



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

## Issued by the Chief Inspector

Name of designated centre:	New Cabra Road
Name of provider:	St Michael's House
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	26 February 2025
Centre ID:	OSV-0002345
Fieldwork ID:	MON-0037406

## About the designated centre

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

New Cabra Road is a designated centre operated by St. Michael's House. It provides residential care and support to adults with an intellectual disability. The centre comprises a large three-storey house located in the suburbs of Dublin city centre. Residents with additional physical or sensory support needs can be accommodated in the centre. New Cabra Road can support people with well-managed health conditions and a dual diagnosis of intellectual disability and mental health. The centre is staffed by a team of social care workers, and managed by a full-time person in charge.

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

Number of residents on the date of inspection:	2
--	---

## How we inspect

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 26 February 2025	10:15hrs to 17:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with one staff and one resident, in addition to a review of documentation, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations.

The inspector found that this was a centre that ensured residents received the care and support they required but also ensured that the service delivery was person-centred and included a rights-based focus. There were two residents living in the centre. On the day of inspection, one resident chose not to engage with the inspector and their choice was respected by the inspector.

The centre comprised of a large three-storey house close to the city centre and within a very short walking distance to many amenities and services including shops, cafés, and public transport. The premises was large and spacious and provided a homely living environment for residents. Residents were provided with their own individual bedrooms (one upstairs and one downstairs). There were three unused rooms previously used as bedrooms.

Communal areas included a bright and comfortable sitting room, sun room, open plan kitchen and dining area. There was a shower and toilet facility downstairs and a bath and toilet facility upstairs. Since the last inspection, the premises had undergone upkeep and repair work to the kitchen and bathrooms. While the maintenance work was underway, the provider and person in charge had organised for residents to take a break in an alternative location that was suitable to their assessed needs. The inspector was informed that the residents enjoyed their time away from their home, dining out in cafés and restaurants and going for walks along the beach.

To the front of the house there was a small front garden with a large rear and side garden to the back of the house. The inspector observed that these areas required a lot of upkeep and maintenance. There was a detached utility room and garage at the back of the garden.

One of the residents chose to show the inspector around the upstairs section of their home. The inspector observed that the resident seemed happy and proud showing the inspector the different rooms and aspects of the house. The resident showed the inspector their bedroom. The layout of the resident's bedroom provided a cosy and relaxed space. The room was decorated to their individual style and preference; There was a large television, plenty of storage space and pictures, photographs and

memorabilia that was important to the resident. During the walk-around of the centre, the inspector observed the premises to be clean and tidy.

The walls in the hallway displayed photographs of residents enjoying different activities. There were pictures and paintings hung in the sitting room, stairway and landing walls adding to the homeliness of the house. There was a notice board in the kitchen that displayed information on residents' rights and making complaints. The inspector observed that some upkeep was required and in particular, to the carpet on the stairs and two landings.

In advance of the inspection, residents had been provided with Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed the two completed surveys that staff helped residents to complete. The residents' feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including, activities, trips and events, premises, staff support and food.

When referring to their bedroom, one resident noted "I like the way they painted up my bedroom", I like the calendar hanging up on the wall, I like my bedroom". When asked about what they like doing on a daily basis, one resident noted that they liked going shopping and visiting their sister. Another resident noted that they liked going to shows and away on holidays. Both residents commented that they liked the staff. One resident also noted that they liked that there were only two people living in the house and that it was a 'quiet house'.

On review of the centre's annual report of the quality of care and support provided to residents, the inspector saw that the provider had consulted with, and received feedback, from both residents, their family and staff working in the centre. The feedback was positive and in particular, families noted their satisfaction and happiness of the care and support provided by the staff team.

The person in charge was familiar with the needs of the residents and supports required to meet their needs. The person in charge spoke about the good standard of care provided to residents and of ensuring that changes in residents needs were addressed and potential future changes were also reviewed. Through observations and speaking with staff as well as a review of the documentation, the inspector found that there was suitable evidence to support this.

Staff who spoke with the inspector were familiar with residents' assessed needs and supports in place to meet those needs. They were aware of each resident's likes and dislikes. They were also aware of low arousal approaches to support residents when they were feeling anxious or displaying behaviours that challenge. The staff member showed the inspector the medication cupboard and went through, in detail, practices involved in the safe medication management in the centre. The staff member was very knowledgeable in this area and was aware of each resident's medication needs and the specific ways their medication was administered. For example, where a resident's medication required crushing.

From speaking with the person in charge and staff, and from observing one resident

during the walk-around of the centre, it was evident that residents felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present 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 service being delivered to each resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who were knowledgeable about the support needs of residents living in the centre. The person in charge worked full-time and was supported by a service manager who in turn reported to a Director of Adult Services.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents living in the centre.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support provided in the centre, which included consultation with residents, their families and representatives.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this

designated centre.

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

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge worked full-time in the designated centre. They were assigned eight hours for administration work and the remainder of their hours working directly with residents. The local monitoring systems and structures in place supported this arrangement in ensuring effective governance, operational management and administration of the designated centre.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory responsibilities of their role. The person in charge had developed an additional local oversight system; for example, an audit checklist to further enhance and ensure the effectiveness of local monitoring systems in place.

The person in charge was familiar with the residents' needs and was endeavouring to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of residents living in this centre.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection, the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of



the building.

There were two staff members on maternity leave and their shifts were covered by relief staff who were familiar to the residents. There was a specific purpose contract in place and filled by one of the relief staff. The other leave was covered by permanent staff members taking on additional shifts.

The person in charge appropriately maintained planned and actual staff rosters. The inspector reviewed the planned and actual rosters for the months of February and March 2025, and found that regular staff worked in the centre during these months, ensuring continuity of care was maintained for residents. In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The person in charge had carried out a review of the roster which had resulted in changes to the working shift patterns in the centre. This change saw positive outcomes for residents and in particular, relating to continuity of staffing and care. The new shift patterns saw a reduction in the amount of handovers required in the centre. For example, the new shift pattern saw one morning hand-over was required as opposed to previously, where three were required (due to three shift changes within a 36 hour period). This allowed more time to support residents during morning and evening time routines. It also meant that, for the most part, residents were provided continuous care over a two day period. The person in charge and staff noted how this shift pattern had saw a reduction in residents' anxieties and overall, a decrease in behaviours that challenge.

The inspector spoke with one staff member on the day and found that they were knowledgeable about the support needs of residents and overall, about their responsibilities in the person-centred care and support of residents living in the centre.

The inspector reviewed a sample of three staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

## Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspector reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, positive behaviour supports and emergency first aid.

In addition, training was provided in areas such as human rights, feeding, eating, drinking and swallowing (FEDS), infection prevention and control (IPC), food safety,

and safe administration of medication.

All staff were in receipt of supervision and support relevant to their roles from the person in charge. The person in charge had commenced supervision meetings for the first quarter of 2025. The inspector reviewed two staff supervision records, and found that they were in line with the provider's policy and included a review of the staff members' personal development and also provided an opportunity for them to raise any concerns. For example, the follow areas were included for discussion; key working role, residents' social goals, working with families, guidelines and support plans relating to the care and support of residents, leadership learning, wellbeing and reflective practice.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider ensured that a directory of residents was available in the centre.

The inspector reviewed the directory and found that it met the requirements of the regulation and contained up-to-date information in respect of each resident as set out in Schedule 3.

There were effective systems in place to ensure that the directory of residents was maintained up to date.

Judgment: Compliant

### Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set out in Schedule 2, Schedule 3 and Schedule 4 were maintained and were made available for the inspector to view.

Judgment: Compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre. The inspector found that overall, governance and management systems in place in the centre were effective in ensuring good quality of care and support was provided to residents.

There was a clear management structure in place with clear lines of accountability. It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

An annual review of the quality and safety of care had been completed in May 2024. The annual report demonstrated that residents, their family, and staff had all being consulted in the process. Overall, on review of the annual report, the inspector found the feedback to be highly complimentary and positive about the quality of the care and support provided to residents in the centre .

In addition to the annual report, a suite of audits were carried out in the centre including six-monthly unannounced visits report, monthly data reports, incident and accident trackers, health and safety checklists, medication management, fire safety, and infection, prevention and control (IPC) checks.

The monthly data report which had been completed all through 2024 and in January 2025 were used at management meeting between the person in charge and service manager to review issues arising and actions required. Some of the areas reviewed by the report included monitoring of residents' goal progress, quality and safety checks, money audits, safeguarding referrals, complaints and complements, fire drills and environmental risks.

The person in charge had developed an additional tool to ensure that audits were completed when required. Where the person in charge had delegated checking systems and audits to staff members, the additional tool provided oversight of work completed as well as monitoring the effectiveness of the systems.

The last staff team meeting had taken place in December 2024 and the next

meeting, which was due in January 2025, had been postponed until the day after the inspection. On review of the minutes of the December 2024 meeting, the inspector saw that meetings provided staff an opportunity for reflection and shared learning. Updates on the care and support provided to residents were discussed as well as topics such as residents' medication, policies and procedures, safeguarding, health and safety, food safety, training, cleaning, the roster, communication, fire drills and infection prevention and control.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which overall, accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. On day of the inspection, the person in charge submitted a revised copy so it accurately reflected the staffing levels in place.

The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and overall, within the required timeframes as required by 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 inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been incidents of concern, the incident and learning from the

incident, had been discussed at staff team meetings.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaint's policy.

The inspector observed that the complaint's procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaint's log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider's policy.

There was one open complaint in the centre relating to lack of, and cost of, staff parking. On speaking with the person in charge, the inspector found that the complaint had been progressed and the staff member who made the complaint had been kept informed. The inspector observed that progress had not been noted in the complaint log. However, on the day of the inspection, the person in charge developed a complaint's tracker form to monitor the progress and consultation with the complainant and have a record included within the complaint's log.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of the service for residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection demonstrated that overall, the provider had the capacity to operate the service in compliance with the regulations and in a manner that ensured the delivery of person-centred care.

The inspector found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person

in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

There had been improvements in the centre since the last inspection which resulted in positive outcomes for residents and in particular, relating to premises, infection prevention and control and safe medicine management. However, some further improvements were needed to the centre's premises.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs.

Appropriate healthcare was made available to residents having regard to their personal plan. Residents' plans were regularly reviewed in line with the residents' assessed needs and required supports. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living.

Where appropriate, residents were also supported with their mental health and provided access to a variety of allied health professionals and services in this area.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that addressed individual and centre related risks.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenge.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding concern were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans, and support from a designated safeguarding officer within the organisation.

## Regulation 17: Premises

The physical environment of the house was clean and for the most part, in good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely

environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. For example, Where one of the resident's mobility needs were changing, the resident was provided with a downstairs bedroom and bathroom.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. There was a large spacious sitting room to the front of the house. During the walk-around of the centre, the person in charge pointed out a new orthopaedic chair that was recently purchased for one of the residents to support their changing assessed needs. The other resident living in the house relayed their wish for a new chair. This was taken on board, and the resident was supported to pick out a new armchair and footrest that was in line with their likes and preferences.

Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them. In line with residents' wishes the inspector observed one resident's room. The resident chose to show the inspector around their room. The inspector observed that the resident seemed proud and happy with the décor of their room and in particular, their large television set.

The provider had made significant improvements to the upkeep of the premises since the last inspection which had a positive impact on residents' lives and in particular, in relation to their safety (IPC related). Improvements to the kitchen units and bathroom facilities in January 2025 meant that infection control measures in place were effective and overall, reduced the risk of contamination in these areas.

However, during the walk-around of the centre, the inspector observed the follow areas required improvement;

The carpet on the stairwell, and first and second floor landing, was observed to be badly stained with spills and ingrained marks on many areas. The staircase itself had chipped paint on a number of the banister spindles.

A hot-press on the second floor was observed to contain a lot of dust and maintenance debris. The area also contain old towels and sheets, which the person in charge advised they would remove and dispose of.

The external areas of the premises were not well maintained. The garden area to front, back and side of the house appeared run down. The areas did not provide a space where residents could enjoy sitting outside when weather permitted. There was a lot of items on the ground which posed a potential trip hazard. For example, the inspector saw large decorative stones, an industrial type hose and a plant pot covered in paint on pathways around the side of the house. The timber sleepers surrounding a grassed garden area were falling out of place and again posed a

potential trip risk.
Judgment: Substantially compliant
<b>Regulation 20: Information for residents</b>
<p>The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.</p> <p>The guide was written in easy to read language and was available to everyone in the designated centre.</p>
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
<p>The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The inspector had previously been informed by senior management that the policy, which was out of date since July 2024, was currently under review.</p> <p>Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.</p> <p>For example, the person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.</p>
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
<p>The inspector reviewed training schedules that demonstrated that, staff had completed specific training in relation to infection, prevention and control (IPC) and overall, refresher training was up-to-date.</p>



Staff spoken with were knowledgeable regarding their roles and responsibilities pertaining to IPC. Staff were informed of the local operating procedures for the management of centre specific IPC risks.

There were enhanced cleaning schedules in place, which were supporting the ongoing maintenance of a clean and safe environment for residents. Risk assessments were in place for IPC specific risks and provided appropriate measures to mitigate risk.

The inspector observed that, for the most part, the centre was visibly clean on the day of the inspection. In addition, good practices were in place for IPC including laundry management and a color-coded mop system.

Upkeep and repair work completed to the kitchen tops and bathrooms resulted in a safer environment for residents to live in. Infection prevention and control measures in these areas were now effective. Where there were further improvements needed, these have been address under regulation 17.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and fire fighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed in the entrance hallway, and all fire doors, including bedroom doors closed when the fire alarm was activated.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed residents' personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

Fire drills were taking place regularly. Where an issue arose for one of the residents during one of the drills, this had been promptly addressed. The person in charge had ensured that clinical input was included so that the proposed solution was in line with the resident's assessed behavioural needs.

The provider had completed a fire safety report. On the day of the inspection, the person in charge went through the actions with the inspector and demonstrated that

the majority of actions had been either completed or were in progress.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were systems in place for the ordering, receipt, prescribing, storing disposal and administration of medicines. Where two anomalies arose relating to pharmacy labelling, one was addressed on the day and the other was due for discussion with the on-call senior nurse manager.

There was a satisfactory disposal system, for unused and out of date medicines in place in the centre. An external company provided a special bin for this medication and pick-up was arranged when needed. Overall, the system was observed to be effective however, the inspector found that a review of the disposal of unused 'crushed' medicines would better enhance the systems in place.

Staff spoken with on the day were knowledgeable on medicine management procedures and on the reasons medicines were prescribed. A review of medication administration records also indicated that medications were administered as prescribed.

There were appropriate oversight systems in place to ensure safe medication practices and to ensure their effectiveness. The person in charge carried out a number of checks and audits that ensured that each resident's medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each resident's life.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the two residents' assessments of needs, and found that they were comprehensive and up to date. The assessments were informed by the residents, their key workers, their family and multidisciplinary professionals as appropriate.

The assessments informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Positive behaviour support plans
- Mental Health
- Communication

- Physical and Intimate Care
- Feeding, eating, drinking and swallowing (FEDS) plans

The provider had systems in place to track goal progress, which included; actions taken, status of the goal, any barriers identified and how the resident celebrated after achieving their goal.

Both residents had been supported to engage in 'wellbeing meetings' in January. At these meetings residents had an opportunity to choose goals they would like to achieve during 2025. Where residents found it difficult to choose goals, staff supported them through reminders, prompts and suggestions that were reflective of their current likes and preferences.

Judgment: Compliant

## Regulation 6: Health care

Appropriate healthcare was made available to residents having regard to their personal plan. Plans were regularly reviewed in line with the residents' assessed needs and required supports. Overall, care plans were reviewed regularly and up-to-date.

The designated centre provided a range of specialised supports to residents. Access to these supports was through an assessment and referral process utilising a multidisciplinary clinical support team (MDT). On review of residents' support plans the inspector saw that regular clinical support was provided in the centre and access to specialist clinicians and consultants as was provided as required.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). The inspector saw that where a resident had refused medical treatments or services, the resident's choice was taken into account in a safe way to ensure their health and wellbeing. For example, clinicians involved in the resident's healthcare were informed and alternatives were sought and risks were addressed.

Where appropriate, residents were supported to register for health screenings. The person in charge showed the inspection documentation that demonstrated that both residents had been supported to register with the bowel screening service. On the day of the inspection the person in charge was following up with the service to enquire about the next stage.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Residents' positive behaviour support plans were observed to be detailed, comprehensive and developed by an appropriately qualified person. In addition, plans included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring. Where there were changes in residents' behavioural needs, the person in charge communicated these changes to the appropriate clinician to ensure plans were updated in a timely manner and overall, effective.

The provider ensured that staff had received training positive behaviour supports and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and in particular, of the low arousal approaches that were in line with residents' assessed needs.

There were no restrictive practices used in this centre and the inspector found that the provider and person in charge were promoting residents' rights to independence and a restraint free environment.

Judgment: Compliant

## Regulation 8: Protection

There was a safeguarding policy in place and was available to staff. The policy was out of date however, on the day of the inspection the inspector was informed that a review of the policy was currently under way.

All staff members had been provided with appropriate safeguarding training. There were a number of risk assessments and support plans in place to ensure the resident's safety, in regards to keeping safe at home and in the community.

Since the last quarter in 2024 there had been a reduction in safeguarding incidents notified to HIQA and there had been no safeguarding incidents in the centre since January 2025. The person in charge advised the inspector that continuity of staffing, adherence to safeguarding plans and positive behaviour support strategies were enabling the reduction of safeguarding incidents.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, did so in line with each resident's personal plan and in a manner that respected their dignity and bodily integrity.

On speaking with staff, the inspector found that they were knowledgeable in how to identify and report any safeguarding concerns they may have.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially 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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for New Cabra Road OSV-0002345

Inspection ID: MON-0037406

Date of inspection: 26/02/2025

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In response to the area of substantially compliant found under Regulation 17 (1) (b):</p> <p>The PIC will source 2 quotes and then approval to remove and replace the carpet on the first and second floor.</p> <p>The Maintenance Dept have been contacted to rectify chipped paint on the staircase. The Hot-press is now free from dust and debris, and sheets and towels removed and disposed of.</p> <p>The PIC has contacted St Michael's House Corporate Volunteer group and requested support to remove trip hazards from the garden and to make it more friendly outdoor space for residents.</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)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2025