



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

Issued by the Chief Inspector

Name of designated centre:	B Canices Road
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Announced
Date of inspection:	12 August 2021
Centre ID:	OSV-0002333
Fieldwork ID:	MON-0026214

About the designated centre

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

B Canices Road is a designated centre operated by Saint Michael's House located in North County Dublin. It provides community residential services to four adults who have varied support requirements. The centre is a two story house comprising a kitchen/dining room, a sitting room, a utility room, a staff sleep over room/office, shared bathroom and four bedrooms. The centre is staffed by a person in charge and social care workers. The centre has their own vehicle to support residents' access their community and good transport links are also available nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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
Thursday 12 August 2021	09:30hrs to 15:30hrs	Ciara McShane	Lead

What residents told us and what inspectors observed

On arrival to the centre the inspector observed the house to be welcoming with flowers and potted plants at the front of the house. There was also seating outside which the inspector was later informed was used to facilitate visits from family members and friends during the COVID-19 pandemic. The inspector also observed a resident who had just left the house to go out for a couple of hours with a day activation staff member.

On entering the house the inspector was greeted by a resident who opened the door and observed a jovial, light atmosphere with both staff and residents organising themselves for their day ahead. At the time of inspection one resident was resting in their bedroom, whilst another was relaxing in the lounge area prior to leaving for their day service and another resident was organising themselves to go for a walk which they completed independently each day.

The inspector was warmly greeted by one resident who spoke fondly and positively about their home and the staff that supported them. They told the inspector they enjoyed living there and they had done so for the previous 11 years. They spoke about their fellow residents and the tasks they shared in their home and they spoke about the aspects of the home they enjoyed partaking in such as meal preparation. They relayed to the inspector that the past year has been difficult with the pandemic but they were excited about holiday plans which were imminent. They also told the inspector about milestone birthdays they had celebrated, how they kept in contact with family and friends and some of the activities they liked to engage in. The resident was visibly relaxed, comfortable and content in their home. The resident, supported by staff, left their home to enjoy their day service for the remainder of their day.

The inspector spoke to each of the remaining residents and they too had very positive feedback about their home. They all relayed that the past year had been difficult due to the restrictions in place as a result of COVID-19 and were looking forward to availing of all aspects of their community again. They spoke of how they maintained contact with family and friends using mobile devices and tablets and how they had visits in person when this was permitted by public health guidance. The residents spoke about their involvement in the house, some of the residents maintained the gardens and all residents were actively involved in preparing and cooking the main evening meal each day. Each resident had their own day they cooked and a menu was in the kitchen which residents agreed on for the week. It was evident from speaking with residents, that staff supported them with a range of activities which impacted positively on their wellbeing such as holidays abroad, attending activities such as karate and zumba and also going to sporting and music events.

Most of the residents had a key to their home and the inspector observed residents leaving the house independently and then returning home and letting themselves in

with their own key. Residents were observed making themselves cups of tea and coffee and preparing their lunch supported by staff. Residents also prepared their own breakfast each day. It was evident throughout the inspection that residents were encouraged to live an independent life that met their needs and wishes and was also safe with support available when required.

The inspector took a walk around the centre and found that for the most part it was well maintained and it was homely. Aspects requiring attention such as painting and flooring remained outstanding from the previous inspection. However, the person in charge told the inspector the works were being completed in the coming weeks and this was being done while the residents went to a nearby holiday home. Each resident had their own bedroom which was personalised; photographs of family members and friends were on the wall and items of interest to the residents were also found. Most residents had plenty of storage in their bedroom, one resident outlined in their resident questionnaire the wish for further storage which staff were going to support them with. Other areas observed by the inspector requiring improvement was the maintenance of the main bathroom. Deficits in this bathroom included the floor lifting, rusty appliances and unclean surfaces which posed as infection prevention control risks. The inspector showed these aspects to the person in charge who stated they would be addressed. To the rear of the house was a large back garden, complete with a shed and a relaxation area which the residents frequently used. The back garden, was complete with ample seating and a table for residents in addition to a barbeque which residents told the inspector they used. Some improvement was required to the back garden in terms of the need for weeding and upkeep.

Four residents' questionnaires were completed and all residents commented positively on the support they received and were complimentary of their staff and fellow residents. It was noted that each resident had made a complaint. From discussions with staff and residents it was found that these complaints were about the use of the television in the main lounge area however the residents, supported by staff, had put a plan in place to alleviate this tension. The inspector observed that each resident also had a television in their bedroom. Items for improvement noted in the questionnaire included the need to have the house painted and residents' commented on their wishes to get out and about more, COVID-19 was noted as a reason why they had been less active.

Staff spoken with were very knowledgeable of each resident's needs and were seen and heard to speak to residents in a warm and respectful way. Where residents had behaviour support plans in place, staff were seen and heard to implement these in line with the guidance. Staff spoke fondly of the residents and told the inspector how they supported them and at the time of inspection one staff member was in the process of finalising a holiday for two of the residents which was occurring in the very near future.

Overall the inspector observed that the residents living in this centre clearly saw it as their home and were very content, comfortable and happy living there. They enjoyed the support and company of their fellow residents and staff and should they have any concerns all residents were confident they would relay these to staff. From

a review of the complaints file it was evident that residents did in fact do this. Staff were supportive and respectful of residents individual and collective needs and were encouraged and supervised appropriately by the person in charge.

The next two sections of this report outlines the findings of the inspection which relate to the provider's capacity and capability in addition to the quality and safety of care. Overall, there were high levels of compliance with some areas noted for improvement including the premises, training and compliance with the registration regulations.

Capacity and capability

The purpose of this inspection was to inform the registration renewal of the designated centre which was due to expire in November 2021 and to monitor ongoing compliance with the regulations and standards. The centre was last inspected in February 2020 where good levels of compliance were found. Similarly, at this inspection the provider and person in charge continued to provide a service that met the needs of residents and this was reflected in the high levels of compliance which were found at the time of inspection.

Overall it was evident the provider had the capacity and capability to ensure a safe and effective service was delivered and one that met the needs of each resident ensuring they received a safe and quality service. As part of this inspection the actions from the previous inspection were followed up on. All had been completed with the exception of those actions relating to Regulation 17, Premises.

Arrangements for the governance and management of the centre were robust and effective and systems were in place to ensure the service was monitored and that quality and safe care was provided to and experienced by residents.

An annual review for the previous year, 2020, was completed and made available to the inspector as too were the six monthly unannounced visits. From a review of the annual review it was evident that the provider had engaged with staff, residents and their representatives to elicit their views on how the service could be improved and also to highlight the positives of the previous year. To further improve the annual review, a list of required actions should be outlined complete with the responsible person and a date for completion to ensure that the actions can be monitored and met to drive improvement.

The oversight of the centre was also ensured with the presence of a full time person in charge. They had the relevant qualifications and experience for their role. Although their role wasn't supernumerary they had regular days which were allotted to their management role and enabled them to complete relevant administration tasks. The person in charge also had a management remit for another service, an

apartment for one resident. The inspector found this did not negatively impact on their ability to manage and oversee the centre as reflective of the inspection findings.

The inspector found that staff working at the centre were suitably qualified with the right skills to meet the needs of residents. At the time of inspection there were sufficient resources to meet the assessed needs of residents. There was a planned and actual roster maintained. This outlined the hours of when the person in charge was working in the other residential unit. Staff spoken with told the inspector they were well supported by the person in charge and from a review of records it was apparent that staff attended regular staff meetings and received ongoing supervision.

The inspector reviewed the training records, of which an updated version was given to the inspector, post inspection. From a review of these records the inspector found that a number of training areas including safe administration of medication, hand hygiene, COVID-19, positive behaviour support and fire safety were not up-to-date. This required a review.

As this inspection was informing the registration renewal of the centre the inspector reviewed a number of related aspects including the registration renewal application form, the floor plans, the providers insurance and the statement of purpose. The inspector found there was adequate insurance in place that covered the three year cycle of the renewal of registration. The statement of purpose was reviewed and improvements were required for this included details regarding the remit of the person in charge and the detail of floor plans contained within. The application form was not submitted within the timeframe required under S48(3) of the Health Act 2007 (as amended) and information pertaining to a person participating in management were incomplete or expired.

Registration Regulation 5: Application for registration or renewal of registration

Areas of improvement were required with regards to the registration regulations;

- the statement of purpose was reviewed and improvements were required. This included details regarding the remit of the person in charge and the detail of floor plans contained within
- the application form was not submitted within the timeframe required under S48(3) of the Health Act 2007 (as amended) and
- information pertaining to a person participating in management were incomplete or expired.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was full-time. They had the relevant qualifications and experience for their role. Although their role wasn't supernumerary they had regular days which were allotted to their management role and enabled them to complete relevant administration tasks. The person in charge also had a management remit for another service; an apartment for one resident. The inspector found this did not negatively impact on their ability to manage and oversee the centre as reflected in the findings of this inspection.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection there were sufficient resources and numbers of staff with the right skill mix, to meet the assessed needs of residents.

There was a planned and actual roster maintained. This outlined the hours of when the person in charge was working in the other residential unit.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the training records the inspector found that a number of training areas were not up-to-date. These included deficits in training related to:

- safe administration of medication
- hand hygiene
- COVID-19
- positive behaviour support
- fire safety
- Children's First
- first aid

Judgment: Not compliant

Regulation 22: Insurance

The provider had adequate insurance in place which covered the period of the registration cycle.

Judgment: Compliant

Regulation 23: Governance and management

Arrangements for the governance and management of the centre were robust and effective and systems were in place to ensure the service was monitored and that quality and safe care was provided to and experienced by residents.

An annual review for the previous year, 2020, was completed and made available to the inspector as too were the six monthly unannounced visits. From a review of the annual review it was evident that the provider had engaged with staff, residents and their representatives to elicit their views on how the service could be improved and also to highlight the positives of the previous year.

To further improve the annual review, a list of required actions should be outlined complete with the responsible person and a date for completion to ensure that the actions can be monitored and met to drive improvement.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and there was an accessible poster outlining relevant steps to make a complaint on a notice board in the centre.

There was a log of complaints maintained. Seven complaints had been made in 2021 and the inspector found these had all been resolved and dealt with in a timely manner. Furthermore the inspector noted that due to the reoccurrence of a complaints' theme the person in charge implemented a plan to resolve the issue.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the day-to-day practice within this centre ensured residents were safe and were receiving a service that was of a good quality and one which met their needs. The provider had put measures in place to address areas of

non-compliance in fire precautions and assessment of need. On this inspection while there were high levels of compliance found the non-compliances relating to premises on the previous inspection remained with further areas identified for improvement. The provider was however aware of most of these areas and had a plan in place to carry out remedial works such as new carpets, painting and decorating and replacement windows.

The provider had robust systems in place for the ongoing management and monitoring of risk. There was a risk management policy available in addition to a risk register and risk assessments. From a review of the risk register and risk assessments it was evident that these were live documents and updated as changes occurred. For example, a safeguarding risk assessment had been updated post incident as too had a COVID-19 risk assessment to reflect the vaccination status of staff and residents.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a health care associated infection in particular COVID-19. A COVID-19 contingency plan was in place for the designated centre with clear processes set out. There was adequate supply of personal protective equipment (PPE) in the centre and emergency supplies were also available on site should there be a suspected or actual outbreak of COVID-19. Staff and residents both had their temperatures checked daily and residents also had their blood saturation checked each day. Isolation plans were in place for residents and these were outlined as part of their COVID-19 care plan. Risk assessments were also in place in relation to COVID-19. Staff were supporting residents with visits throughout the pandemic in line with public health guidelines. Staff were seen to wear the appropriate PPE. Elements relating to the bathroom such as rust and unclean surfaces were a concern with regards to infection prevention control however this is captured under regulation 17, premises.

Incidents and accidents were maintained at the centre and the required notifications were submitted to the Office of the Chief Inspector. It was found that a number of incidents of a safeguarding nature had been recorded in the previous six months however the impact, for majority of these, was low. The inspector found the local management and staff team effectively managed any safeguarding concerns and were supported by the provider's policies and social work department in this regard also. Where an alleged incident of abuse had occurred the inspector found the appropriate screening took place and also noted an up-to-date risk assessment and safeguarding plan was in place to protect each resident from abuse. Staff spoken with were knowledgeable on how to manage an allegation of abuse should it arise.

The inspector found that overall the fire management system was sufficient and protected residents and staff from the risks associated with fire. There was a fire alarm system in place which was tested weekly by a resident supported by staff. Regular fire drills took place and were recorded, different scenarios were used each time to ensure residents did not become too familiar with a repeated scenario. Where learnings were observed these were recorded. Firefighting equipment was adequately placed throughout the centre and was within its' servicing timeframe. Emergency lighting was also present and the inspector reviewed the servicing

records for this. Other service records reviewed included the boiler and maintenance of the fire alarm system. Following on from the previous inspection, changes had been made to some fire doors and swing closers were fitted. In addition, written assurances were received from the provider's competent person regarding a high risk area and these were accepted and verified on inspection. Personal emergency evacuation plans were updated since the last inspection and these were seen to include pertinent information about the residents in relation to their evacuation needs. Furthermore it was apparent that fire safety was monitored on an ongoing basis; recently a fire door was adjusted and a radiator was moved in a resident's bedroom to ensure sufficient room for the fire door to open. The inspector reviewed evidence that the Dublin Fire Brigade had been consulted with in terms of communicating the layout of the house should their assistance be required. This demonstrated the importance the provider placed on fire management. Finally, residents and staff spoken with were all confident with regards to the actions to take should there be a fire.

The residents were supported by a social model of care and where additional needs such as nursing needs were required these are available. Each resident was found to have a robust and up-to-date assessment of need in place which outlined all aspects of the care and support they required including physical, social, spiritual and emotional needs amongst others. It was evident that these plans were very much centred on each resident's actual needs and staff spoken with were knowledgeable on how to meet these needs in line with the care plan. This was particularly evident for one resident who required support around some behaviours that at times could be complex.

Residents were supported to achieve best possible health. From a review of residents' plans it was evident that they were actively and regularly engaged with ongoing supports from their General Practitioner (GP), the dentist, chiropody and were also linked in with the National Screening programme.

It was also evident from a review of residents' assessment of needs and care plans that where a need emerged it was addressed appropriately and swiftly. For example, a resident had a sudden decline with their mobility and the appropriate allied health professional were contacted. Resulting from this the provider's physiotherapist and occupational therapist completed a review of the resident, in their home, and made some recommendations which, at the time of inspection were being followed up on. Other aspects such as the coordinating of an appointment with a specialist consultant had also been arranged. It was also evident that the resident themselves was kept informed of their plan of care as they told the inspector about their recent review and all of the actions which had come out of that including the pending appointment and the ordering of specialist seating and aids for the resident.

Residents' personal plans were also reviewed for effectiveness on a regular basis and allied health professionals and multi-disciplinary supports were engaged with regularly. The inspector found that professionals such as the psychologist, psychiatrist and dietitian were all engaged with when required. Personal plans were

also available in an accessible formats for residents to review and understand.

The inspector took a walk around the centre and found that for the most part it was well maintained and it was homely. Aspects requiring attention such as painting and flooring remained outstanding from the previous inspection. However, the person in charge told the inspector the works were being completed in the coming weeks and this was being done while the residents went to a nearby holiday home. Each resident had their own bedroom which was personalised; photographs of family members and friends were on the wall and items of interest to the residents were also found. Most residents had plenty of storage in their bedroom however one resident outlined in their resident questionnaire the wish for further storage which staff were going to support them with. Other areas observed by the inspector requiring improvement was the maintenance of the main bathroom. Deficits in this bathroom included the floor lifting, rusty appliances and unclean surfaces all of which posed as infection prevention control risks. The inspector showed these aspects to the person in charge who stated they would be addressed. To the rear of the house was a large back garden, complete with a shed and a relaxation area which the residents frequently used. The back garden, was complete with ample seating and a table for residents in addition to a barbeque which residents told the inspector they used. Some improvement was required to the back garden in terms of the need for weeding and general upkeep.

The inspector reviewed the arrangements for food and nutrition and was satisfied that these were appropriate to the needs and wishes of residents and that residents were afforded choice and input with regards to their meals and food that was available to them in their home. There was an adequate supply of fresh fruit and vegetables in addition to store cupboard ingredients and residents were seen preparing their own beverages and food during the inspection.

Regulation 17: Premises

Improvements remained outstanding since the last inspection and further remedial works were required. For example:

- The banisters, bedrooms and various areas throughout the house required painting
- carpet on the stairs and landing were in need of upgrading
- the main bathroom contained rust on the radiator and some fixtures and fittings, the hose for the shower and the bath was heavily stained, a old soap dispenser tray that was no longer in use required to be removed, the flooring was lifting and was heavily marked around the toilet area. The shower and bath fittings were unclean and mildew was starting to build over the shower
- mould had formed along the windows of some of the bedrooms
- there were cobwebs on the ceiling of one bedroom and the hand sink in the kitchen required cleaning

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector reviewed the arrangements for food and nutrition and was satisfied that these were appropriate to the needs and wishes of residents and that residents were afforded choice and input with regards to their meals and the food that was available to them in their home. There was an adequate supply of fresh fruit and vegetables in addition to store cupboard ingredients and residents were seen preparing their own beverages and food during the inspection.

Residents were supported to select their own menu for the week and each prepared and cooked a meal. Residents assisted the staff with the food shop. Residents told the inspectors they enjoyed their meals and the preparation of same.

Where residents had dietary requirements such as a low fat diet or a diet to meet a health issue such as high cholesterol this was factored in and catered for in a respectful manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had robust systems in place for the ongoing management and monitoring of risk. There was a risk management policy available in addition to a risk register and risk assessments.

From a review of the risk register and risk assessments it was evident that these were live documents and updated as changes occurred. For example, a safeguarding risk assessment had been updated post incident as too had a COVID-19 risk assessment to reflect the vaccination status of staff and residents.

Incidents and accidents were maintained at the centre and the required notifications were submitted to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a health care associated infection in

particular COVID-19.

A COVID-19 contingency plan was in place for the designated centre with clear processes set out. There was adequate supply of personal protective equipment (PPE) in the centre and emergency supplies were also available on site should there be a suspected or actual outbreak of COVID-19.

Staff and residents both had their temperatures checked daily and residents also had their blood saturation checked each day. Isolation plans were in place for residents and these were outlined as part of their COVID-19 care plan.

Risk assessments were also in place in relation to COVID-19. Staff were supporting residents with visits throughout the pandemic in line with public health guidelines. Staff were seen to wear the appropriate PPE.

Judgment: Compliant

Regulation 28: Fire precautions

Since the previous inspection improvements had occurred with regards to fire safety and on this inspection the inspector found that overall the fire management system was sufficient and protected residents and staff from the risks associated with fire. There was a fire alarm system in place which was tested weekly by a resident supported by staff. Regular fire drills took place and were recorded, different scenarios were used each time to ensure residents did not become too familiar with a repeated scenario. Where learning was observed these were recorded. Firefighting equipment was adequately placed throughout the centre and was within its servicing timeframe. Emergency lighting was also present and the inspector reviewed the servicing records for this. Other service records reviewed included the boiler and maintenance of the fire alarm system.

Following on from the previous inspection, changes had been made to some fire doors and swing closers were fitted. In addition, assurances were received regarding a high risk area. Personal emergency evacuation plans were updated since the last inspection and these were seen to include pertinent information about the residents in relation to their evacuation needs.

It was apparent that fire safety was monitored on an ongoing basis; recently a fire door was adjusted and a radiator was moved in a resident's bedroom to ensure sufficient room for the fire door to open. The inspector reviewed evidence that the Dublin Fire Brigade had been consulted with in terms of communicating the layout of the house should their assistance be required. This demonstrated the importance the provider placed on fire management. Finally, residents and staff spoken with were all confident with regards to the actions to take should there be a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had a robust system to ensure that residents' assessed needs were identified and recorded in a clear manner.

Residents' assessed needs were reviewed annually or as changes arose and residents themselves were informed of their plan of care.

Residents had an accessible format of their care plan available to them and the inspector found that residents had input from a variety of allied health professionals and multi-disciplinary team members as required.

Residents' emerging needs were met in a timely manner and plans of care were reviewed regularly to assess their effectiveness.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare for each resident was provided and residents' best possible health was of great significance to the staff supporting them. This was evidenced by the clear health care plans that had been developed for residents and their ongoing access to health professionals which was facilitated and supported by staff.

From a review of residents' care plans it was apparent that residents seen allied health professionals and multi-disciplinary team members as required. Residents were noted as regularly accessing their General Practitioner (GP), the dentist, the chiropodist, dietitian, physiotherapy and occupational therapy as needed. Residents were also supported to access the national screening programme. Residents were also seen to be supported with regards to their emotional wellbeing and in particular during the COVID-19 pandemic.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required support with behaviours of concern this was facilitated. A behaviour support plan was reviewed on inspection and it was found to be detailed,

up-to-date and developed by an appropriate qualified person.

Staff were familiar with the resident's support needs and were observed by the inspector implementing key elements of the plan such as a low arousal approach and using recommended phrases to redirect the resident at times when they became heightened. This was observed to have a positive impact for the resident.

Judgment: Compliant

Regulation 8: Protection

The inspector found residents were protected from abuse due to the the local management and staff team who effectively managed any safeguarding concerns and were supported by the provider's polices and social work department in this regard also.

Where an alleged incident of abuse had occurred the inspector found the appropriate screening took place and also noted an up-to-date risk assessment and safeguarding plan was in place to protect each resident from abuse.

Staff spoken with were knowledgeable on how to manage an allegation of abuse should it arise and staff were all trained in this area.

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 - 2015 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	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for B Canices Road OSV-0002333

Inspection ID: MON-0026214

Date of inspection: 12/08/2021

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>In response to non compliance with Regulation 5(2) the person in charge has reviewed and updated the statement of purpose. The update outlines the remit of the person in charge in relation to the management of one additional service within Saint Michaels House. The person in charge has updated the floor plans within the main body of the statement of purpose to include the shed located in the rear of the back garden and Appendix 2 containing the drawings of the floor plans has been removed. The updated statement of purpose was sent to HIQA on the 18/08/21. The drawings for the floor plans were e-mailed separate to the statement of purpose to the Authority on the 18/08/21.</p> <p>In response to non compliance with Regulation 5(3)(b) the person participating in management completed the information that was incomplete or expired and submitted this information to the Authority on the day of inspection, the 12/08/21.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In response to non compliance with regulation 16(1)(a) the person in charge will review the training records for each staff member with the training department. In line with</p>	

each staff member's training requirements the person in charge will allocate training days on the staff roster for each staff member to complete the relevant training. With all staff to have completed training by the 1/11/21. The person in charge will maintain and review the training records quarterly and maintain the most up to date records on the premises

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
In response to non compliance with Regulation 17(1)(b) and Regulation 17(1)(c)
Frontline staff discussed with residents their wishes in terms of the color they would like their bedroom to be painted. The person in charge has completed a CAPEX for paint works to be completed to the interior of the whole premises. The CAPEX was approved by the Director of operations and the Director of Finance. Arrangements for the relocation of residents have been made for the 29/11/2021 while the paint works are being completed

Frontline staff discussed with residents their wishes in terms of the flooring they would like in their bedroom and on the stairs and landing. The person in charge has completed a CAPEX for new carpet for the upstairs bedrooms, stairs and landing which got approval by the service manager. Arrangements for the relocation of residents have been made for the 29/11/2021 while the works are being completed

Staff have completed an intensive clean of the downstairs bedroom and have removed any cobwebs identified on the day of inspection. The staff team has completed an intensive clean to address the unclean surfaces or mildew that was identified on the day of inspection. The person in charge has requested that the old soap dispenser located on the wall inside the shower doors to be removed

In response to non compliance under Regulation 17(4) The person in charge has highlighted the various concerns in the main bathroom upstairs to the maintenance company. The person in charge has requested quotes for new flooring and a new shower tray and shower door. The person in charge has requested a replacement hose for the shower and to treat or replace rust fittings and rust on the radiator that was identified in the bathroom.

The premises are to undergo new works by the housing association on the 06/09/2021 to improve the energy rating of the building. The works will include insulating the exterior structure, remove the gas boiler to be replaced by an air tub water heating system, new windows for each room in the premises, stronger mechanical ventilation system to be upgraded in all bathrooms, and to insulate the roof above the resident's downstairs bedroom 1 and sitting room. The works is expected to take two weeks to complete. The works have been discussed with the residents and they are happy for it to commence. To allow for the works to be completed, the person in charge will plan for the day service and activities to support the resident's needs on the first week of the 06/09/2021 and operate the day service for all residents from our day service facility

located in Saint Michael's House Ballymun clinic. The second week from the 13/09/2021 the residents and staff will be relocating to another Saint Michael's House premises located in Bettystown.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	25/08/2021
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in	Not Compliant	Yellow	18/08/2021

	respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	01/11/2021
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.	Not Compliant	Orange	13/12/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	01/09/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided	Not Compliant	Orange	13/12/2021

	and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
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