



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

Issued by the Chief Inspector

Name of designated centre:	Coolfin
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	10 January 2024
Centre ID:	OSV-0002375
Fieldwork ID:	MON-0038264

About the designated centre

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

Coolfin is a designated centre operated by St Michael's House. The centre provides residential care and support for up to six adults with intellectual disabilities. The designated centre comprises a detached two-storey house located in North County Dublin located near a large community park and within a short walking distance to nearby shops and public transport routes. The designated centre consists of six individual bedrooms for residents, two living room spaces, a kitchen and separate dining area and a staff office. St Michael's House operate a separate day service to the rear of the designated centre. The centre is managed by a full-time person in charge who is supported in their role by a nurse manager. The staff team comprises of nurses, social care workers, and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 January 2024	09:40hrs to 16:20hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This inspection was carried out as part of the ongoing regulatory monitoring of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of care and support provided to residents in the centre. The inspector found that residents received good care and support, and there was good oversight and management of the centre. However, the arrangements to meet all residents' assessed needs required improvement, and the incompatibility of some residents posed an ongoing risk to their safety and well being.

The centre comprised a large two-storey house located in a busy suburb of Dublin. The house was close to many local amenities and services, including shops, parks, cafés, and public transport. The inspector completed an observational walk-around of the centre with a staff member. The centre was bright, warm, clean, comfortable, homely, and nicely decorated. Since the previous inspection of the centre in January 2023, minor renovations had been carried out such as replacement of bathroom flooring. Overall, it was well maintained (although, some minor upkeep was required such as painting of scuff marks).

Some residents showed the inspector their bedrooms. The bedrooms were found to be nicely decorated in line with residents' personal tastes and provided sufficient space and storage. There was a dining room, two sitting rooms, utility room with laundry facilities, kitchen, and sufficient bathroom facilities. The kitchen was well equipped, and the inspector observed a good selection of food and drinks for residents to choose from. A notice board in the hallway displayed information on advocacy services, safeguarding, and the complaints procedure. There was also nice pictures and photos of residents displayed in the centre.

The inspector observed good fire safety systems, for example, fire doors with self-closing devices closed properly when released and the exit doors were easily opened to aid prompt evacuation in the event of an emergency. Fire safety is discussed further in the quality and safety section of the report.

There were five residents living in the centre with one vacancy; a resident had recently moved to an alternative service provider that could better meet their assessed needs. During the inspection, the inspector had the opportunity to meet four residents (one resident was in their day service during the inspection). One resident did not verbally communicate their views with the inspector, but appeared to be content in their home.

The first resident spoke with the inspector before they left to attend their day service. They were happy living in the centre, liked their housemates and the staff, and described the food in the centre as being "nice". They enjoyed their day service, and at the weekends liked to go out for coffee and to parks. They expressed no

concerns to the inspector.

Another resident was retired from their day service. They were relaxing in their room for most of the day and watched their favourite game shows on television. They told the inspector that they also liked eating out and going to the cinema. They got on well with their housemates and the staff, and enjoyed the food in the centre. They had participated in fire drills and knew to evacuate the centre in the event of the fire alarm activating.

Another resident spent time colouring and watching music videos on the television in the main sitting room; they loved music and was looking forward to attending an upcoming concert. They spoke about their family, and enjoyed visiting them. They told the inspector that they liked the house and their bedroom. However, they found certain behaviours of other residents as "upsetting" and "going on for ages". These matters are discussed further in quality and safety section of the report.

The provider's recent annual review of the centre, dated March 2023, had consulted with residents and their representatives. No feedback was received from residents' representatives, however residents indicated that they were happy with the support and care they received.

The inspector observed staff engaged with residents in a friendly and kind manner, and there was a warm rapport between them.

The inspector spoke with several staff during the inspection including the service manager, Director of Service, and a care assistant. The person in charge was not on duty during the inspection, and a care assistant facilitated the inspection in their place. They had worked in the centre for many years and knew the residents' individual needs and personalities very well.

They told the inspector that residents received a good quality of service, were well cared for and supported to have active lives. They told the inspector that the recent discharge of a resident was in line with their assessed needs and was expected to have a positive impact in the centre by reducing some of the incompatibility issues. They spoke about the supports in place to safeguard residents such as multidisciplinary team input and extra staffing. However, they were concerned about the residual risks to residents' safety, and the recent deficits in the staffing complement.

The Director of Service and service manager also demonstrated a rich understanding of the residents' and their associated needs. They spoke about the provider's ongoing efforts to resolve the incompatibility issues and associated safeguarding risks in the centre. They also told the inspector that a new resident would not be admitted to the centre until these risks had been mitigated.

The inspector met with the person in charge following the inspection to clarify some of the information presented during the inspection. They described the service in the centre as being individualised to the needs and wishes of each resident. They told the inspector that residents had enough choice and control in their lives, and had sufficient opportunities to partake in activities in line with their interests and wishes.

They told the inspector that while measures were in place to manage safeguarding risks (and the frequency of the associated incidents had reduced), the incompatibility of residents presented an ongoing risk that was challenging for staff to manage effectively.

Staff and the management team spoke about residents in a professional and respectful manner, and it was clear that they were endeavouring to provide them with a safe and quality service.

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

Capacity and capability

There were management systems in place to support the delivery of a service that was safe, consistent and appropriate to residents' needs. The provider had ensured that the centre was well resourced however, as discussed in the quality and safety section of the report, the arrangements for meeting residents' assessed needs required improvement.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and supported in the management of the centre by a nurse manager. The person in charge reported to a service manager and Director, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents, for example, annual reviews, six-monthly reports, and a suite of other audits were carried out. The management team monitored actions identified from audits and reports to ensure that they were progressed.

The staff skill-mix in the centre comprised nurses, social care workers and care assistants. Residents also had access to the provider's multidisciplinary team services as required. The skill-mix and complement was appropriate to the needs of the residents.

The person in charge maintained planned and actual rotas showing staff working in the centre. There were some vacancies that were managed through staff working overtime, and use of agency and relief staff. The use of agency and relief staff posed a risk to residents' continuity of care that required ongoing monitoring by the provider.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. Training

records showed that most staff were up to date with their training requirements.

The person in charge provided support and formal supervision to staff working in the centre, and staff spoken with told the inspector that they were satisfied with the support they received. Staff also attended regular team meetings which provided an opportunity for them to any raise concerns regarding the quality and safety of care provided to residents. Inspectors viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, fire safety, risk, incidents, training, and infection prevention and control.

Regulation 15: Staffing

The staff skill-mix in the centre consisted of nurses, social care workers and care assistants workers which the provider had determined was appropriate to the number and needs of the residents. The person in charge maintained planned and actual rotas that showed staff on duty during the day and night in the centre.

There were two staff vacancies which the provider was endeavouring to recruit for. These vacancies, along with planned and unplanned staff leave such as sick leave, were managed through the use of staff overtime, relief and agency staff. The person in charge told the inspector that during the month of December 2023, there was a high amount of planned and unplanned staff leave. The inspector viewed the December 2023 rota; which showed that approximately fourteen different agency staff worked in the centre. The January 2024 rota showed a decrease in the number of agency staff (approximately eight) scheduled to work in the centre.

The high use of agency and relief staff posed a risk to the continuity of care and support provided to residents. However, the person in charge endeavoured to only use regular relief and agency staff who were familiar with residents, and to ensure that a permanent staff member was on duty at all times to minimise any adverse impact.

The inspector viewed a sample of the staff files containing the documents specified in Schedule 2. The documents were readily available and met the requirements of Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support them in delivering effective care and support to residents. Staff completed a suite of training, including training in the safeguarding of residents, manual handling, administration of medication,

behaviour support, fire safety, and infection prevention and control. The recent staff training log showed that most staff were up to date with their training, and the person in charge was scheduling any overdue training. The provider had also recently implemented human rights training for staff to attend to further strengthen their practices.

The person in charge provided support and formal supervision to staff. Staff told the inspector that they were satisfied with the support they received. In the absence of the person in charge, staff could contact the service manager or on-call system for support and guidance.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and responsibility. The person in charge was full-time, and demonstrated effective oversight and management of the centre. They were supported in their role by a nurse manager, and reported to a service manager who in turn reported to a Director. There were good arrangements such as regular meetings for the management team to communicate and escalate issues.

There were effective management systems to ensure that the quality and safety of the service provided to residents was monitored. The systems include annual reviews, unannounced visit reports, and other audits on areas, such as infection control, residents' finances, medication management, health and safety, and fire safety. Actions were identified from the audits and monitored by the management team to drive improvements. The management team had good oversight of the risks presenting in the centre such as the safeguarding concerns, and were endeavouring to resolve them.

There were effective arrangements for staff to raise concerns. In addition to the staff supervision and support arrangements, staff also attended regular team meetings which provided an opportunity for them to raise any concerns about the quality and safety of care and support provided to residents. Staff spoken with advised the inspector that they felt confident in raising any potential concerns.

There was one recent resident vacancy in the centre, and the provider had determined that future admissions would not be considered until the ongoing resident incompatibility issues had been resolved. This demonstrated good decision making by the provider to support a safe and quality service for residents.

Judgment: Compliant

Quality and safety

The inspector found that aspects of residents' well being and welfare was maintained by a good standard of evidence-based care and support. However, not all residents' assessed needs were being met in the centre and this was having an adverse impact on the quality and safety of service provided to them and their peers.

The person in charge had ensured assessments of residents' needs were completed which informed the development of personal plans. The inspector reviewed a sample of residents' assessments and plans. The plans were up to date, sufficiently detailed, and readily available to staff in order to guide their practice.

However, some residents were assessed as requiring alternative living arrangements. While the provider was endeavouring to source suitable accommodation for them, these unmet needs presented incompatibility and safeguarding risks between residents.

The provider had good arrangements for managing safeguarding concerns such as multidisciplinary team input, staff training, and development of safeguarding plans. However, the residual risk to residents' safety remained, and required mitigation to ensure residents were sufficiently protected from abuse in the centre.

The person in charge had ensured that written personal care plans had been prepared to guide staff in supporting residents in this area in a manner that respected their dignity and bodily integrity.

Residents had sufficient opportunities and supports to partake in activities in line with their wishes, capacities, and interests. Some residents regularly attended day services while others were supported by staff in the centre with the leisure and social activities. There was also a vehicle to support residents in accessing their community.

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 concerns. There were some restrictive practices in the centre. The rationale for the restrictions was clear, and they had been implemented with the approval of the provider's oversight group. However, some minor improvements were required to better demonstrate consent from the residents or their representatives.

Residents planned their main meals on a weekly basis, and there was a good selection of food in the centre to choose from. Some residents also liked to eat out. Residents told the inspector that they were happy with the food in the centre, and had enough choice. Some residents had modified diets, and care plans were available to guide staff in these areas.

The premises were found to be clean, bright, comfortable, and nicely decorated. Residents' bedrooms were decorated to their tastes. The communal spaces included two sitting rooms, kitchen, dining room, and bathrooms. Residents told the inspector that they were happy with the premises and the facilities.

There were good fire safety systems. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment.

Some fire doors did not have self-closing devices. The provider told the inspector that this arrangement had been reviewed by their fire safety expert. However, the assessment of the arrangement and confirmation that it was appropriate had not been documented. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of regular fire drills carried out in the centre. Staff completed fire safety training, and residents were informed of the fire procedures using easy-to-read information.

Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities and opportunities to engage in social and recreational activities in line with their interests, capacities, and wishes.

Residents engaged in different activities, and there was a dedicated vehicle to transport them to community activities. Some residents regularly attended day services operated by the provider, while others were retired and were supported by staff in the centre with their social activities. Residents enjoyed community activities such as day trips, eating out, cinema, beauty treatments, and shopping; as well as centre-based activities such as art and relaxing. Visiting family and friends was also very important to some residents.

Residents told the inspector that they had enough choice and control over how they spent their time. The person in charge was also satisfied that they had sufficient opportunities for accessing their community.

Judgment: Compliant

Regulation 17: Premises

The premises comprised a large two-storey building. The centre were based in the community and located close to many amenities and services. The centre was found to be bright, warm, comfortable, and clean. Since the previous inspection of the centre in January 2023, some minor renovation works had been carried out to

mitigate infection hazards, for example, there was new flooring in the small bathroom.

Residents told the inspector they were happy with the premises. They had their own bedrooms which were decorated in accordance with their personal tastes and provided sufficient storage space. The communal space including two sitting rooms, kitchen and dining room. There was sufficient bathroom facilities, and the kitchen facilities were well equipped and in a good state of repair.

There were arrangements to ensure that equipment used by residents was maintained in good working order, for example, the electric beds and hoists used by residents had been recently serviced. The shower trolley used by some residents required upgrading, and a new one was being sourced by the provider.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their meals as they wished.

The kitchen was well maintained and equipped for cooking and storing food. The inspector observed a good selection and variety of food and drinks.

Residents planned a weekly menu during their house meetings. Pictures of different foods were available to help them make their choices. Residents spoken with told the inspector that they liked the food in the centre, had their favourite meals often, and were happy for staff to do most of the cooking. They also liked to eat out in local eateries.

Some residents required modified diets. Feeding, eating, drinking, and swallow (FEDS) plans had been prepared in an easy-to-read format and were readily available for staff to follow. Staff were also required to complete relevant training to support residents with their meals. The inspector observed that the equipment used to modify food was clean and in good condition.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had prepared and implemented a written risk management policy, reviewed in June 2023, which outlined the arrangements for identifying hazards and carrying out risk assessments.

The inspector viewed the a sample of the risk assessments pertaining to the centre, including those on behaviours of concern, slips and falls, staff shortages, infection prevention and control, and choking risks. The risk assessments had been primarily completed by the person in charge, and the inspector found that they outlined control measures for implementation in the centre. Overall, the inspector found that the arrangements for identifying and managing risks in the centre were appropriate (however, as noted under Regulation 8: Protection, the control measures to mitigate safeguarding incidents were limited in effectiveness).

There were also good arrangements for the recording, investigation, and learning from incidents, for example, incidents were reviewed by the person in charge and staff team at team meetings to identify learning to reduce the likelihood of incidents recurring. There were also written procedures for responding to emergencies (such as loss of heating, flooding, power outages).

There were adequate arrangements to ensure that the vehicle in the centre used to transport resident was roadworthy, serviced, insured, and suitably equipped.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented effective fire safety precautions and management systems.

There was fire detection, containment, and fighting equipment, and emergency lights in the centre. Inspectors viewed a sample of the servicing records in the house, and found that the fire extinguishers and alarms were up to date with their servicing. The emergency lights were overdue servicing, however were scheduled to be serviced the day after the inspection. The fire panel was addressable with information on the zones displayed beside it. The inspector tested several of the fire doors and they closed properly when released. The exit doors had easily-opened locks to aid prompt evacuation of the centre in the event of a fire. Staff completed regular checks of the fire safety systems and equipment to identify any potential deficits.

The person in charge had prepared a fire evacuation plan and each resident had their own individual evacuation plan to guide staff on the supports they required. Fire drills were carried out to test the effectiveness of the evacuation plans. Some minor revisions were required to the plans to reflect the recent reduction in the number of residents and change of bedrooms.

Staff had completed fire safety training, and easy-to-read information had been prepared for residents to aid their understanding of the fire safety precautions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed which informed the development of personal plans. The inspector reviewed a sample of residents' assessments and plans. The plans, included those on personal, health, and social care needs, were up to date, sufficiently detailed, and readily available to staff in order to guide their practice. Easy-to-read information had also been prepared to aid residents' understanding of relevant topics such as health and safety.

Residents were also supported to plan social goals such as going on holidays and to concerts. The inspector found that while residents were achieving their goals, the associated documentation required improvement to better demonstrate their progress.

The provider had not ensured that the appropriate arrangements were in place to meet the needs of each resident. They had identified that the centre was not fully suitable to meet all residents' assessed needs, particularly in relation to the required living arrangements for one resident and their incompatibility with other residents which was resulting in ongoing safeguarding concerns. They were engaged with their funder and reviewing their own internal resources to source more suitable accommodation, however had not yet been successful. They remained committed to sourcing appropriate accommodation, and until then were utilising additional resources such as increased staffing and multidisciplinary team services.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern, for example, they were required to complete positive behaviour support training, and plans were developed to support residents with their behaviours.

Residents received support from multidisciplinary team services as required, and easy-to-read information had been prepared to help them understand and manage their behaviour.

There were some physical restrictive practices implemented in the centre. The rationale for the use of the restrictions was clear, and had been approved by the provider's oversight group (some approval had lapsed, however a referral was

submitted to the group by the person in charge the day after the inspection). Minor improvements were required to better demonstrate that the interventions had been consented to.

Judgment: Compliant

Regulation 8: Protection

Safeguarding concerns had been reported, responded to, and managed in line with the provider's policy. However, there was ongoing safeguarding concerns in the centre attributable to the incompatibility of residents. Concerns for residents' safety were noted in the provider's internal audits, management meeting minutes, and reports from multidisciplinary team services. Some residents also told the inspector about how they were being adversely impacted.

Safeguarding plans had been developed outlining the interventions to keep residents safe from abuse such as increased staffing, planned discharge of residents, and development of personal plans. There was also ongoing support and guidance from the provider's safeguarding team. However, staff spoke about the limited effectiveness of the safeguarding plans, and the challenges they faced in ensuring residents' safety.

Since the previous inspection in January 2023, there had been a slight reduction in the number of safeguarding incidents attributable to incompatibility issues notified to the Chief Inspector. The provider anticipated some more reduction following the recent discharge of one resident.

However, the overall effectiveness of the safeguarding plans and associated interventions is limited and residents continued to be at risk of abuse until the incompatibility issues are fully resolved.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Coolfin OSV-0002375

Inspection ID: MON-0038264

Date of inspection: 10/01/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: In relation to regulation 5 (2):</p> <p>Goal tracking for all residents will be updated by Keyworkers, timelines agreed with all keyworkers and will be signed off by PIC. Support plans for one resident are to be reviewed and updated in agreement with relevant clinician’s, keyworker and PIC. Pic will review all support for 5 residents monthly.</p> <p>In Relation to regulation 5(3): Updated profile sent to residential consultation committee for review. Currently reviewing possible internal move in relation to identified residential house within St Michael’s House. Compatibility meeting held and actions updated in line with recent resident moving out of Coolfin.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: In relation to regulation 8 (2). One resident recently moved out reducing the current residents’ numbers to 5, this will give an opportunity for staff increase safeguarding supports. Extra staff in place to support residents 5 weekday evenings and weekends. Ongoing PBS plans in place and reviewed as required.</p>	

Regular clinical input in place.
Updated profile sent to residential consultation committee for review.
Compatibility meeting held and actions updated in line with recent resident moving out of Coolfin.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2024
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/12/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/12/2024