



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

Issued by the Chief Inspector

Name of designated centre:	Elmwood
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	10 March 2025
Centre ID:	OSV-0002392
Fieldwork ID:	MON-0037557

About the designated centre

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

Elmwood is a designated centre operated by St. Michael's House. It provides residential care and support to adults with an intellectual disability. Residents with additional physical or sensory support needs can be accommodated in this designated centre. The centre can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with dual diagnosis intellectual disability and mental health diagnosis. The centre offers support to residents in activities of daily living including support in personal care, meal preparation, organising, planning and participating in social activities. Multi-disciplinary support is available to assess and support residents' changing needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 10 March 2025	10:45hrs to 16:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out in response to the provider's application to renew the centre's registration. The inspection took place over one day and the inspector had the opportunity to meet four of the five residents who lived in the designated centre. Conversations with residents and staff, observations of care and support and a review of documentation was used to inform judgments on the quality and safety of care of the service. Overall, this inspection found that the residents were in receipt of a very high standard of care which, in many cases, was going beyond the requirements of the regulations and was striving to meet the National Standards.

Elmwood designated centre is located in a busy suburb of North Dublin close to many public amenities and facilities. The centre was home to five residents at the time of inspection but has capacity for six residents. One of the residents who spoke to the inspector had moved in to the centre in recent weeks. The inspector was told, and saw, that there was careful consideration of the safeguarding and compatibility of residents when exploring any new admissions to the centre. The result of this was that the residents communicated that they felt safe and happy in their home. Residents spoke of having made positive friendships with their peers and some of the residents had chosen to go on holidays together over the last year. One resident told the inspector of how they and another resident had gone to London to do some shopping and sight seeing.

The centre was spacious, clean and homely throughout. Residents had their own private bedrooms, two of which were located downstairs which supported residents' assessed mobility needs. There were shared communal spaces including sitting rooms, bathrooms and a kitchen. The inspector observed some refurbishment works were required to the kitchen and bathrooms which had become worn and damaged over the course of several years. Additionally, the person in charge had identified that changes would be required to the upstairs bathrooms to make these more accessible and future-proof them in order to meet residents' needs as they aged. The person in charge told the inspector of the plans in place to complete these works in the coming months. It was evident that the person in charge was committed to driving service improvement and ensuring that the centre was suitable to meet the changing needs of the residents.

Residents were observed to be very comfortable and relaxed in their home. They were familiar with the staff team and were observed chatting to them, sharing jokes and telling stories about their day. Many of the staff team had worked in the centre for a number of years and knew the residents and their needs well. Staff members told the inspector of the enhanced support that they had provided to one resident during a recent hospitalisation and of how their knowledge of the resident's communication and behaviour support needs were essential in supporting the resident in receiving treatment. The inspector saw, on a HIQA feedback questionnaire, that a family member of this resident had also complimented the staff

team on the care that they had provided to their loved one.

Staff had received training in human rights and described to the inspector how they upheld residents' rights on a daily basis. Staff described supporting residents to have autonomy in managing their finances and their medications. For example, one new admission to the centre had initially asked the staff team to mind their bank card; however, the resident was supported to take responsibility for their own bank card and to have control over their own finances. Another staff spoke of how one resident is very interested in elections and values their right to vote. Staff provided assistance and support to this resident in order for them to exercise this right.

Residents had established meaningful networks and social connections in their local community. Two staff members told the inspector of the meaningful relationship that one resident had developed with two staff from a coffee shop. This resident had sadly passed away in early 2024 and the staff described how the coffee shop staff had attended her funeral. The staff members also spoke of how the roster had been adapted in order to provide palliative care to this resident and to allow them to remain in their home for as long as was possible.

Another resident enjoyed accessing community activities and regularly met up with people from their classes for coffee and a catch up. The inspector met residents returning from day services and activities and heard residents telling staff about their day. Residents told the inspector how they were supported to maintain relationships with their friends and families.

The inspector met with four of the residents and two spoke to her in more detail. These residents told the inspector that they really liked living in the house and, in particular reported that the staff team were really helpful and kind. One resident said "the staff are lovely" and another said "the staff are really nice".

These residents told the inspector about holidays they had gone on and of their friendships with other residents. All of the residents had completed HIQA feedback questionnaires, some with the assistance of staff or family members. The questionnaires all detailed that residents were very happy with the service provided, that they felt safe and that their rights were upheld.

Overall, this inspection found that residents were living in a safe and comfortable home and were in receipt of person-centred care from a familiar and kind staff team. The next two sections of the report will describe the governance and management arrangements of the service and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report describes the governance and management arrangements of the centre. Effective governance ensures positive outcomes for residents through

providing person-centred care and support and promoting an inclusive environment where the views and needs of each individual resident are valued. This inspection found that the governance and management arrangements in the centre were ensuring the delivery of a high-quality and person-centred service which was empowering the residents to live busy and active lives of their choosing.

The designated centre was staffed by a team of social care workers and one staff nurse. The staff team were in receipt of regular training, supervision and support. This was ensuring that staff were informed of their roles and responsibilities. A training matrix was maintained which showed that all staff were up to date with mandatory and refresher training. Staff described to the inspector how they implemented their training on a daily basis in order to meet residents' assessed needs, help residents to achieve personally meaningful goals and to ensure their rights are upheld.

There were clearly defined reporting structures. The staff team reported to a team leader and to the person in charge, who in turn reported to a service manager. The person in charge was suitably qualified and experienced and was clearly committed to driving service improvement and ensuring that the service was suitable to meet the changing needs of the residents. There were regular meetings held at all levels of the management chain to ensure timely communication of key information and to escalate risks or concerns to the provider levels. Local and provider level audits were effective in identifying risks in the service. The inspector saw that action plans implemented as a result of these audits were implemented and that they supported service improvements.

The provider had made a full and complete application to the Chief Inspector to renew the centre's certificate of registration. All of the prescribed information was reviewed and verified to be accurate through the inspection process. The person in charge had ensured documents which provided information about the service, such as the residents' guide and the statement of purpose, were available in the centre.

The person in charge ensured that admissions to the centre were in line with the statement of purpose and the provider's associated policy. There were measures implemented to ensure that the needs, wishes and rights of all residents were considered as part of the admissions process. Residents, including incoming residents, were consulted with and their rights and wishes in respect of the admission were upheld. This was also effective in ensuring compatibility of residents and reducing the risk of peer to peer safeguarding incidents.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew the centre's certificate of registration was submitted and the required fee was paid in time. All of the required prescribed information was submitted and was reviewed by the inspector in advance of the inspection. The information was verified on inspection, for example floor plans submitted were seen

to be a true and accurate reflection of the layout of the designated centre.

The provider's prompt submission of the application and prescribed information ensured they were afforded the protection of Section 48 of The Health Act 2007 (as amended) while going through the renewal process.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge of the designated centre was employed in a full-time position and had oversight of just this designated centre. They had access to appropriate management hours in order to complete their regulatory responsibilities and to ensure the safety and quality of care. They were supported in their role by a social care worker who acted as a team leader and who also had defined responsibilities.

The person in charge was suitably skilled, experienced and qualified. Prescribed information submitted demonstrated that they met the requirements of regulation 14.

It was evident that the person in charge was constantly seeking to improve the quality and safety of the service. In consultation with the provider, the person in charge had identified that enhancements were required to the premises in order to accommodate the changing needs of residents as they got older. A plan was in place to complete these works and is discussed further under Regulation 23.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by a stable and consistent team of social care workers and one staff nurse. Many of the staff team had worked in the designated centre for a number of years and clearly had an excellent understanding of the residents' individual needs and preferences in respect of their care.

The consistent staffing arrangements were ensuring that residents received assistance, interventions and care in a respectful, timely and safe manner. For example, staff members told the inspector of how their understanding of a resident's non-verbal communication was important in ensuring effective care when the resident was in hospital for a period of time. A family member of this resident commented positively in the HIQA questionnaire on the dedication and knowledge of the staff team and thanked them for the support they gave the resident during their recent serious illness.

Residents in the centre told the inspector, through their questionnaires and in person on the day of inspection, of how supportive and caring the staff team are. Residents spoke positively of the individualised care and support that they received in respect of their daily lives. For example, one resident said in their questionnaire "all the staff in Elmwood are lovely, very supportive. I have loads of freedom and get choice (in) what I do".

The inspector reviewed the planned and actual rosters for February and March 2025. Across four dates examined it was seen that staffing levels were maintained at levels in line with the statement of purpose and were suitable to meet the needs and number of residents. Gaps in the roster were filled from in-house staff completing additional shifts or from a small panel of relief staff. This was another measure which was ensuring continuity of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had nominated a staff member to have particular responsibility in liaising with the provider's training department to monitor staff training needs. This was effective in ensuring that staff were up to date with required mandatory and refresher training. The inspector reviewed a training matrix which showed that all staff were up to date with training in key areas such as fire safety, safeguarding vulnerable adults and infection prevention and control. This ensured that staff were able to provide care to residents that reflected current evidence-based practice and that was relevant to the needs of the residents.

Staff in this centre had also completed training in human rights. Staff members spoken with clearly provided examples of how they uphold residents' rights in the centre. This information is provided under Regulation 9:Rights.

Staff were also in receipt of good quality and regular supervision and support through monthly staff meetings and individual staff supervision sessions. The inspector reviewed the staff meeting records from the last two staff meetings and the supervision records for two staff. These showed that staff were informed of important updates regarding residents' needs and their own training and professional development requirements.

Judgment: Compliant

Regulation 22: Insurance

A copy of the provider's certificate of insurance was submitted with their application

to renew the certificate of registration. This showed that the provider had taken out insurance against injury to the residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The centre was staffed by a team of social care workers and one nurse who reported to a team leader and the person in charge. The person in charge reported to, and was supported in their role, by a service manager. Staff members had been recently allocated particular responsibilities, for example in monitoring staff training needs and liaising with the provider's rights committee to organise reviews of restrictive practices. Staff spoken with were informed of their roles and responsibilities and it was evident, through the high levels of compliance found on this inspection, that these arrangements were effective in assisting the person in charge in ensuring the quality and safety of care.

Staff spoken with were informed of the reporting arrangements. They told the inspector of the procedures to be followed in order to escalate risks including specific risks such as safeguarding issues. Staff were in receipt of regular support and supervision and were performance managed in order to ensure they could exercise their personal and professional responsibility.

There were a comprehensive suite of audits in place at local level and provider level in order to drive service improvement. Local audits reviewed by the inspector included monthly health and safety checks and daily fire checks. The provider's six-monthly audits were also comprehensive and informed action plans to address any deficits. For example, the six-monthly audit in July 2024 identified the need for an investment of capital funding for bathroom and kitchen upgrades. At the time of inspection, quotes had been obtained for these works and were with the provider for approval. This demonstrated a timely response to risks identified and showed that audits were an effective measure in ensuring the quality of the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had in place an up-to-date admissions policy. The inspector was told that there had been one new admission to the centre within the past 12 months. The inspector reviewed documentation in respect of this admission and spoke to the new resident, staff and other residents about the admissions process. The inspector saw, and was told, that this admission took place in a planned and safe manner and

that consideration was given to the needs and preferences of all of the residents.

The new resident was afforded an opportunity to visit the centre and to meet the residents prior to the admission. Planned activities such as coffee shop visits and cinema trips were completed with residents in order to build relationships. Current residents were consulted with regarding the new admission and, those residents who were able to do so, told the person in charge that they would be happy to have the new resident move in.

Initially, the new resident moved in on a part-time basis as per their will and preference; however, just before the inspection they had communicated that they wished to move in full-time and this was facilitated. The resident had particular preferences to spend a certain number of nights in their family home and the inspector saw documentation that their wish was to be upheld and support provided if required.

The inspector saw that the new resident had an accessible contract of care and a tenancy agreement in place. These detailed the fees or rent to be paid and what these covered.

The inspector spoke to the new resident who told the inspector that they were very happy there, that the staff were "lovely" and that they felt safe.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was maintained in the designated centre. The inspector reviewed this document and saw that it contained all of the information as required by the regulations. For example, information on the services and facilities in the designated centre were detailed and these were verified through the inspection process.

Judgment: Compliant

Quality and safety

This section of the report describes the quality and safety of care provided in the designated centre. This inspection found that residents were in receipt of high quality services and supports, that they felt safe and that they were supported to maximise their independence in order to live meaningful and fulfilling lives. Very high levels of compliance with the regulations were identified with only some minor works required to the premises of the designated centre. These works were required

to enhance the bathroom and kitchen facilities and to install additional fire exit doors. There were plans in place to progress these works at the time of inspection.

The inspector reviewed two of the residents' files and saw that there were comprehensive and up-to-date assessments which detailed residents' needs and their preferences in respect of their care. The assessments were used to inform care plans for each assessed need; for example, care plans were implemented in respect of residents' communication, intimate care and medical needs. Residents were consulted with in respect of their care plans and the inspector saw that care plans took account of the residents' wishes and preferences and the steps required to uphold their autonomy and dignity.

Residents' rights were respected and promoted in the centre. Residents were provided with support to exercise their rights in respect of voting, privacy and autonomy in areas including finances and medications. Supports were provided in these areas to those residents who required support in order to fully exercise their rights.

The designated centre was homely and promoted the privacy and dignity of residents. Residents had their own bedrooms which they could choose to lock for privacy and safeguarding of their personal possessions if they wished to do so. There were communal facilities which offered places to relax or chat with staff and other residents.

The downstairs wetroom was accessible, well-maintained and suitable to meet the needs of the residents in a manner which supported their dignity and privacy. There were works required to the upstairs bathrooms in order to make these more accessible and the inspector was told that there were plans in place to complete these works. The kitchen also required refurbishment as it had become worn and damaged over time. Quotes for a new kitchen were being obtained at the time of the inspection.

There were generally suitable fire management systems in the service; however, works remained outstanding to install additional fire evacuation doors to aid the evacuation of one resident. The inspector saw that planning permission had been obtained for the fire doors and was told that it was planned for these works to be completed as part of the overall planned refurbishment for the centre.

Residents told the inspector that they felt safe and happy in their home. Residents were consulted with regarding important changes to the service, for example new admissions and restrictive practices. The impact of new admissions and restrictive practices on residents' rights had been given careful consideration and care plans were implemented to minimise any potential negative impact in these areas. Staff were informed of their safeguarding roles and responsibilities and told the inspector of how they ensured all residents were protected from abuse.

Regulation 10: Communication

Some residents in this centre presented with assessed needs in the area of communication. The inspector reviewed the files of one of the residents and saw that they had up-to-date communication care plans that clearly detailed their needs and how these should be supported. The care plans were informed by assessments completed by the relevant multidisciplinary professionals.

Staff spoken with were informed of residents' communication care plans. The inspector saw staff responding promptly to residents' non-verbal communications. For example, one resident led staff to the front door and staff then supported the resident to go for a walk.

Residents in this centre had access to televisions and radios. Many of the residents had televisions in their bedrooms and had access to their preferred subscription service providers.

Judgment: Compliant

Regulation 17: Premises

The designated centre was very comfortable and homely. Residents each had their own bedrooms. Two bedrooms were located downstairs and the residents who used these had assessed mobility needs. One of the residents had recently moved downstairs and told the inspector through their questionnaire that they loved their bedroom and it was "much better since I moved downstairs". This resident told the inspector that they had plans to paint the bedroom in their preferred colour. They were seen to be comfortable and relaxed in their bedroom on their return from day service.

Other bedrooms were seen to be nicely decorated and residents' personal possessions and photographs were stored safely or displayed neatly.

Residents shared two communal sitting rooms, a kitchen and dining room and three bathrooms. One of these bathrooms was a fully accessible wetroom with a Parker bath which was located downstairs. The other two bathrooms were located upstairs and it had been identified that works were required to make these more accessible for residents. Quotes were in the process of being obtained for planned works at the time of inspection.

The kitchen of the centre required refurbishment, as identified by the provider's own audits. The laminate cover of some of the presses was peeling off and this made it difficult for staff to effectively clean it. The laminate countertop was damaged in places and the flooring was starting to peel away from the skirting board under the sink. The inspector was told that quotes were also being obtained in respect of this work at the time of inspection.

Some painting was required to the designated centre, for example in hallways where

remedial works had recently been completed around fire doors.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available in the designated centre. This was reviewed by the inspector and was seen to contain all of the information as required by the regulations. For example, the residents' guide provided information on the provider's complaints procedure and the fire evacuation arrangements.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were suitable fire risk management systems in place in the centre. The inspector saw that the centre was fitted with equipment to detect, contain and extinguish fires. Servicing records for this equipment was maintained which showed that all equipment was maintained in good working order.

All staff had received training in fire safety. An emergency evacuation plan for the centre detailed the specific arrangements for staff to follow in the event of an emergency. Each resident also had an up-to-date personal evacuation plan on their file which detailed the supports required to evacuate residents. Staff spoken with were familiar with the evacuations plans.

A risk had been identified on previous inspections of this centre in respect of one resident who inconsistently evacuated on fire drills. On a number of occasions the resident refused to evacuate and remained in their bedroom. Staff told the inspector that the resident continued to be inconsistent with compliance in respect of fire evacuations. The inspector saw, on the resident's evacuation plan, that a ski sheet had been put on the resident's bed to assist with evacuation. The provider had also sought planning permission and quotes to install additional emergency exit doors directly from the resident's bedroom. While this plan was in progress at the time of inspection, there was no defined timeframe for when this work would be completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate procedures in place for receiving, storing, administering and

disposing of medications. Medications were seen to be stored securely and hygienically. Records of medications prescribed and administered were maintained and the inspector saw that these records demonstrated that medications were administered as prescribed. Resident's allergies were documented and care plans were in place to guide staff in managing these allergies.

Assessments were completed with residents to determine the supports required to self-administer medications. Residents were encouraged to have autonomy in respect of their medications and where supports were required, these were provided.

Medications were provided supplied by a pharmacist and were supplied in a format which assisted residents to have autonomy with self-administering medications. For example, regular medications were blister packed. This made it easier for residents to manage their own medications when away from the centre on family visits or holidays.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' individual assessments and care plans in detail over the course of the inspection. Each resident was seen to have an up-to-date and very comprehensive assessment which clearly identified needs in respect of their health and social care. The assessment was informed by the residents, their representatives, the staff team and the multidisciplinary team.

The individual assessment was used to inform person-centred care plans in respect of assessed needs. These care plans provided information to guide staff on meeting assessed needs. Care plans were seen to be informed by the human rights principles and clearly detailed steps for staff to take to maintain residents' dignity and autonomy during the provision of care and support. For example, one care plan described how a resident enjoyed preparing their own meals in line with their dietary preferences and how staff should support the resident to maintain their independence in this area.

Care plans were reviewed and updated in line with residents' changing health care needs. For example, one care plan detailed the enhanced supports that one resident required with intimate care following a recent hospitalisation. Staff spoken with were knowledgeable of residents' care plans and were clearly informed regarding their needs.

Judgment: Compliant

Regulation 8: Protection

The provider had implemented an up to date safeguarding policy which guided staff in the procedures to be followed in the event of a safeguarding concern. All staff had received safeguarding training and were up to date in training in Safeguarding Vulnerable Adults and Children First. Staff spoken with were informed of the safeguarding procedures and of the reporting responsibilities for safeguarding concerns.

The designated centre was operated in a manner that ensured the safety of the residents. Residents spoken with told the inspector that they felt safe and happy in their home. Residents questionnaires told the inspector that residents enjoyed each others company and got on well together. Some of the residents had chosen to go on holidays with other residents over the last year.

Residents were consulted with regarding admissions and consideration was given to their preferences and needs when new admissions were identified. The compatibility of residents was considered and residents were supported to build relationships with prospective residents before the admission.

Consideration had been given to the layout of the centre in order to minimise the impact of some residents' assessed needs on others. For example, the inspector was told that, due to assessed needs, one resident could be loud when self-regulating in their bedroom in the evenings. For this reason, this resident's bedroom was positioned at the end of a corridor opposite the staff sleepover room. This meant that staff could quickly attend to the resident if required. An empty bedroom was left between this resident's room and another resident's bedroom. This reduced the risk of the resident speaking loudly impacting on other residents' sleep in the evenings.

The inspector reviewed the safeguarding records in respect of three incidents in recent months. The inspector saw that the safeguarding procedure had been followed and that incidents were reported to the safeguarding and protection team and to the Chief Inspector as required. Safeguarding plans were implemented which included specific control measures to protect residents. Staff spoken with were knowledgeable regarding these plans.

Residents' files also contained up-to-date intimate care plans which guided staff in providing care in a manner that respected residents' dignity and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

Residents communicated in person, and through resident questionnaires, that they

had choice and control in respect of their daily lives. Residents were seen to be busy and active on the day of inspection. Some residents attended day services while others participated in preferred activities from their home. The inspector saw that there were sufficient staff on duty to meet residents' needs and to facilitate preferred activities at a time when the resident chose. For example, one resident communicated non-verbally that they wished to go for a walk and this was immediately facilitated by staff.

Residents told the inspector that staff listen to them and respect their decisions. Staff in this centre had completed training in human rights and told the inspector of how they ensure that care provided is upholding residents' rights. For example, one staff member told the inspector of the support that is given to one resident to assist them with voting as this is important to the resident. Another staff member told the inspector that one resident likes to go to the shop to buy their own clothes, drinks and food. This resident can find it difficult to make choices in the shop and could become upset if overwhelmed. Staff told the inspector of the specific supports that they provide to ensure that resident can access the shops and purchase their preferred items.

Residents' bedrooms had locks and some residents chose to lock their doors when not in the centre and to hold their own key. There were systems in place to ensure bedrooms could be unlocked by staff in the event of an emergency.

Staff told the inspector how they uphold residents' autonomy in respect of decision making. Staff described for example how residents are supported to maintain control over their own bank cards and to use them to buy items that they wish. Staff said that sometimes residents might choose to buy items that they already have but that they respect the resident's decision-making.

Residents' files contained a care plan which considered the impact of restrictive practices on residents. There were a number of restrictive practices required due to the assessed needs of one resident. The care plan outlined the supports implemented to reduce the impact of the restrictive practices on other residents.

Residents' files also contained rights care plans which outlined the supports required to ensure residents' rights were supported. One of these care plans described the education in respect of human rights that a resident had received.

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
Capacity and capability	
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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elmwood OSV-0002392

Inspection ID: MON-0037557

Date of inspection: 10/03/2025

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:</p> <p>The Kitchen and First Floor Bathrooms Refurbishment are on the Estates Works Programme for 2025. Works schedules are awaiting receipt of contractor quotes. On receipt of contractor’s quotes, they will be evaluated and submitted for approval. At this point the contractor appointed will be confirmed, and together a schedule of the works will be determined.</p> <p>Subject to the above, the overall works schedule/project commitments, and contractors availability, works will commence July 2025.</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 installation of patio doors to a resident bedroom is on the Estates Works Programme for 2025. At present, we are at the procurement stage. Funding for completion of works has been approved in principle by the Fingal County Council and it is expected that we will receive written approval, April 2025. At this stage the contractor will be appointed and together a schedule of the works will be completed.</p> <p>Subject to the above, the overall works schedule/project commitments, and contractors availability, we would hope to be in a position that works will be completed July 2025.</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	31/07/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/07/2025