



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:	Unannounced
Date of inspection:	28 October 2025
Centre ID:	OSV-0002332
Fieldwork ID:	MON-0048178

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
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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
Tuesday 28 October 2025	09:00hrs to 16:00hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the centre. The inspection focused on how residents were being safeguarded in the centre. Regulations pertaining to safeguarding were specifically assessed as a part of this inspection. From what residents told us and what the inspector observed, it was evident that residents living in this centre were treated with dignity and respect and that they were empowered to make decisions about their own lives. The inspection had positive findings, with high levels of compliance across all regulations inspected. However, improvements were required under Regulation 5: Individual assessment and personal plan.

The inspection was conducted over a single day and was facilitated by the person in charge and social care leader. To form judgements on the residents' quality of life, the inspector used observations, discussions with residents, a review of documentation, and conversations with key staff. The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives" and to "ensure a healthy and safe environment is maintained where everyone feels at home and secure". The inspector found that the service not only ensured residents received the care and support they needed but also provided them with a meaningful, person-centred experience.

The designated centre is a six bedroom house located in a residential area in the northside of Dublin. The centre has the capacity to accommodate six adults. Over the course of this inspection the inspector had the opportunity to meet and speak with all residents living in the home. The ground floor of the house is comprised of one large sitting room, one small sitting room, a kitchen / dining room, a wheelchair accessible bathroom, a utility room, and four resident bedrooms. Upstairs there are two resident bedrooms (one en suite), a staff office, and a bathroom.

The inspector completed a walk through of the designated centre in the company of the social care leader and observed it to be clean, welcoming, and comfortably furnished, with a homely atmosphere that promoted a sense of wellbeing and dignity. Residents had their own bedrooms, which allowed for personal space and privacy, while communal areas of the main home were found to be spacious and thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful and well maintained, contributing to a warm and inviting environment.

The inspector noted that the fire panel was addressable and easily accessed in the entrance hallway of the home and all fire doors, including bedroom doors closed properly when the fire alarm was activated. Emergency exits were thumb-lock operated, which ensured prompt evacuation in the event of an emergency.

The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be in good structural and decorative condition.

The inspector had the opportunity to meet with six residents and three staff members during the inspection and also took time to observe interactions and planned activities. In summary, residents expressed to the inspector that they were very happy living in the centre and felt safe in their home. They shared that they appreciated the support of the staff, all of whom they knew by name. Residents had lived together for a long time and were observed to get along with each other, and spend time together. For example, in the afternoon three residents spent time together chatting and watching television. Residents told the inspector they felt safe and happy living in their home.

Some residents spoke to the inspector about activities they enjoyed and told the inspector about goals they had achieved. For instance, one resident had participated in a makeup session, and reported that they really enjoyed it. Other residents enjoyed going to shows, and concerts. One resident was recently supported to purchase tickets to watch their favourite boyband in concert in 2026.

The inspector noted a very strong rapport between residents and the staff team supporting them. It was evident that they were well-acquainted with the residents' communication preferences, interests, and dislikes. The inspector found that all staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safe administration of medication. The person in charge spoke highly of the standard of care provided to all residents and had no concerns regarding the safeguarding or wellbeing of anyone living in the designated centre.

From speaking with residents and observing their interactions with staff, it was evident that they 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 management team were well informed of the residents' needs and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service. Overall, this inspection found that the centre was providing individualised care and support where the rights of each resident was respected and where they were supported to

live busy and active lives of their choosing.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

Safeguarding is a critical responsibility for providers in designated centres. All residents have the right to safety and to live free from harm, which is essential for delivering high-quality health and social care. Residents should be able to trust the provider, person in charge, and the staff to help them feel secure. Therefore, effective safeguarding depends on collaboration among individuals and services to ensure that residents are treated with dignity and respect, and are empowered to make decisions about their own lives.

This inspection found that the management systems in place were effective in overseeing risks within the service. It ensured that residents were safeguarded and were in receipt of a high-quality, person-centred service.

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. There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a good rapport with them. The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents living in the centre. Warm, kind and caring interactions were observed between residents and staff and staff were observed to be available to residents should they require any support and to make choices.

Appropriate training is fundamental in supporting staff to understand behaviours that challenge and promoting environments that respect residents' rights and dignity. The staff team had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. All staff were supported and given sufficient time to receive training in safeguarding in order to provide safe services and supports to residents.

It was evidenced 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. The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a high standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2024, which included consultation with all residents and their families and representatives.

Overall, it was found that the centre was well governed and that there were systems

in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

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.

Regulation 15: Staffing

On the day of this inspection, the provider ensured there were sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose and the size and layout of the designated centre. The inspector noted that the staff team were appropriately qualified, and dedicated to delivering care that upheld residents' rights and ensured their safety.

The staff was comprised of the person in charge and social care workers. The inspector examined the planned and actual staff rosters for September and October 2025. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

On the day of the inspection, one full-time social care worker position was vacant. The inspector noted that the position had been advertised, and the provider was actively working to maintain continuity of care for residents by utilising the core staff team, and a small panel of regular agency staff. This approach ensured that, despite staffing vacancies and both planned and unplanned absences, residents continued to receive care from skilled staff who were familiar with their individual needs and preferences.

During the inspection, the inspector spoke with three staff members on duty and the person in charge and found that all were highly knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff and felt comfortable interacting and receiving care.

The inspector also observed staff engaging with residents, both socially and in activities inside and outside the centre. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe, secure, and protected from all forms of abuse.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well-equipped to provide quality care.

Examination of the staff training matrix evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included mandatory training in fire safety, and safeguarding, which contributed to a safe and supportive environment for the residents living in this service.

Four staff members had not completed mandatory refresher training in managing behaviour that challenges (positive behaviour support). However, following a review of the staff training record the inspector noted all staff had been booked in to complete this training in November 2025.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, feeding, eating, drinking, and swallowing (FEDS), food safety, and Children First.

The inspector did not review supervision arrangements as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Both the provider and the person in charge had implemented comprehensive management structures that effectively promoted safeguarding across the service. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

There was clear evidence of consistent oversight and monitoring of the care and support provided within the designated centre, with regular management presence on-site. Adequate arrangements were in place to ensure effective oversight and operational management during periods when the person in charge was off duty or absent. Additionally, clear and well-communicated on-call arrangements provided staff with access to managerial advice at all times, as needed.

An annual review of the quality and safety of care was completed for 2024. The inspector noted that all key stakeholders had been actively consulted as part of the review process, as per the regulatory requirement. Feedback received was positive, with stakeholders praising the warm, welcoming atmosphere and the homely environment within the centre. Many expressed a high level of satisfaction, highlighting the excellent care and support provided, along with the consistently safe and reassuring setting.

The inspector reviewed the action plan developed following the provider's most recent six-monthly unannounced visit, conducted in August 2025. This visit resulted in a detailed report that identified key areas for service improvement, from which a comprehensive action plan was formulated. The plan outlined three specific actions spanning three different regulatory areas. Upon review, the inspector found that the majority of these actions had been successfully completed and were being effectively utilised to support and sustain continuous service improvement.

Furthermore, a number of local audits had been completed including of the safeguarding practices, to measure the service performance against the national standards, and to identify any areas for ongoing improvement. Additional audits carried out included infection prevention control (IPC), fire safety, restrictive practices, health and safety, residents' finances and medicines. These audits identified any areas for service improvement and action plans were derived from these.

Judgment: Compliant

Quality and safety

This section of the report provides an evaluation of the quality of services delivered and the effectiveness of measures implemented to ensure the safety of residents. Overall, a good quality of service was provided to all residents, and during this inspection, the inspector observed residents expressing their choices to staff regarding what they wanted to do and when they needed support. However, improvements were required under Regulation 5: Individual assessment and personal plan.

Safeguarding extends beyond the prevention of abuse, exploitation, and neglect. It involves a proactive approach, recognising safeguarding concerns, and implementing measures to protect individuals from harm. It is also about promoting the human rights of residents and empowering them to exercise control over their own lives. This inspection confirmed that effective systems and procedures were established to provide residents with care and support that was safe, person-centred, and of high quality. Care was tailored to each resident's individual needs, ensuring it was appropriate and responsive. The provider and person in charge were committed to maintaining a safe environment for all residents at all times.

Staff were well informed about each resident's individual communication needs. Throughout the inspection, the inspector observed that staff demonstrated flexibility and adaptability in their use of various communication strategies. A strong culture of listening to and respecting residents' views was evident within the service. Residents were actively supported and encouraged to communicate with their families and friends in ways that suited their preferences.

The inspector found the atmosphere in the centre to be warm and relaxed, and

residents appeared to be very happy living in the centre and with the support they received. A walk around of the centre confirmed that the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally was of sound construction and kept in good condition. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their personal tastes and preferences.

The inspector found evidence that the provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfill the provider's requirement to be responsive to risk. The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individualised specific risk assessments were also in place for each resident. It was noted that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

Residents were in receipt of appropriate care and support that was individualised and focused on their needs. Residents were seen to be supported to access relevant healthcare appointments and to live busy and active lives in line with their assessed needs and preferences. It was found that residents had comprehensive assessments of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. However, improvements were required to ensure all residents had up-to-date assessments of need and care plans on file. Furthermore, improvements were required pertaining to the tracking and documentation of residents' goals.

Where required, positive behaviour support plans were developed for residents. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature 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 intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

The inspector saw that staff practices in the centre were upholding residents' dignity and were supporting residents to have control over their lives. Residents were continually consulted about and made decisions regarding the ongoing services and supports they received, and their views were actively and regularly sought. Information was made available to residents in a way that they could understand in

order to support them to make informed choices and decisions.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 10: Communication

The provider demonstrated respect for core human rights principles by ensuring that residents could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes. Throughout the duration of the inspection the inspector observed residents freely expressing themselves, receiving information and being communicated with in the best way that met their assessed needs. For instance, some residents had assessed communication support needs. Staff supporting these residents acted as communication partners and were observed to be familiar with the residents' communication support plans.

During the inspection, the inspector reviewed communication support plans of three residents and found the information to be accurate and current. The plans were thorough, detailed, and created by a qualified professional.

The service fostered a culture of listening to and respecting residents' opinions. For instance, all residents were given the chance to take part in weekly house meetings where key topics related to the residents and service were discussed. The inspector examined the minutes from the latest resident meeting and found that the agenda covered important topics such as issues in the home, individual jobs, individual plans for the week, and a recap of activities from the previous week.

All residents had access to music players, televisions, mobile phones and technological devices in line with their needs and wishes. Throughout the inspection, the inspector observed residents actively engaging with these independently, and with the support from the staff team.

Residents communicated freely with the inspector and told them that they really enjoyed living in their home, liked their staff team, and felt safe and happy.

Judgment: Compliant

Regulation 17: Premises

The provider had considered safeguarding in ensuring that the premises of the designated centre was appropriate to the number and assessed needs of the residents living in the centre and in accordance with the statement of purpose prepared under Regulation 3. The inspector observed that the premises conformed

to the standards outlined in Schedule 6 of the regulations, with consideration given to the safeguarding needs of the residents living in the centre.

Residents were able to freely access and use the available spaces within the centre and its gardens. All facilities were well maintained and in good working order. There was sufficient private and communal space for residents, along with appropriate storage facilities.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, every bedroom was provided with ample and secure storage for residents' personal belongings.

Equipment used by residents was easily accessible and stored safely and records reviewed by the inspector evidenced that this equipment was serviced regularly. All residents spoken with during the inspection shared that they were happy and felt safe living in their home.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the provider had embedded safeguarding as a core component of the centre's safeguarding practices. The provider had an established integrated risk management policy in place and was next due review in June 2026.

The policy was reviewed by the inspector which evidenced that the provider had ensured the policy included all necessary information in accordance with regulatory requirements. For instance, it contained detailed information on managing the unexpected absence of a resident, accidental injuries, self-harm, and outlined the systems in place within the designated centre for the assessment, management, and ongoing review of risk.

The risk management policy had arrangements for the identification, recording, investigation and learning from safeguarding incidents. Safeguarding risks were identified, assessed, and necessary measures and actions were in place to control and mitigate risks. In line with the risk management policy, there was a risk register in place which detailed potential risks in the centre as well as the measures in place to reduce or eliminate them. For instance, a total of 47 risks had been assessed and had control measures in place, these were recorded on the centre's risk register.

On the day of this inspection, the inspector found that each residents' safety, health and wellbeing was supported through individual risk assessment forms. Risk assessment forms included appropriate measures and actions in an attempt to control and mitigate identified risks. For example, where risks had been identified

for a resident pertaining to choking, appropriate restrictive practices were implemented, and an up-to-date feeding, eating, drinking, and swallowing (FEDS) care support plan was in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had arranged to meet the safeguarding needs of each resident and the person in charge had ensured that safeguarding needs were part of all residents' assessments of need and of their review thereafter. However, improvements were required to ensure all residents had up-date assessments of need, and care support plans on file. Additionally, improvements were also required to ensure effective goal tracking systems were implemented for all residents.

Assessments of need 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 file for residents relating to the following:

- Communication
- Safety
- Physical and intimate care
- General health
- Rights
- Personal intimate care.

However, one resident's assessment of need had not been reviewed since April 2024. Furthermore, a number of their care plans including personal care plan, safety plan, and safeguarding plan also required updating to ensure the most accurate and up-to-date information was available to staff in order to provide appropriate care and support.

All residents were actively engaged in the person centred planning process, and the inspector saw evidence that residents had participated and engaged in "My Life Meetings" throughout 2025. During these meetings, residents set meaningful goals they aimed to achieve. Examples of 2025 goals set included spending time with family, attending music group, and adopting a more healthy lifestyle. However, there was insufficient evidence on file that staff had been consistently documenting and monitoring residents' progress on goals set. This gap in documentation hindered the inspector's ability to assess whether goals had been achieved or what progress had been made. Consequently, it was recommended that improvements be made in documentation practices to ensure that goals were clearly tracked.

Judgment: Substantially 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. For example, four positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included antecedent events, proactive and preventive strategies in order to reduce the risk of behaviours that challenge from occurring.

Staff members were knowledgeable about support plans in place, and the inspector observed positive communication and interactions between residents and staff throughout the inspection. Additionally, systems were in place to regularly monitor the behavioural support approach, and staff avoided practices that could be seen as institutional abuse.

Residents were connected with members of the provider's multidisciplinary team, including a psychologist and a behaviour specialist, who actively monitored incidents and collected data in order to inform interventions and provide positive behaviour supports to residents.

There were five restrictive practices used within the designated centre which included environmental and mechanical restraints. The inspector completed a thorough review of these and found they were the least restrictive possible and used for the least duration possible. The inspector confirmed that these had been appropriately risk assessed, in accordance with the provider's established policy, and were subject to regular review by the provider's positive approaches monitoring group (PAMG).

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, the provider had an established policy in place pertaining to the provision of personal intimate care.

Staff spoken with throughout this inspection were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident that staff took all safeguarding concerns seriously.

At the time of this inspection there were no safeguarding concerns open. Over the past 12 months a total of five safeguarding concerns were notified to the Chief inspector. The inspector completed a review of these and found they had been reported and responded to as required. For example, interim and formal safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed the most recent preliminary screening form and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of three residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner. Residents experienced a service where they were protected and kept safe. They were empowered to express choices and preferences and were involved in all aspects of decision-making in relation to safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner that respected residents' rights, needs, and choices, thereby supporting their welfare and promoting self-development.

The provider had fostered a culture where a human rights-based approach to care was central to how residents were supported. Throughout the inspection, the use of this approach was evident, empowering residents to live lives of their choosing, guided by human rights principles. For example, residents had control over their daily routines, making choices based on their personal values, beliefs, and preferences.

The inspector observed that staff interactions with residents were in a manner which upheld residents' dignity and provided residents with choice and control. Staff were seen offering residents choices, responding to residents needs and requests by providing direct assistance in a manner which respected residents' right to dignity and privacy.

Residents attended weekly resident meetings where they discussed activities, menus, and plans for the week ahead. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for A Canices Road OSV-0002332

Inspection ID: MON-0048178

Date of inspection: 28/10/2025

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 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 Regulation 5 Substantially Compliant the following actions have been undertaken:</p> <ul style="list-style-type: none">• The PIC has ensured that the Assessment of Need and Care Plans of one Resident have been reviewed and updated with the most accurate and up-to-date information• The PIC will support Keyworkers to review and update where required, all Residents Assessment of Need and Care Plans by 15/1/26• The PIC will review the Goal Tracking System and discuss with the Staff Team how to be more effective in monitoring and recording Residents' goals set• The PIC will ensure that improvements are made in the documentation practices to make certain that goals are clearly tracked going forward	

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 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/11/2025
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	15/01/2026