Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Grangemore Rise
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	30 September 2025
Centre ID:	OSV-0002341
Fieldwork ID:	MON-0048075

About the designated centre

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

Grangemore Rise is a designated centre operated by St Michael's House. The centre is located in North County Dublin. It provides community residential services for up to six residents, over the age of 18 years, with intellectual disabilities and with support needs. The designated centre consists of a house and a detached apartment located to the rear of the house. The house is a two storey building and provides accommodation for up to six residents and consists of a storage room, toilet, utility room, kitchen, dining room/living room, two bathrooms, two offices and six individual bedrooms. The apartment is home to one resident and consists of a kitchen, living/dining room, utility room, staff room, bathroom and bedroom. The designated 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:	5

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 30 September 2025	09:15hrs 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, and assess compliance with the regulations following the provider's application to renew the centre's registration. The inspection focused on how residents were being safeguarded in the centre. From what residents told us and 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. However, improvements were required under Regulation 15: Staffing, and Regulation 16: Training and staff development.

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.

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 residential service's statement of purpose outlined the aims and objectives of the service which were to "promote independence and to maximise the quality of life through person centred principles with the framework of positive behaviour support", and to "do this with a homely environment that promotes dignity, respect, kindness and engagement for each resident". This inspection found the centre was operating in a manner reflective of those aims and objectives.

The designated centre is located in a quiet estate and comprises a two-storey detached house and a flat located to the rear. It is currently home to five residents and the inspector had the opportunity to meet four residents. The main house is comprised of five resident bedrooms, a staff office / sleepover room, a medication room, a kitchen, a dining / sitting room, a quiet room, a conservatory, a utility room, two bathrooms, and a shower room. The flat, which was home to one resident, is comprised of a staff office / sleepover room, one resident bedroom, a kitchen, a sitting / dining room, and a bathroom.

The inspector observed that the designated centre was clean, tidy and decorated with residents' personal items, including family photographs and memorabilia. Additionally, photographs of residents participating in various activities were displayed throughout the home.

In addition, the person in charge ensured that the centre's certificate of registration, complaints policy and easy read information regarding safeguarding was on display.

Residents' bedrooms were laid out in a way that was personal to them and included items that were of interest to them. 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.

Residents in the centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection as required. Some residents briefly interacted with the inspector and through observations it was evident to the inspector that they felt safe, and happy in their home. One resident sat and spoke to the inspector upon their arrival home from work. They were happy for the inspector to have a look around their flat, which was observed to be clean and tidy and decorated with personal items and things of importance to the resident. The resident informed the inspector they were very proud of their home and felt very happy and safe living there. They spoke about their job and told the inspector they really enjoyed working there. The resident spoke about upcoming birthday plans they had made with friends and family and interactions between the resident and person in charge evidenced a strong rapport.

Staff throughout this inspection were observed to interact with residents in a respectful and supportive manner and residents were supported to engage in meaningful activities on an individual basis. The inspector had an opportunity to look at some of the residents' personal plans, which included photos of activities residents had engaged in during the year to date. Staff members on duty were observed and overheard to be pleasant and respectful with residents throughout the inspection. Residents were observed to seek staff out should they require support and staff were observed to respond appropriately and to be familiar with residents' needs.

The person in charge spoke about the high standard of care all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. However, they also spoke about the challenges pertaining to continuity of care for the residents. A review of the staff rosters evidenced an over reliance on the use of relief and agency staff to cover vacant shifts. Staff had also provided feedback as part of the annual review of care and support in relation to the use of relief and agency staff. For instance the following statement was recorded ''Standard of care is excellent, but at times can take its toll on core staff due to having to rely on unfamiliar staff. Have to rely on a lot of relief / agency staff who are not familiar with the residents''.

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 safeguarding, safe administration of medication and managing behaviour that is challenging. The staff members on duty were very knowledgeable of residents'

needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes and told the inspector they really enjoyed working in the centre and were happy with levels of support they received from management.

In summary, residents indicated and told the inspector they were happy living in the centre. Staff described meaningful opportunities for residents to engage in activities they enjoyed and the inspector observed residents taking part in activities they enjoyed at home and to leave the centre to engage in activities in the community. Residents were supported to stay in touch with the important people in their lives and to make choices and decisions about their day-to-day lives.

The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This 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. However, improvements were necessary under Regulation 15: Staffing, and Regulation 16: Training and staff development.

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.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The person in charge met the requirements of Regulation 14 and were supported in their role by a service manager.

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 recognised that effective governance and management ensured good safeguarding practices in the centre.

A six-monthly unannounced visit of the centre had taken place in May 2025 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre.

However, the staffing arrangements needed refinement to strengthen the overall structure and ensure consistent, high-quality care for all residents. For example, during the inspection, the inspector noted a significant dependency on relief and agency staff to cover vacant shifts, as confirmed by a detailed review of staff rosters. This heavy reliance on temporary personnel compromised the continuity of care for the residents.

Improvements were also needed regarding training and staff supervision. For instance, the training records for agency and relief staff were not incorporated into the training records maintained in the designated centre. Moreover, staff members did not receive consistent, formal supervision.

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 the inspection the provider had ensured there was enough staff with the right qualifications and experience to meet the assessed needs of residents. However, improvements were required to the staffing arrangements to ensure continuity of care for all residents residing in the designated centre.

There were three Whole Time Equivalent (WTE) positions vacant in the designated centre. Although the provider was endeavouring to back fill vacant shifts, it was found that there was an over reliance on relief and agency staff to cover vacant shifts, which was having a negative impact on both residents and permanent staff members.

For example, following a review of the planned and actual rosters maintained in the designated centre for the months of July, August, and September 2025 the inspector observed the following;

- 52 shifts were covered by 18 different relief staff, and a further 17 shifts were covered by eight different agency staff across the month of July 2025
- 62 shifts were covered by 17 different relief staff, and a further 15 shifts were covered by six different agency staff across the month of August 2025, and

- 57 shifts were covered by 13 different relief staff, and a further 13 shifts were covered by six different agency staff across the month of September 2025.

The provider had not ensured that suitable contingency arrangements were in place to ensure continuity of care for residents, and did not ensure that the staff providing support were always skilled and trained to cater for individual residents' assessed needs.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. A review of the most recent training records made available to the inspector evidenced gaps in relation to both mandatory and non-mandatory training for staff. However, refresher training had been scheduled for positive behaviour support and manual handling.

The inspector found the training records difficult to review as current and accurate information was not recorded on one training matrix record. For instance, the person in charges training record differed from the training records maintained by the provider's training department. Furthermore, the training records did not include any training details pertaining to agency staff who worked in the designated centre.

The deficits in staff training posed a risk to the quality and safety of the care and support provided to residents and their wellbeing. For example, some staff were not provided with the necessary training in order to support residents with behaviours that challenge.

The person in charge was responsible for the provision of supervision and support to all staff members within the designated centre. According to the provider's policy, staff were to receive four formal supervision sessions per year. However, following a review of the supervision schedule it was evident that staff were not in receipt of supervision as per the provider's policy. In addition, supervision records completed were not made available for the inspector to review.

Without documented consistent staff supervisions, it was not evidenced that staff were adequately supervised in respect of their work and their defined responsibilities. This required considerable review and improvement by the provider and person in charge.

Judgment: Not 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 were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including audits on medicines, personal plans, safeguarding, fire, infection prevention control (IPC), restrictive practices, and the premises. Audits reviewed by the inspector were comprehensive, and where required identified actions to drive continuous service improvement.

An annual review of the quality and safety of care had been completed for 2024. The inspector reviewed this report and found it reflected on the lived experiences of residents and their representatives through a summary of residents' achievements and challenges through the year, positive and negative feedback, complaints, incident trends and commentary attained through surveys. The report commented on changes in the residents' lives, new or returning social, recreational, work, education and holiday opportunities.

In addition, all key stakeholders had been actively consulted as part of the review process, as per the regulatory requirement. Feedback received was overwhelmingly positive, with residents stating "I like having my own space in the flat", "I like living here", "It's a nice home", and "I don't want anything to change". However, some residents also commented on staffing arrangements in the designated centre advising that "I do not like changes to the roster, I like regular staff", and "I don't like agency staff and staff I don't know".

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits reviewed by the inspector during this inspection included included infection prevention and 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.

The inspector reviewed the action plan developed following the provider's most recent six-monthly unannounced visit, conducted in May 2025. This visit resulted in a detailed report that identified key areas for service improvement, from which a comprehensive action plan was formulated. 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.

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. Regulations pertaining to safeguarding were specifically assessed as a part of this inspection, and this inspection evidenced that all residents were receipt of a high quality care, and comprehensive and effective management systems were in place that facilitated effective safeguarding in the service.

The inspector found that the provider had embedded safeguarding as a core component of the centre's safeguarding practices. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and persons in charge were endeavouring to ensure that residents living in the centre were safe 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.

Residents were supported to make decisions about how their home was decorated and residents' personal possessions were respected and protected. 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 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.

It was found that residents had an up to date and 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. 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.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviours of concern. 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 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, a number of residents had communication challenges. Staff supporting these residents acted a communication partners and were observed to be familiar with the residents' communication support plans.

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

The inspector found that residents were supported by staff who understood their communication needs and could respond appropriately. Residents had access to information about safeguarding measures tailored to their communication preferences. Additionally, the inspector noted that easy-to-read materials on safeguarding, the complaints process, and advocacy services were available to residents on the day of the inspection.

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.

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.

The provider recognised the importance of residents' property and had created the feeling of homeliness to assist all residents with settling into the centre. For example, wall art, soft furnishings, photographs of residents and decorative accessories were displayed throughout each home, which created a pleasant and welcoming atmosphere.

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

Overall, the designated centre was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living in the designated centre. Residents indicated to the inspector that they were very happy with their home.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an established integrated risk management policy in place, which was reviewed by the inspector. The provider had ensured that 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.

On the day of this inspection, the inspector found that each residents' safety, health and wellbeing was supported through individual risk assessments. Risk assessment forms included appropriate measures and actions in an attempt to control and mitigate identified risks. For example, where risks were identified for a resident relating to behaviours that challenge, the provider had put a number of appropriate controls in place some of which included the provision of staff training in positive behavioural supports. In addition, the resident was provided with a positive behaviour support plan.

Where risks were identified for a resident pertaining to choking, the provider had put in place a number of measures to control the risk. For example, the resident had been assessed by a relevant multidisciplinary professional, and had an up-to-date feeding eating drinking and swallowing (FEDS) support plan 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.

The inspector reviewed three residents' files and saw that files contained up to date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate. The 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 relating to the following:

- Communication
- Physical and intimate care

- Emotional wellbeing
- Positive behaviour support
- Rights

Keyworkers supported and empowered residents to identify goals that were meaningful and individual to them. The keyworker supported the resident implement and evaluate the progress of their goals through keyworking meetings, and an annual "My Life Meeting". The inspector reviewed minutes from these meetings for three residents. On review, the inspector saw evidence that residents were supported to discuss previous goals set, set goals for the year ahead, celebrate accomplishments, and review core and wellbeing outcomes under support plans. Examples of goals set included going swimming on a weekly basis, night away in a hotel, become a member of a local yacht club, join a pitch and putt club, and attend Christmas party with friends from day service.

Staff who spoke with the inspector demonstrated full awareness of residents' personal plans and the care support plans that were in place to empower the residents to live as independently as they possibly could.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, all residents had up-to-date positive behaviour support plans on file. The inspector reviewed three positive behaviour support plans and found that these were very detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan identified potential triggers and setting events, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

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

Staff spoken with throughout this inspection were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff. Furthermore, systems were in place to ensure regular monitoring of the approach taken to behavioural support, and staff did not engage in practices that may constitute institutional abuse.

There were a number of restrictive practices pertaining to environmental, mechanical, financial, and physical restraint in place within the designated centre. The inspector completed a full review of these and found they were the least

restrictive possible and used for the least duration possible. Residents had consented to the use of restrictions. For example, restrictive practices were discussed during key working meetings with residents.

The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review by the provider's positive approaches monitoring group (PAMG). Furthermore, all restrictive practices were appropriately risk assessed and clearly documented and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with the residents.

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, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

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

At the time of this inspection there were no safeguarding concerns open. However, the inspector found that previous safeguarding concerns 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 12 preliminary screening forms 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 four 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 saw 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 and participated in weekly resident meetings. A review of the September 2025 resident meeting minutes evidenced that they discussed activities, menus, complaints, health and safety, and fire safety. 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	Not compliant
Regulation 16: Training and staff development	Not 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	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grangemore Rise OSV-0002341

Inspection ID: MON-0048075

Date of inspection: 30/09/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • One full-time Social Care Worker recruited and commenced on the roster on 6th October. • One full-time Direct Support worker recruited from specific purpose recruitment campaign on 30th Oct 2025 • A recruitment campaign is ongoing to fill the remaining post. The Person in Charge has completed a risk assessment for the use of agency within the designated Centre, with clear control measures in place. This will be reviewed monthly. The Provider will seek assurances in writing from relevant agencies that their staff members meet mandatory requirements to work in St Michaels House.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A full review of staff training records has been completed 20/10/2025 Training requirements • Three staff members are due to complete Positive Behaviour Support training on 13/11/2025 • One staff completed online training for Safeguarding of Vulnerable Adults on 14/10/2025.	

• Two staff are completed Manual Handling training on 15th Oct
• One staff is due to complete Manual Handling Training on 6th Nov
• One staff is booked in for First Aid training on 27th Nov

The Person in Charge has completed a risk assessment for the use of agency within the designated Centre, with clear control measures in place. This will be reviewed monthly.

The Provider will seek assurances in writing from relevant agencies that their staff members meet mandatory requirements to work in St Michaels House.

A supervision schedule has been drawn up ensuring all staff receive four supervision meetings per year. Missed sessions have been reallocated as below.

• One staff 24/09/2025
• One staff 28/09/2025
• Two staff 29/10/2025
• One staff 30/10/2025

Minutes of all supervision meetings are in situ in the Designated Centre.

The Person in Charge will complete monthly audits of supervision and training compliance. This will be circulated to the Service Manager for review.

The Service Manager will continue to complete quarterly supervision meetings with the person in charge to ensure oversight and sustained compliance.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	28/02/2025
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	27/11/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/10/2025