



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

Issued by the Chief Inspector

Name of designated centre:	A Canices Road
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Announced
Date of inspection:	22 March 2023
Centre ID:	OSV-0002332
Fieldwork ID:	MON-0030623

About the designated centre

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

A Canices Road is a designated centre operated by St Michael's House, located in North County Dublin. It provides community residential services to six adults who have varied support requirements. The centre is a two-storey house comprising a living room, kitchen/dining room, utility room, three bathrooms, an office and six bedrooms. There is a well maintained enclosed garden to the rear of the centre. The centre is located close to local shops and transport links. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 22 March 2023	09:35hrs to 17:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to help inform a decision regarding the provider's application to renew the registration of the designated centre.

The centre comprised a two-storey house in a busy Dublin suburb. The centre was very close to many amenities and services including shops, cafés, parks, and public transport. There was a dedicated vehicle in the centre for residents to use, it had been recently upgraded to better accommodate the residents' needs. The person in charge accompanied the inspector on a thorough walk-around of the centre. Since the previous inspection in January 2022, parts of the centre had been renovated and redecorated, for example, the interior had been painted. Overall, the centre was found to be clean, bright, homely, well furnished, and appropriate to the assessed needs and number of residents.

Three residents showed the inspector their bedrooms and said they were happy with them. The bedrooms provided adequate space and were decorated in accordance with residents' personal tastes. Some bedrooms also had en-suite facilities. The sitting room was bright and nicely decorated. The main bathroom was spacious and had been recently renovated with new flooring and tiles.

The kitchen was well equipped, and had also been recently renovated with new flooring, tiles, and cupboards. The inspector observed signage to inform residents of the upcoming inspection. There was also information displayed on menus, the staff rota, infection prevention and control (IPC), and the Assisted Decision-Making (Capacity) Act, 2015. The utility room had been upgraded with new storage facilities, and the inspector observed good IPC arrangements such as colour-coded cleaning equipment and access to personal protective equipment (PPE). However, other IPC arrangements required improvement, and are discussed further in the quality and safety section of the report. Some minor upkeep was also required to mitigate infection hazards, such as worn flooring in a bedroom, chipped paint on a bathroom radiator, and dust on an extractor fan; the person in charge had reported most of these matters to the provider's maintenance department.

There was a large and well maintained rear garden providing an inviting space for residents to use. There was also an external living room at the back of the garden. The room contained electric equipment, and the inspector found that the fire safety arrangements were not adequate and required more consideration from the provider. Fire safety is discussed further in the quality and safety section of the report.

The inspector observed some restrictive practices implemented in the centre. The rationale for the restrictions was clear, however some of the supporting documentation regarding consent and recording of restrictions required improvement.

In advance of the inspection, resident questionnaires were sent to the centre. Staff supported residents in completing the questionnaires. Their feedback was positive, and indicated satisfaction with the service and facilities provided in the centre.

The annual review carried out by the provider in March 2023 had also consulted with residents and their representatives. The residents expressed happiness and satisfaction with living in the centre. The feedback from families was also positive.

Some residents attended day services, while others were supported by staff in the centre with their social and leisure activities. The inspector met all of the residents during the inspection. They appeared relaxed in their home, and some chose to speak with the inspector. The first resident was watching soaps on their smart device. The inspector observed staff respectfully engaging with them, and offering choices regarding activities, for example, the resident declined to go on an outing and this was respected.

Three residents chose to speak to the inspector together. They said that they were happy living in the centre, and got on well with their housemates. They had no concerns, but felt comfortable raising concerns with staff or the person in charge. They each had key workers who supported them with personal 'goals' such as attending community classes and planning holidays. Two residents were looking forward to an upcoming holiday to America. At the weekends, they liked to visit family, go to the cinema, cafés and shops. They said they were happy with their home and the facilities. They liked the food in the centre, and some liked to bake. They attended weekly meetings and told the inspector that they spoke about 'chores' and fire safety. They said that they had control of their lives, for example, they could access their own money and choose how they spent their time.

Another resident spoke to the inspector for a short time before they went to visit family. They said that they loved the centre and were very happy with the staff. They enjoyed the food in centre and often had their favourite meals. They enjoyed going out for drives and coffee, and attending social clubs, and also liked to relax by watching television and playing games. They knew how to evacuate the centre in the event of a fire.

The inspector had the opportunity to meet a family member of one resident. They told the inspector that the service provided to their loved one was "excellent". They had no concerns, but felt confident raising any potential concerns with the staff team. They were very complimentary of the staff team, and the communication between the centre and family was good. Overall, they were happy with the supports provided to their loved one, however would like their day service opportunities to be further explored.

The inspector spoke with staff including the person in charge, service manager, and social care workers. The person in charge was in their role for many years and demonstrated a rich understanding of the residents and their individual needs. They described a high quality service delivered by a professional and dedicated staff team. They were satisfied with the resources available to residents including multidisciplinary team services such as social work, psychiatry, psychology, and

dietitian. Some of the residents' needs were changing and the person in charge was ensuring that these needs were being supported. There had been several safeguarding concerns in 2022, however they had reduced and the person in charge was satisfied with the current arrangements.

A social care worker told the inspector that residents received an excellent service that promoted a human rights-based approach to care and support. They described how residents were supported to understand and exercise their rights through use of easy-to-read information, meetings with key workers, and daily discussions and promotion of choices, for example, choice of meals and daily routines. They described the safeguarding arrangements in the centre, and demonstrated good knowledge of the residents and their associated needs. They had no significant concerns, but felt confident raising potential concerns with the person in charge who they described as being very supportive. They said that staff vacancies were being well managed to reduce any adverse impact on residents. They were knowledgeable on the IPC arrangements and fire safety systems, and these matters are discussed further in the report.

From what the inspector was told and observed during the inspection, it appeared that overall, residents had active lives, received a good quality of service, and were being supported through a person-centred approach. However, some aspects of the service provided in the centre, such as the fire safety systems, use of restrictive practices, and IPC measures were found to require improvement.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were good management systems in place to ensure that the service provided to residents in the centre was safe, consistent and appropriate to their needs. However, some improvements were required in the effectiveness of the oversight systems and frequency of formal supervision for staff.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and based in the centre. They were suitably qualified and skilled, and found to have a good understanding of their role and of the supports required to meet the assessed needs of the residents in the centre. The person in charge was supported in their role by a service manager and Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to ensure that the centre was safe and consistently monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out to assess the quality and safety

of service provided in the centre. The person in charge monitored actions for improvement to track their progression. However, the effectiveness of recent audits required more consideration from the provider as they had failed to identify some of the areas requiring improvement as noted in this inspection report.

The skill-mix in the centre comprised social care workers. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. Residents also had access to multidisciplinary team services as required. The person in charge maintained planned and actual rotas showing staff working in the centre. There were some vacancies which the provider was actively recruiting for. The vacancies were managed well to minimise adverse impacts on residents, however on occasion not all vacant shifts were filled which posed a risk to the quality and safety of service provided to residents.

Staff working in the centre completed training in a range of areas as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and supervision to staff working in the centre, and staff spoken with advised the inspector that they were satisfied with the support they received. However, the formal supervision arrangements were not implemented in line with the provider's policy.

Staff could also contact the service manager or on-call service if outside of normal working hours. They also attended regular team meetings which provided an opportunity for them to raise any concerns. The inspector viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, fire safety, medication, infection prevention and control, and training.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The provider's application to renew the registration of the centre contained the required information set out under this regulation and the related schedules.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time in their role and had worked in the centre for many years. They had relevant social care and management qualifications, and was found to be suitably skilled and experienced to manage the centre.

They demonstrated a rich understanding of the residents' needs, and was aware of the regulations and standards pertaining to the Health Act 2007, as amended.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of social care workers. The person in charge was satisfied that the current skill-mix and complement was appropriate to the number and assessed needs of the residents.

There was one part-time and one full-time vacancy. The part-time vacancy was due to be filled in the coming weeks, and the provider was actively recruiting for the full-time post. The vacancies were being filled by regular staff working additional hours, and by agency and relief staff. The person in charge endeavoured to book familiar agency and relief staff to support consistency of care for residents and minimise any impact on them. However, there had been times when the required staff complement was not met which posed a risk to the quality and safety of service provided to residents, for example, two staff were on duty instead of the required three.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of staff working in the centre during the day and night.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The inspector reviewed a log of the staff training records provided by the person in charge. Staff had completed training in areas such as, fire safety, safeguarding of residents, positive behaviour support, infection prevention and control, manual handling, and medication management.

The person in charge provided informal and formal supervision to staff. The person in charge maintained supervision records and schedules. Formal supervision was to take place quarterly as per the provider's policy. However, some staff were overdue formal supervision, for example, some had not received it in over twelve months.

However, informal support was provided on a frequent basis, and staff spoken with told the inspector that were satisfied with the support and supervision they received.

In the absence of the person in charge, staff could contact the service manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours.

Judgment: Substantially compliant

Regulation 23: Governance and management

Generally, the registered provider had ensured that the centre was resourced to deliver effective care and support to residents, however as noted under regulation 15, there were some staffing deficits that the provider was recruiting for.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was full time and based in the centre. They were supported in their role by a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to meet and communicate. The person in charge and service manager had regular meetings as well as frequent informal communication. The person in charge also prepared a regular quality and safety report for the service manager to support their oversight of the centre. The report provided information on a range of topics, such as residents' needs, complaints and compliments, and safeguarding.

The registered provider had implemented systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out, and had consulted with residents. Audits had also been carried out in the areas of medication, and infection prevention and control. A recent quality audit had been carried out in advance of the inspection. The audit was wide in scope, however it had failed to identify some areas for improvement as noted in this inspection, for example, fire safety and staff supervision arrangements.

The person in charge maintained a quality enhancement plan which monitored actions to drive improvement. The inspector found that actions outlined in the provider's compliance plan following in the last inspection of the centre, in January 2022, had been completed.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was available in the centre to residents and their representatives.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. The inspector observed residents to have active lives and participate in varied activities within the community and the centre. Residents chose their activities in accordance with their will and personal preferences. Residents were also supported to maintain relationships meaningful to them, for example, with their families. Residents spoken with were happy in the centre, and generally the service provided was of a good quality. However, improvements were required in the areas of infection prevention and control (IPC), personal plans, restrictive practices, and in particular fire safety.

Assessments of residents' care needs had been carried out which informed the development of personal plans. The inspector viewed a sample of the residents' assessments and care plans. The plans were up to date and generally provided sufficient guidance for staff in order to effectively support residents with their needs. However, one plan required further enhancement, and the recording of some interventions was found to require improvement.

Where required, positive behaviour support plans were developed for residents. Staff also completed relevant training in behaviour support to support them in this area. There were some restrictive interventions in the centre. The rationale for use was clear, and had been approved by the provider's oversight group. However, the inspector found deficits in the associated documentation relating to consent and recording of use.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Safeguarding concerns were reported and screened, and safeguarding plans were developed as required.

The premises were found to be bright, clean, nicely decorated and furnished. There was sufficient communal space, as well as a nice garden for residents to enjoy.

Some residents spoken with said they were happy with their homes.

The fire safety systems were found to require improvement. There was no fire detection or fighting equipment in the external room at the end of the garden. Electrical equipment was used in the space and the absence of fire equipment posed a risk that the provider had not assessed. Within the main house, there was fire detection, containment, and fighting equipment, and emergency lights. The equipment was serviced, however records from November 2022 indicated that some lights required replacing. Staff in the centre also completed daily, weekly, and monthly fire safety checks. There were some minor gaps in the daily checks. The fire alarm panel was addressable, however limited to two zones.

The inspector tested several of the fire doors, and they closed properly when released. However, some of the exit doors were key operated which did not ensure prompt evacuation, and two of the break-glass units were broken which posed a risk to the security of the keys and potential injury to staff when retrieving the keys.

There was no fire safety risk assessment, however the person in charge prepared one during the inspection which they planned to review with the provider's fire safety expert. The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating. Fire drills were carried out to test the effectiveness of the evacuation plans. Staff had completed fire safety training, and staff spoken with were aware of the supports residents required to evacuate. Some of the residents also advised the inspector on the evacuation arrangements.

There were IPC measures and arrangements to protect residents from the risk of infection, however some improvements were required to meet optimum standards. The provider had prepared comprehensive IPC policies and procedures, and there was also good support available from the provider's IPC team.

There were arrangements for the oversight and monitoring of the IPC measures through audits, assessment tools, and discussions at team meetings. However, some of the associated documentation including some risks assessments, the outbreak management guide, and a self-assessment tool required more consideration. Staff had completed relevant IPC training and were knowledgeable on the IPC matters that they discussed with the inspector. There was a good supply of PPE, cleaning equipment and chemicals. Some aspects of the environment required attention to mitigate infection hazards.

Regulation 17: Premises

The centre comprised a large two-storey house in a busy Dublin suburb. The premises were found to be appropriate to the number and needs of the residents living in the centre. It was clean, bright, warm, comfortable, and generally well maintained. It had been recently repainted on the interior, and renovations had

taken place, including repairs to flooring in the main bathroom.

There was sufficient communal and living space including a nice garden and external living room at the back of the garden. The kitchen facilities were well equipped, and there were adequate bathroom facilities. Residents had their own bedrooms which provided adequate space and were decorated in accordance with their personal tastes.

Some of the residents told the inspector that they were happy with the premises.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some aspects were found to require improvement.

There was a suite of policies and procedures on IPC, and an IPC team to provide support and guidance on IPC matters. There were arrangements for monitoring the IPC measures in the centre. A detailed IPC audit had been carried out which identified actions for improvement. The person in charge had also completed a self-assessment tool to assess the effectiveness of the IPC measures, and while they were satisfied with the measures, the tool had not been reviewed since 2020.

They had also prepared risk assessments on a range of IPC matters, some required minor revisions to reflect updates to guidance and to reference infection risks specific to the centre. The outbreak management guide was not signed or dated to indicate if it was current, and the inspector found that it required further information regarding staff contingency arrangements.

There was good access to hand hygiene facilities and PPE in the centre. Generally, it was clean and tidy. However, some areas of the premises required attention, for example, dust on extractor fans. Staff were responsible for cleaning duties in addition to their primary roles, and there was guidance and cleaning schedules to inform their practices. The cleaning schedules required enhancement to include the washing machine. There was cleaning chemicals with safety data sheets, and colour coded-cleaning products were used to reduce the risk of cross contamination of infection. However, the storage of cleaning equipment required improvement, as the doors of an outdoor storage unit were broken which exposed the contents to the elements.

Staff completed IPC training, and staff spoken with advised the inspector on the arrangements for soiled laundry, cleaning, and implementation of outbreak plans. IPC was also discussed at team meetings to support staff knowledge, for example, recent meeting minutes noted discussions on IPC training and cleaning.

Residents had also received guidance on IPC during their meetings, for example, minutes from March 2023 noted discussions on hand hygiene. Residents also had access to vaccination programmes if they wished.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety systems required improvement.

There was fire detection, containment, and fighting equipment, and emergency lights in the house. However, the external living room at the back of garden did not have adequate fire safety equipment, for example, there was no fire detection or fighting equipment. The room contained electrical equipment and was regularly used by residents. The absence of fire equipment posed a potential fire safety risk which required consideration and improvement by the provider.

Servicing records of the emergency lights in the main house from November 2022 noted that some lights required replacing. However, assurances were not provided to the inspector before the inspection concluded to demonstrate that these works had been carried out or were being planned for.

Some of the exit doors were key operated which did not ensure prompt evacuation in the event of a fire.

Furthermore, the inspector observed two broken break-glass units which could pose a risk to the security of the keys and potential injury to staff when retrieving the keys.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, social and personal care needs were assessed. The assessments were used to inform care plans which were available to staff to guide their delivery of care and support. The inspector viewed a sample of residents' assessments and care plans on intimate care, health, sleep, skin, eating and drinking, and safety. Most of the plans provided sufficient information to inform staff on the supports and interventions to meet residents' needs, however one personal care plan was found to require more detail.

Furthermore, some of the recording in residents' records required improvement to provide assurances that the interventions described in the care plans were

consistently implemented, for example, dietary intake interventions.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern. Staff were required to complete training in positive behaviour support, and the provider had prepared a positive behaviour support policy for staff to refer to.

Positive behaviour support plans had been developed for some residents where required. The inspector viewed a sample of the plans and found that they were up to date.

The use of restrictions in the centre was governed by a written policy prepared by the provider. There were some environmental restrictive interventions implemented for the safety of residents. The restrictions had been approved by the provider's oversight group. However, it was not documented that residents affected by the restrictions or their representatives had provided consent, and the recording of use of the restrictions required improvement to demonstrate that they were for the shortest duration necessary.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

The inspector found that safeguarding concerns were reported and screened, and safeguarding plans were developed as required. Staff spoken with able to describe the safeguarding procedures and were knowledgeable on the safeguarding plans.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected and promoted the rights of the residents.

Residents were supported to make decisions and choices about aspects of their lives. Residents were consulted with and participated in the organisation of the centre through scheduled house meetings, key worker sessions, and daily consultations.

The inspector viewed a sample of the residents' meeting minutes which noted discussions on topics such as activity planning, house 'rules', manual communication signs, complaints, fire exits, COVID-19 and infection prevention, and finances. There was also a folder in the hallway containing easy-to-read information on the residents' guide, complaints, independent advocacy services, COVID-19, manual communication signs, and menu pictures.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for A Canices Road OSV-0002332

Inspection ID: MON-0030623

Date of inspection: 22/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In response to Substantially Compliant under Regulation 15 (1):</p> <ul style="list-style-type: none"> • The Provider acknowledges the 1.5 SCW vacancies that are present on the Roster and has included these vacancies for filling at the recent Recruitment Fair held on 22/3/23 and is considered within the general SCW advertisements both internal and external. • A replacement staff member had been identified for the part-time post but unfortunately they declined at the last minute to take the post. • In the meantime, permanent staff members on the Team have taken up additional hours for the majority of hours required to be covered. • Where permanent staff are not available, Agency staff are booked in. The PIC has endeavored to repeat book suitable Agency staff in an effort to maintain continuity of care and support to the Residents. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: In response to Substantially Compliant under Regulation 16 (1) (b):</p> <ul style="list-style-type: none"> • The PIC will continue to provide both formal and informal support and supervision to staff throughout the year. • The PIC will arrange formal Supervision Meetings with the staff members who were overdue formal supervision, in line with the organisation's policy. 	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In response to Substantially Compliant under Regulation 23 (1) (c):</p> <ul style="list-style-type: none"> • The Provider will ensure that the 1.5 vacancies are filled. • For future reference the Provider will include Fire Safety in the Seomra, located in the garden, and details of staff supervision completed within the 6 Monthly Audits 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In response to Substantially Compliant under Regulation 27:</p> <ul style="list-style-type: none"> • The PIC will carry out the necessary changes to the IPC Risk Assessments. • The PIC will ensure that the Outbreak Management Guide is signed and dated by all staff members and will include further information regarding staff contingency arrangements. • The PIC and staff team will revise the Cleaning Schedules to include cleaning of the washing machine and dusting of extractor fans. • The PIC will submit a request to the Maintenance Dept to repair the doors or of an outdoor storage unit which houses mops. If repair is not possible a replacement storage unit will be requested. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In response to Non Compliant under Regulation 28 (1):</p> <ul style="list-style-type: none"> • For future reference the Provider will make arrangements for the Seomra, to be included in the Fire Safety Management System. <p>In response to Non Compliant under Regulation 28 (2) (b) (i):</p> <ul style="list-style-type: none"> • The PIC will request the Maintenance Dept to replace lights that are required and to repair two broken break-glass units. • The PIC will liaise with the Fire Officer in respect of the key operated exit doors to ensure prompt evacuation in the event of a fire. <p>In response to Non Compliant under Regulation 28 (2) (b) (ii):</p> <ul style="list-style-type: none"> • The PIC will liaise with the Fire Officer to review Fire Safety Precautions in the house, including the Seomra. <p>In response to Non Compliant under Regulation 28 (3) (a):</p> <ul style="list-style-type: none"> • The Provider will arrange for appropriate equipment to detect, contain and extinguish fire in the Seomra. <p>In response to Non Compliant under Regulation 28 (3) (b):</p> <ul style="list-style-type: none"> • The PIC will liaise with the Fire Officer in respect of appropriate equipment for giving warnings of fire in the Seomra. 	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>In response to Substantially Compliant under Regulation 5 (4) (a):</p> <ul style="list-style-type: none"> • The PIC and Keyworker will update the Personal Plan identified by the Inspector that required more detail. <p>In response to Substantially Compliant under Regulation 5 (6) (c):</p> <ul style="list-style-type: none"> • The PIC and Keyworkers will plan to review Residents Personal Plans in order to update and improve them to ensure that interventions described are consistently implemented. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In response to Substantially Compliant under Regulation 7 (4):</p> <ul style="list-style-type: none"> • The specific environmental restrictions in place have been approved by the organizations' Positive Approaches Management Group. • The PIC will liaise with the unit Psychologist and Psychiatrist in relation to receiving consent from the Resident or their Representatives for potential life saving environmental restrictions. <p>In response to Substantially Compliant under Regulation 7 (5) (c):</p> <ul style="list-style-type: none"> • The PIC and unit Psychologist will draw up a recording measure to evidence the use of restrictions and which demonstrates usage for the shortest duration necessary. 	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/10/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Substantially Compliant	Yellow	31/10/2023

	and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	06/04/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	24/04/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	24/04/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	24/04/2023

	containing and extinguishing fires.			
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	24/04/2023
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	24/04/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	24/04/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with	Substantially Compliant	Yellow	31/05/2023

	national policy and evidence based practice.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/05/2023