance.

Judgment: Compliant

### Regulation 22: Insurance

The provider effected a contract of insurance against injury to residents and other risks identified in the centre in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had robust management structures, systems and processes in place to ensure residents received a quality and safe service while in respite. The provider had a number of quality assurance measures in place to monitor, oversee and continually develop the respite service. There was a clear management structure in place which identified lines of accountability and responsibility. The provider had a number of service partners who supported the monitoring and oversight of the centre in areas such as quality, health and safety, safeguarding, clinical and human resources. Audits were completed on different aspects of the service such as the quality of documentation, incidents and accidents, complaints, safeguarding and health and safety. Information gleaned from these audits was utilised to make changes as required. The person in charge and senior care worker attended a number of meetings at organisational level such as health and safety meetings, regional meetings, senior team meetings and monthly partner meetings. There were a number of methods of sharing information in the organisation to ensure all staff members were aware of developments and updates which informed their roles. The person in charge and the social care worker attended all service meetings such as health and safety meetings, regional meetings, senior team meetings and monthly meetings with service partners. Once a quarter, all of the service managers met with the regional manager, person in charge and senior care worker to review the progress of the centre in its entirety.

The provider had carried out a six monthly unannounced visit and an annual review as required by the regulations. The annual review included consultation with residents and families. Action plans were developed and reviewed regularly. Staff meetings took place every two months and had a set agenda in place.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

Each resident had a signed contract of care which outlined the responsibilities of both the provider and the resident or their family members in attending the service. This included the amount payable by the resident to the service and any additional costs.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had developed a statement of purpose which accurately reflected the services available to residents. This was regularly reviewed.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector noted that the provider had failed to submit quarterly notifications relating to minor injuries to residents sustained while using the service.

Judgment: Not compliant

## Regulation 34: Complaints procedure

The provider had a complaints policy in place which outlined the process staff should follow in the event a complaint arose. The system of seeking feedback when a resident was checking out enabled any concerns to be addressed quickly. The provider maintained oversight of complaints and audited these on a monthly basis. The inspector viewed a complaint which was open and found that it was appropriately documented and investigated in a timely manner. A log of complaints was kept in the centre and complaints were audited on a monthly basis to ensure the correct procedures were followed and to analyse any trends.

Judgment: Compliant

## Quality and safety

The inspector found the service being provided was enabling residents to enjoy a stay where they had choice and control over their day in addition to having their assessed needs met in an accessible space. All residents had a respite needs assessment which informed an individualised care plan. This was updated each time the person was being admitted to the service. 'Best possible health' plans and 'emergency unwell plans' were in place for those who required them. These plans included input and recommendations from health and social care professionals where required.

The inspector found that there were policies and procedures in place to ensure residents were safeguarded against all forms of abuse. Safeguarding was a set agenda item for discussion at check-in and at staff meetings. There were systems in place to monitor skin integrity or body marks for residents. Personal care plans were detailed and ensured that staff providing intimate care did so with residents' consent and in a manner that respected their dignity and bodily integrity. Where residents required support to safeguard their personal possessions and finances during their stay, there were procedures for staff to follow.

As outlined earlier in the report, the premises is a purpose built, high access respite centre which was found to be bright, spacious, clean and pleasantly decorated. It was in a good state of repair internally and externally. The provider had an agreement with a large business to fund some maintenance projects and equipment they required such as re-surfacing courtyards or purchasing additional shower chairs.

The provider had developed an information booklet for residents which, in addition to their contract of care and the statement of purpose, gave residents further detail on the services provided. Information was available to residents in each apartment.

The provider had robust risk management systems in place. The risk management policy contained all of the elements required by the regulations. The risk register contained risks related to the centre and each resident had risk assessments in place for identified needs such as falls or choking. Adverse incidents were recorded and analysed. Learning from adverse events was shared with staff regularly.

The inspector found good practices in infection prevention and control (IPC). Good governance and management arrangements were in place to monitor and oversee IPC, with contingency plans, procedures for isolating residents, bi-annual IPC auditing and IPC risk assessment in place. Staff had completed training in a number of areas related to IPC. Cleaning schedules and equipment were found to be appropriate to the setting and staff were able to describe the methods and products they used for cleaning and disinfecting relevant parts of the centre.

Fire precautions in the centre were reviewed. There were detection and containment measures in place. Emergency lighting and fire fighting equipment were found to be

in good working order. Documentation viewed showed that there were regular checks of equipment and that equipment used was serviced at regular intervals. Each resident had a personal emergency evacuation plan in place (PEEP). Fire drills occurred regularly and demonstrated the ability of staff to safely evacuate residents within a reasonable time frame.

The inspector reviewed medication management within the centre and found that there were appropriate and suitable practices relating to the receipt, storage and administration of medication. Assessments had been carried out with residents in order to ascertain what level of support was required for the safe administration of their medication. Any medication errors were followed up promptly with an individual supervision session and where required, further training was put in place.

This centre was found to uphold and promote residents' rights to self-determination and their right to have control and choice of how they spent their stay in respite. At check-in, a detailed process was in place which covered all aspects of the residents' needs and preferences and this was done in consultation with the resident, with support from family members where required. Similarly, at check-out, feedback and engagement with residents occurred to ensure their opinions were voiced and acted upon where this was required. Consent was sought for items such as money management and medication. Where residents required restraints and enablers such these were discussed and risk assessed. There was a culture of seeking feedback and acting on this feedback to continually improve the service.

## Regulation 12: Personal possessions

The inspector found that residents were supported to retain control of the possessions they brought into the respite centre. Where it was required, a money management plan was put in place to safeguard and account for residents' finances. Each apartment was equipped with a washing machine and support was provided to residents who wished to do their laundry during their stay. An inventory of personal possessions was taken at check-in to ensure that all possessions were accounted for when the resident was leaving the centre.

Judgment: Compliant

## Regulation 17: Premises

The premises was found to be very well laid out and designed to meet residents' assessed needs, particularly in relation to physical access. Residents had a large amount of space to spend time alone or with their family or friends and there was also opportunities to mix with other residents where they wished to do so. The premises was found to be in a good state of repair internally and externally. There

were appropriate systems in place for both waste and laundry management.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a guide for residents which met regulatory requirements.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector found that the provider had good risk management systems in place. The risk management policy had been revised and contained all of the elements laid out in the regulations. There were systems to identify, assess and manage risks in the centre. There was a procedure in place to ensure that high-level risks were escalated to senior management. The risk register contained clinical, general and individual risks and these were regularly reviewed. There was a system in place to document and report any adverse events which occurred. These incidents were reviewed each month by management to identify any trends. Learning from these incidents was shared with the staff team.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider was found to be protecting residents against health-care-acquired infections. Management systems were in place to monitor and oversee practices such as contingency and emergency plans, outbreak management plans, bi-annual audits and action plans. These audits were found to be comprehensive and identified areas to further develop in IPC. Staff had completed a number of training modules related to IPC such as hand hygiene, donning and doffing of PPE, standard and transmission-based precautions and respiratory hygiene and cough etiquette. There were appropriate systems in place to safely manage laundry and waste in the centre. Spill kits were available where required. Service specific IPC risks and individual IPC risks were identified in the centre's risk register. Cleaning schedules were reviewed with a member of staff. The staff demonstrated cleaning methods and equipment used in the centre and this was found to be appropriate.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had good fire safety management arrangements. Detection and containment measures were in place in the centre which included fire doors with swing closers and hold open devices. There was fire fighting equipment in addition to emergency lighting throughout the centre and documentation indicated that regular checks and testing of all equipment took place. Staff had all completed mandatory training in fire safety and taken part in fire drills. Due to support needs of residents using the service, a phased evacuation was the method used. Staff were able to describe how this was done and residents were reminded of fire evacuation procedures at each check-in. Residents had personal emergency evacuation plans in place which were updated annually. While there was a lone staff member on duty each night, documentation from fire drills indicated that staff were able to support guests to evacuate the building in a reasonable time frame with the minimum staffing complement. The local fire service had visited the centre and worked with staff on the best methods of evacuation.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector reviewed practices relating to medication management. The provider had good systems in place for the receipt, storage and administration and reconciliation of medication in the centre. Residents and their families were responsible for ensuring that their prescriptions were up-to-date and that the correct amount of medication was provided for the duration of the residents' stay. Information on medications were documented in residents' care plans to ensure that all staff were informed and able to quickly identify medications when they were received. Plans were in place for PRN medication to ensure consistent practice among staff members. Medication errors were documented , analysed and follow up supervision was carried out in addition to further training if required to ensure staff retained their competencies in administering medication. Residents were encouraged to take responsibility for their own medications in accordance with their wishes, preferences and ability to do so.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a respite needs assessment carried out and reviewed on an annual basis and this assessment informed residents' individualised care plans. Plans viewed by the inspector included communication profiles, personal and social profiles and known preferences of the resident. It was evident that these were done in consultation with residents and their families where appropriate. Audits of a sample of files was carried out by the person in charge each month and this information was collated for management. This was to ensure that plans were of good quality and kept in date for each resident.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to maintain best possible health while staying in respite. Each person had a quarterly 'best possible health' review in addition to an 'emergency unwell plan' in the event a resident required transfer to hospital. Where required, recommendations from health and social care professionals were sought and followed to aspects of care delivered in the centre such as manual handling or feeding, eating, drinking and swallowing. The regional clinical partner was responsible for the oversight of clinical supports provided within the centre to residents. They held regular meetings with the management team to ensure that all clinical needs of upcoming residents were considered.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that residents were protected from all forms of abuse in the centre. Safeguarding was discussed regularly with staff and with each resident at check-in. Safeguarding concerns were appropriately documented, reported and investigated in line with national policy. Personal care plans were detailed and specific and respected residents' dignity and bodily integrity. Oversight of safeguarding was maintained by the provider through a monthly audit in the centre. This ensured that safeguarding concerns were appropriately managed. All three of the residents the inspector met reported that they felt safe in the centre. Staff were knowledgeable about procedures to follow where safeguarding concerns arose.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence throughout the inspection that residents' rights to self-determination, choice and control, privacy and freedom of movement were respected and promoted in the centre. Care plans, activities, meals and other aspects of the service were developed in consultation with residents. Residents were able to receive visitors as they wished to do so in their own private apartment. Residents' privacy and dignity was promoted in the provision of personal care. Interactions throughout the day were noted to be respectful and responsive.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Newbridge Respite Centre OSV-0003448

Inspection ID: MON-0028637

Date of inspection: 15/06/2022

## 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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"><li>• Quarter 1 2022 required notifications will be backdated and submitted by 31/7/22</li><li>• Thereafter all quarterly notifications will be completed and submitted in accordance with requirement</li></ul>	

## 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 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Yellow	31/07/2022