



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

## Issued by the Chief Inspector

Name of designated centre:	Osprey Lodge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	21 January 2025
Centre ID:	OSV-0003652
Fieldwork ID:	MON-0037762

## About the designated centre

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

This is a service providing full time residential care and support to four adults (both male and female) with disabilities in Co. Louth. It is in close proximity to a number of nearby towns and within walking distance to a local beach. It comprises of four bedrooms, a large sitting room, kitchen and dining area. There is also a large conservatory to the back of the property which overlooks a large landscaped garden. The centre is homely, personalised and in a good state of repair and each residents has their own bedroom decorated to their individual style and preference. Residents are supported by staff to enjoy a meaningful day and, transport is also provided to support residents with community based activities. The staff team comprises of social care workers, nursing staff and care assistants, all of whom work collaboratively in providing person centred service to the residents. Training has been provided to staff in order to ensure that they have the necessary skills and knowledge to meet the needs of the residents. Residents also have access to a range of allied health professionals in line with their assessed needs.

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2025	09:45hrs to 16:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of the registration of the centre. At the time of this inspection there were four residents living in the centre and the inspector met with all of them. Written feedback on the quality and safety of care from the residents was also viewed by the inspector as part of this inspection process. Additionally, on the day of the inspection the inspector spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in the service

The service comprised of detached bungalow in a quiet residential area on the coast in Co. Louth. On arrival to the house the inspector observed that it was clean, well maintained, warm and welcoming. Each resident had their own bedroom (one ensuite) decorated to their individual style and preference. The bedrooms were also laid out to meet the assessed needs of the residents. Communal facilities included a kitchen cum dining room, a separate sitting room and a sun room. There were garden areas to the front and rear of the property with the provision of a large polytunnel for residents to grow their own fruit and vegetables.

The inspector viewed written feedback from all four residents on the quality and safety of care provided in the centre. All residents reported that they were happy living in the house. Some said that they particularly loved living by the sea, watching the boats and meeting people they knew. Residents were also happy with their bedrooms. For example, one resident had a lovely view of the countryside from their bedroom window and seemed to enjoy this very much. Another reported that they were very happy with some new bedroom furniture they had recently purchased. The residents also liked to have visitors and one reported that they were looking forward to the annual summer barbecue in the centre and inviting their friends and family to this event. The rights of the residents were also supported by staff and, they chose their own daily routines and what social activities to participate in. One resident reported that their key worker was supportive and another said that the staff team were easy to talk to and were respectful of their likes and dislikes.

Three of the residents went through their personalised photograph books with the inspector (one used an Ipad) showing pictures of social and family events over the last few years. These books were a collection of photographs in one place, which supported the residents to recall important memories and speak about family events and gatherings, social outings and holidays that they enjoyed with the inspector.

For example, one resident went through their photograph book with the inspector talking about specific holidays they had been on and what activities they liked to partake in while on holiday. The resident loved to go on hotel breaks where they

liked to have a glass of champagne and chocolates, have dinner and relax on their break. They also showed the inspector pictures of their person centred plan meeting held just before Christmas. This was an important day for the resident and they invited their family and other important people in their life to the event. From looking at the pictures, it was evident that they enjoyed this occasion very much. They also showed a video of this event (which they had on their Ipad) to the inspector and were observed to be very happy and smiling while watching it.

The inspector spoke with this resident at various times over the course of the inspection and they said that they were very happy living in the centre. When a staff member asked them were they happy with the service they replied that they were living their best life in the house. The resident also loved to bake and staff were supporting them to bake a cake on the afternoon of the inspection. They also enjoyed being in the company of staff and staff were observed to be kind, caring and person centred in their interactions with the resident.

Later in the day another resident went through their photograph book with the inspector. They showed the inspector pictures of themselves enjoying a holiday in County Cork, celebrating Halloween with their housemates, taking a boat ride, enjoying a day out at the beach and enjoying coffee/meals out. The resident appeared very happy going through their photographs with the inspector. This resident also wanted to go out for a drive on the day of this inspection and staff ensured this activity was provided for.

Staff had training in human rights and at residents meetings, the importance of advocacy and respecting choice was discussed with residents. The inspector observed that staff were respectful of the residents choices and preferences. For example, the residents loved animals and staff supported them with this interest by organising a holiday which took in a trip to a wildlife park. Some of the residents showed the inspector photographs of this holiday and staff informed the inspector that they really enjoyed visiting the wildlife park and seeing all the different types of animals. Residents also had a pet cat which was very much part of their home. They also liked to watch and feed the birds in the back garden.

One resident liked to spend time in their room however, the inspector noted that staff were attentive to the needs of the resident, checked in with them regularly and made sure that they had everything they needed. The inspector spent some time with this resident and a staff member during the inspection and, they seemed very happy and content in their home. They also showed the inspector some pictures of themselves on various social outings. When asked were they happy in the house they shook the inspectors hand. The inspector noted that staff had a very good understanding and were respectful of the communication preferences of this resident.

One family member spoken with over the phone by the inspector on the day of this inspection was complimentary and positive about the quality and safety of care provided in the centre. They said that they were very happy with the service provided and that their relative loved living in the house and saw it as their home. Whilst they said that there can be a turnover of staff at times, the staff they had

dealt with were very good and easy to deal with. They also said that staff kept them updated on their relatives overall health and well-being. They phoned their relative regularly and told the inspector that they had a great social life getting to go on holidays, avail of hotel breaks and go to concerts. They said that they attended their relatives person centred planning meeting where they got to spend time with them and and catch up on all the news. They were happy that their relative had adequate access to GP services and reported that they had no concerns about the quality or safety of care provided in the service.

While some issues were found with the staffing arrangements and fire precautions, residents appeared very happy, content and settled in their home. The inspector observed that the residents had a strong sense of belonging to the house and staff ensured that they felt comfortable and secure living there. The inspector also observed staff supporting the residents in a professional, person-centred and caring manner. They were at all times attentive to the needs of the residents and, residents were observed to be relaxed and happy in the company and presence of the staff team. Additionally, staff were respectful of the individual choices and preferences of the residents and feedback from one family member and all of the residents on the quality and safety of care was positive and complimentary.

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

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, the staffing arrangements required review.

The centre had a clearly defined management structure in place which was led by a person in charge who was a qualified nurse. They provided leadership and support to their staff team and were supported in their role by a director of care and support.

A review of a sample of rosters from December 2024 and January 2025 informed that there were three staff on during the day and two staff working live nights. This arrangement required review taking into account the assessed needs of the residents living in the centre.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

Additionally, the person in charge informed the inspector that staff had undertaken training in human rights and some had also undertaken training in capacity and consent. Examples of how staff put this additional training into practice so as to

further support the individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out in October 2024. On completion of these audits, an action plan was developed to address any issues identified in a timely manner.

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

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified nursing professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision and management of staff members.

They also demonstrated a knowledge of the needs of the residents in their care.

Judgment: Compliant

### Regulation 15: Staffing

The staff team consisted of a team of nursing professionals, social care workers and direct support workers.

A review of a sample of rosters from December 2024 and January 2025 informed that there were three staff on during the day and two staff working live nights as



follows:

- two staff worked from 9am to 9pm each day
- one staff worked until 4pm each day
- two staff worked waking nights

However, this arrangement required some level of review taking into account the assessed needs of the residents living in the centre. This was because at times, some residents required 2:1 staffing support for personal care and from 4pm to 9pm there were only two staff on each day. The person in charge had put in a business case seeking additional hours to cover these 4pm to 9pm shifts however and, was awaiting an outcome to this request.

It was observed that in December 2024, an additional live waking night staff member was deployed to the centre. The inspector reviewed this and observed that this additional resource was a necessity as based on the assessed and changing needs of the residents living in the house.

The person in charge maintained actual and planned rosters in the centre. Staff files were not viewed as part of this inspection process however, the Regional Director confirmed in writing that all staff had the documentation as required under Schedule 2 of the Regulations to include references and vetting. They also confirmed that agency staff were used, had the required vetting and training to work in the service.

Staff were knowledgeable on the assessed needs of the residents and two staff members spoken with, were able to talk the inspector through one of the care plans in place for one of the residents.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

From reviewing the records of three staff members (a senior staff nurse, a staff nurse and a social care worker), the inspector found that they were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safeguarding of vulnerable adults
- manual handling
- fire safety
- safe administration of medication (for non nursing personnel)
- administration of rescue medication (for non nursing personnel)
- management of behaviour/positive behavioural support
- dysphagia

- Children's First
- infection prevention and control (IPC)
- open disclosure
- trust in care
- dementia training.

Staff had also undertaken training in human rights. Examples of how they used their training so as to respect and promote the individual choice and preferences of the residents was included in section one of this report: '*What residents told us and what inspectors observed*'.

Additional training for staff included the following:

- assisted decision making
- advocacy.

Judgment: Compliant

## Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this service as detailed in line with the statement of purpose.

There was an experienced and qualified person in charge managing the day-to-day operations of the centre. They were supported in their role by an experienced and qualified director of care and support, a team of nursing staff, social care workers and a number of direct support workers.

The provider also had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been carried out for 2024 and an unannounced six monthly visit had been carried out in October 2024. Additionally, localised audits were being carried out by the person in charge. On completion of these audits actions were being identified and addressed.

For example the auditing processes identified the following:

- a review of residents meetings was required

- the statement of purpose required updating
- a medication cardex required review
- the shower tray in the bathroom required replacing

All these issues had been actioned and addressed at the time of this inspection.

The person in charge also had systems in place for the development and performance management of their staff team. Systems were in place to support staff to raise any concern about the quality and safety of care provided to the residents. Two staff members spoken with informed the inspector that they would speak to the person in charge at any time if they had any concerns about the quality or safety of care provided in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations) the Regulations.

Judgment: Compliant

### Quality and safety

The residents living in this service were supported to live their lives based on their assessed needs and individual choices. However, an issue were identified with the fire safety precautions.

Residents were supported to access facilities for recreation and provided with opportunities to participate in activities in accordance with their interests, capacity and assessed needs.

Systems were also in place to meet their emotional well being and healthcare-related needs.

Policies, procedures and practices were in place to safeguard the residents however, at the time of this inspection there was no open safeguarding concerns. Systems were also in place to manage and mitigate risk and support the residents safety.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. However, one aspect of the fire safety precautions required review.

The house was found to be clean, warm and welcoming on the day of this inspection and residents appeared very much relaxed, comfortable at home in their surroundings.

Overall this inspection found that the individual choices and preferences of the residents were promoted in this service. On the day of this inspection the residents appeared settled and content in the house and staff were observed to support them in a caring, kind and person centred manner.

## Regulation 13: General welfare and development

Residents were supported to access facilities for recreation and provided with opportunities to participate in activities in accordance with their interests, capacity and assessed needs.

None of the residents attended a day service instead preferring to avail of a 24 hour wrap around service from their own home. However, staff ensured residents choices about what recreational activities to participate in were supported and promoted. For example, residents liked to go on holidays, avail of hotel breaks, visit wildlife parks, attend concerts and go to view tractor runs.

Residents also liked to take walks on the beach beside their home, go for drives, go to the the nearby harbour to watch the boats, have meals out and go for a coffee and ice-cream. Some residents also liked baking and on the day of this inspection were baking a cake with staff support. Additionally, a polytunnel was available to

residents who liked to grow their own fruit and vegetables.

Residents were also supported to maintain contact with their family members.

Judgment: Compliant

### Regulation 17: Premises

The house was found to be clean, warm and welcoming on the day of this inspection.

Each resident had their own bedroom (one ensuite) decorated to their individual style and preference. The bedrooms were also laid out to meet their assessed needs. Communal facilities included a kitchen cum dining room, a separate sitting room and a sun room that residents could relax in and enjoy the view of the countryside. There were well maintained garden areas to the front and rear of the property with ramps so as residents could access them safely.

The premises were observed to be compact; notwithstanding, at the time of this inspection the person in charge informed the inspector that they were adequate in meeting the needs of the residents. As stated above, the inspector observed that the residents had a strong sense of belonging to the house and were very settled and happy in their home. One resident also reported that they were living their best life in this house.

Additionally, a number of upgrades had recently been made to the house to include renovations in the bathroom and a ramp was installed for access to the back garden.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support the residents safety in the house.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk related to falls was identified, the following control measures were in place:

- specialised equipment to support the resident to include a motion sensor

alarm, adaptations made to the bathroom, a handling belt and a lifting devise were provided for

- access to occupational therapy and a physiotherapist was also provided for as or when required.

Where a risk related to fire safety was identified, the following measures were in place:

- each resident had a personal emergency evacuation place in place
- staff had training in fire safety
- fire drills were being facilitated
- people handling equipment was available to staff for evacuation
- fire fighting equipment was in place

It was observed that a recommendation was made in this risk assessment for a fire safety consultant, engineer or architect to carry out a fire safety assessment; however, this assessment had not been completed at the time of this inspection. This issue was further discussed and actioned under Regulation 28: Fire Precautions.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the fire alarm system had been last serviced in November 2024 as well as the emergency lighting system. The fire extinguishers were also serviced in April 2024

Staff also completed as required checks on all fire equipment in the centre and from reviewing three staff files, they had training in fire safety precautions. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

It was observed that on a fire drill conducted on November 18, 2024 it took the staff eight minutes and 24 seconds to evacuate the four residents from the premises (as one resident required 2:1 staff support to evacuate). On review of this, an additional staff member was deployed to the centre and specialised equipment was secured to assist with the evacuation of this resident.

On the next fire drill conducted on January 09, 2025, the inspector observed that the length of time it took staff to evacuate the residents reduced to five minutes and 30 seconds.

However (and as identified under Risk Management), shortly after these fire drills a

recommendation was made and noted in a fire risk assessment for a fire safety consultant, engineer or architect to carry out a fire safety assessment in the centre. At the time of this inspection, this assessment had not yet been facilitated.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- occupational therapy
- dietitian
- chiropody
- speech and language therapy
- dentist

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and one staff spoken with was able to guide the inspector through two care plans related to one resident

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Positive behavioural support plans where required, were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

One staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Over the course of the inspection the inspector also observed staff supporting the residents at all times in a calm, caring and person centred manner. Residents also

appeared to be relaxed and happy in the company and presence of the staff team.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection, there were no open safeguarding concerns in the centre.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one. They were also able to talk the inspector through the reporting of a safeguarding issue and identified who the designated officer was for the service.
- the concept of safeguarding was discussed at staff meetings.
- residents were informed at their meetings that they had a right to make a complaint about the service if they were unhappy with something
- at the time of this inspection there were no open complaints on file about the quality or safety of care
- information on advocacy and how to make a complaint was readily available in the centre
- feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided in the service.

The inspector also noted that staff had the following training:

- safeguarding of vulnerable adults
- trust in care
- communicating effectively through open disclosure
- Children's First

Judgment: Compliant

### Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in social and recreational activities they liked and enjoyed.



Additionally, residents were very much involved in their personal plans and goals.

Staff were observed to be respectful of the individual communication style and preferences of the residents.

In their feedback on the service, residents expressed satisfaction that their rights were promoted and that staff were respectful of their choices and preferred routines.

Staff also had training in human rights, advocacy and assistant decision making. Examples of how they used their training so as to respect and promote the individual choice and preferences of the residents was included in section one of this report: *'What residents told us and what inspectors observed'*.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Osprey Lodge OSV-0003652

Inspection ID: MON-0037762

Date of inspection: 21/01/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Following a review of the Rosters with Staff and PPIM, we have altered the starting &amp; finishing time on the roster as follows 10:00-16;00 to 12:00-18:00. These changes will provide greater outcomes for our residents in relation to Activities of daily living and participation in identified individual goals and community activities. We will review progress in 6 weeks.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The provider has commissioned a suitably qualified person in fire safety to attend Osprey Lodge on the 28th of February 2025, to access and review the actions that are currently in place, as per the said recommendation.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	28/02/2025