



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

## Issued by the Chief Inspector

Name of designated centre:	Sallowood
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	19 February 2025
Centre ID:	OSV-0002378
Fieldwork ID:	MON-0037451

## About the designated centre

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

This designated centre is operated by St Michael's House located in North Dublin. It provides a community residential service to six adults with intellectual disabilities and associated healthcare support needs. The designated centre is a detached building consisting of six bedrooms, a lounge room, a kitchen/dining area, sluice room, a staff office, staff sleepover room and bathrooms. Two independent living apartments are located on the first floor but do not form part of the designated centre and have a separate entry and exit point from the designated centre. Residents living in the designated centre have access to a large garden courtyard space garden area at the rear of the house. There is a full-time person in charge (CMNII) who is supported by a clinical nurse manager (CNMI). The staff cohort include, nursing staff, social care workers and direct support workers..

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 19 February 2025	09:15hrs to 17:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of the registration of the centre.

The inspector found that residents in this designed centre were supported to enjoy a good quality life. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider, person in charge and staff promoted an inclusive environment where each of the resident's needs, wishes and preferences were taken into account. On review of feedback provided by residents' families, the inspector saw that in relation to the quality of care and support provided to residents, the feedback it was very positive and that overall, families were happy with the service provided.

Residents living in the centre used different forms of communication and where appropriate, their views were relayed through staff advocating on their behalf. Residents' views were also taken from the designated centre's annual review, Health Information and Quality Authority's (HIQA) residents' surveys and various other records that endeavoured to voice residents' opinions.

The inspector used observations alongside a review of documentation and conversations with residents, key staff and management to inform judgments on the residents' quality of life. The inspection was facilitated by the person in charge who was supported by their clinical nurse manager (CNMI), for the duration of the inspection. The person participating in management, joined the inspection for feedback at the end of the inspection.

There were six residents living in the centre and the inspector was provided with the opportunity to meet with all of the residents during different times of the day. One resident talked to the inspector about their upcoming new day service which they seemed happy about. They told the inspector that they were going to visit their mother in the afternoon. A staff member was supporting them with the visit. As there was no driver available to drive them in the centre's vehicle a taxi had been organised.

Another resident showed the inspector their room and appeared proud and happy when the inspector complimented the layout and décor of their room. The inspector met with two other residents in their room and it was observed that the rooms were laid out in line with their likes and preferences. There were family pictures, posters of people and items each resident liked. There were sensory items and lighting as well as appropriate equipment to support ease of access in their room. The inspector observed a large poster to the side of one resident's bed titled "buzz words". There were a number of words, short sentences and pictures included on

the poster that were meaningful to the resident. The inspector was informed that the poster enhanced communication between the resident and their staff and promoted fun and enjoyable interactions.

Residents living in this designated centre required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. Bathrooms were supplied and fitted with various assistive aids and overhead tracking hoists were also available. Residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs.

The centre was a large detached accessible building consisting of six bedrooms, a lounge room, a kitchen/dining area, sluice room, a staff office, staff sleepover room and accessible bathrooms. The house was observed to be homely, with lots of photograph collages throughout the halls of the house. There were posters of achievements of residents, such as newspaper clippings of successful fundraising by residents and their families. There was an accessible large garden courtyard space at the rear of the house. This space included a number of trees, plants and garden chairs. New raised planters had been bought and the inspector was informed that that a planter allocated to each resident for them to work on in the springtime.

In advance of the inspection, residents were provided with individual HIQA surveys. Two of six residents chose to complete the surveys. Family members completed surveys on behalf of the residents. The surveys relayed positive feedback regarding the quality of care and support provided to residents living in the centre.

Surveys relayed that residents found the centre was a nice place to live in and that they liked the food and had their own bedroom. The surveys relayed that residents' felt staff knew what was important to them and were familiar with each of their likes and dislikes. Surveys relayed that staff provided help to residents when they needed it.

Some of the positive comments from families included; (family member's name) bedroom is very homely, the staff are really super at making it nice and cosy and comfortable', 'at Christmas, their keyworker made the bedroom so beautiful with a beautiful Christmas tree and lovey festive duvet'. There were positive comments about the person care and support provided to family members. families noted that their nice relationships and close friendships had developed amongst residents in the house. ' staff seem to be informed of all residents needs and personality to a great degree'.

Another survey noted, that their family member liked their bedroom because it was big. That the resident loved Friday take-away and that they are supported to call their family using FaceTime. When asked if the resident knew their staff team, the response noted that the resident liked to look at the roster and visual board.

The inspector also spoke with a family member on the day who spoke very positively about the care and support provided in the centre. They were very complimentary about the provision of person centred care provided to their family

member and relayed that the centre was like a second home to their family member. They said they felt assured their family member was safe. They also relayed the close relationships in the house amongst residents and how they have enjoyed eating out in the community with their family member and housemate.

On reading the complaints and compliment forms, the inspector saw a compliment submitted by a family member where they noted that staff managed their family members medical challenges went through in a very positive flexible , supportive and understand manner.

Overall, the inspector found that the provider and person in charge had put a variety of systems in place to ensure that residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. Families played an important part in the residents' lives and the person in charge and staff acknowledged and supported these relationships and in particular made strong efforts to facilitated and enable residents to keep regular contact with their families. Residents were provided with bi-monthly house meetings where the agenda included topics such as menu planning, activities, advocacy and human rights, fire safety and drills, complaints, socialisation and HIQA visits, but to mention a few.

For the most part, residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. The person in charge was endeavouring to ensure that residents were provided meaningful activities in the community to ensure positive outcomes for residents in terms of the their wellbeing and development.

The centre was provided with an accessible bus which supported residents travel to and from appointments and community activities. However, access to the bus was not always available due to limited resources (staff drivers). A review of the transport arrangements in place was needed to ensure that they were fair, equitable and transparent and that it promoted residents accessing their community. In addition, documentation that provided clear guidance to residents and staff, of the arrangement, was needed.

Through observations and a review of menu plans, the inspector saw that residents were provided with a choice of healthy meal, beverage and snack options. Where residents required assistance with eating or drinking, there was a sufficient number of appropriately trained staff available to support residents during mealtimes and were consistent with the residents' individual dietary needs and preferences as laid out in their personal plan.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff interpreted what was being communicated. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the

non-verbal cues presented by the resident.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

Some improvements were required in areas relating to the documentation relating to residents' goal tracking and progression, arrangements in place for residents' to access to the community, recording of progress of complaints and staffing levels.

These are discussed further in the next two sections of the report which 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

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector found that overall, the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to the residents living in the designated centre.

The inspector found that since the last inspection a number of improvements had been made which resulted in positive outcomes for residents, and in particular, regarding infection prevention and control and staffing.

The provider and person in charged had completed a number of actions which saw regulation 27, infection prevention and control come back into compliance. Since the last inspection there had been a reduction in vacancies with three new staff nurses employed since end of December 2024 and beginning of January 2025.

However, some further improvements were needed the area of staffing so that staffing levels were in line with the statement of purposes. Improvement was also needed to some areas of the recording of complaints.

The inspector found that the care and support provided to the residents was person-centred and promoted an inclusive environment where each of the resident's needs and wishes were taken into account.



The provider was endeavouring to ensure that the centre was adequately resourced. 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 service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the residents and this was demonstrated through good-quality safe care and support.

The inspector reviewed a sample of staff files and found that they included all Schedule 2 requirements.

The inspector spoke with a number of staff during the inspection and found that they demonstrated appropriate understanding and knowledge of policies and procedures that ensure the safe and effective care of residents.

There was a training schedule in place for all staff working in the centre and this was regularly reviewed by the person in charge.

On the day of the inspection, the inspector observed kind, caring and respectful interactions between staff and residents throughout the day.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There was appropriate information governance arrangements in place to ensure that the designated centre complied with all notification requirements.

#### Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full-time in this centre. The person in charge was ensuring effective governance, operational management and administration of the designated centre. The person in charge was supported by a clinical nurse manager (CNMI).

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge was familiar with residents' needs and was endeavouring to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of residents living in this centre.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge was ensuring, on a day to day basis, that the staffing arrangements included enough staff to meet the needs of the residents living in the centre. However, improvements were needed to ensure that staff resources were in line with the statement of purpose. There were five vacancies in the centre (four whole-time-equivalent). These included two part-time direct support workers and three full-time social care workers.

The person in charge was endeavouring to ensure that there was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Where there were staff vacancies, permanent part-time staff took on more hours to cover shifts. In addition, the roster demonstrated that, where agency staff were employed, for the most part, the same two to three staff were being employed on a regular basis.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support.

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

On review of the training matrix in place, the inspector saw that staff had completed or were scheduled to complete the organisation's mandatory training such as manual handling, safeguarding, fire safety, positive behaviour supports, feeding, eating, drinking and swallow (FEDS), infection and prevention and control, but to mention a few. Where a small number of refresher training was out of date, training

courses had been scheduled within the next two months.

The person in charge had ensured that one to one, supervision meetings, that support staff in their role when providing care and support to residents, were scheduled for all staff for quarter one of 2025. Staff who spoke with the inspector, noted that they found the supervision meetings to be beneficial to their practice.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations.

Judgment: Compliant

### Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, the records were appropriately maintained. The sample of records reviewed on inspection, overall, reflected practices in place.

On the day of the inspection, the person in charge organised for staff records to be made available to the inspector in the designated centre for review. On review of a sample of five staff files (records), the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to HIQA and found that it ensured that the building and all contents, including residents' property, were appropriately

insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. Overall, there was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre; The person in charge was assisted by a clinical nurse manager to support them ensure effective governance, operational management and administration of the designated centre

The provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. In addition the provider had completed on a six month basis an unannounced review of the quality of care and support in the centre. Each review included an action plan which was followed up and progressed by the person in charge. The most recent review was in November 2024. On review of the action plan, the inspector saw that many of the actions had been completed.

There was a comprehensive day and night handover documents which ensure information relating to the care and support of residents as well as information relating to the overall service was passed over to oncoming staff at the beginning of each shift. Staff who spoke with staff relayed the benefit of this tool for the morning and evening handovers.

The person in charge ensured that a local health and safety checklist was completed and this was to ensure that any potential risks identified were addressed as required to ensure the safety of residents at all times. Some of the areas the checklist monitored included, assistive equipment, waste management , challenging behaviour, unit transport, housekeeping (cleaning), food safety, hazard and risk assessment, staff training and first aid arrangements, but to mention a few.

A monthly data report had been completed in July 2024 and the person in charge advised the inspector that they were currently in the process of completed a report for January 2025. They advised that the plan was to continue with these reports on a monthly basis. These reports were used at management meeting between the person in charge and service manager to review issues arising and actions required. Some of the areas reviewed by the report included monitoring of residents' goal progress, quality and safety checks, money audits, safeguarding referrals, complaints and complements, fire drills and environmental risks.

A staff team meeting had taken place in January 2025. This was to provide staff an opportunity for reflection and shared learning. On review of the minutes of the

January meeting, the inspector saw that topics such as key working, safety, accidents and incidents, HIQA, finance check lists, annual leave, work life balance, risk assessment, residents medication and fire safety. Decisions were made and followed on by actions and time frames to be completed.

The inspector found that overall, governance and management systems in place in the centre were effective in ensuring good quality of care and support was provided to residents. However, improvements were needed to ensure that the provider had appropriate resources in place (in terms of staffing) and that these were in accordance with the designated centre's statement of purpose. A review by the provider was also needed regarding the transport arrangements in place to ensure that they were fair and equitable and resulted in minimal financial implications for residents. Full details are addressed under regulation 13 and 15.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that for the most part, it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

It was evident that the centre strived for excellence through shared learning and reflective practices. Where there had been adverse incidents, appropriate review and follow up had taken place with shared learning discussed at staff team meetings.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was familiar with notification requirements and, when required, has notified the Chief Inspector of the procedures and arrangements for periods when the person in charge is absent. This includes information on appointing another person in charge during the absence. The provider has provided assurances that the service will continue to be properly managed during the absence and has notified the Chief Inspector of the name, contact details and the qualifications of the person who is responsible for the centre in the interim.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy service, to ensure residents had access to information which would support and encourage them express any concerns they may have.

The person in charge ensured that the complaints' procedures, protocols were evident and appropriately displayed and available to residents and families. Complaints was a standing agenda item at residents' house meetings.

There was one open complaint since November 2023, it related the provision of day service. On speaking with the person in charge, the inspector found that the complaint had been progressed and was ready to be closed off. A new day service had been located for the resident and there was further plans in place to review other day services to ensure the resident was availing of the best option for them. The inspector was advised that the resident and their family had been consulted in the process and were happy with the progress made. However, on review of the centre's complaints log, this information was not recorded. As such there was no documented evidence in place to demonstrate how resident was kept informed of the progress and updates throughout the process.

Judgment: Substantially compliant

## Quality and safety

The inspector found that residents' well-being and welfare was maintained by a

good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

However, the inspector found that a small improvement was required to the recording and review of some documentation within personal plans to ensure that it was reflective of the care and support provided to residents. In addition a review of the transport arrangements in place was needed to ensure that all residents were provided with, in a fair and equitable way, access to facilities for occupation and recreation, in line with their assessed need or with their wishes.

Overall, the inspector found the centre was well run and provided a homely and pleasant environment for residents. The residents' home was observed to be clean and tidy and overall in good upkeep and repair.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. However, there were some gaps identified within the sample of residents' plans reviewed which required addressing.

Overall, appropriate healthcare was made available to residents having regard to their personal plan. Residents' plans were regularly reviewed in line with the residents' assessed needs and required supports. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. However, improvements were needed to ensure that appropriate arrangements were in place for residents to access to the community.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals.

Individual and location risk assessments were in place to ensure the safe care and support provided to residents

The registered provider had ensured that there was effective fire safety management systems in the centre that ensured the safety of residents in the event of a fire.

The inspector found that, the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents. Actions from the previous infection prevention and control (IPC) thematic inspection had been

completed and shared learning and improvements to IPC systems had taken place.

The registered provider had created a culture of safe appropriate care and support in a safe environment that residents could use. Medication was reviewed at regular specified intervals as documented in resident's personal plans.

### Regulation 13: General welfare and development

Two residents attended day service in the community with another resident due to commence a new community day service by end of February. Two other residents were retired. Residents were supported to engage in and be part of their local community. Residents enjoyed shopping in the large shopping centre, going to the cinema, bowling, playing golf, going for walks in the local park, but to mention a few.

On the day of the inspection the inspector was informed that there was a limited number of staff with a driving licence. As such, where residents chose to participate in an activity in the community that required transport, the centre's accessible bus was not always available to them. During these times, a taxi was booked and residents paid for the taxi themselves. For example, on the day of the inspection, a resident had chosen to visit their mother in a nursing home. The bus was parked at the centre however, as there was no available driver, a taxi was organised and the resident paid for it themselves. On speaking with the person in charge and staff, the inspector was informed that taxis were paid for when it related to a resident's medical appointment however, residents paid for taxis themselves, if it related to a community activity.

This meant that the provider's limited driving resources in the designated centre were impacting on residents' finances. Residents were paying the price for not having a driving staff member included on the roster. Overall, the inspector found that there was no clear documented criteria in place for this arrangement. In addition, there was no system in place to ensure this arrangement was equitable, fair or transparent. For example, there was no checking system in place to ascertain if some residents were having to pay for taxi services more than other residents. Furthermore, on review of residents' contract of care, not all transport costs or arrangements imposed on residents, were clearly laid out.

This arrangement meant that the registered provider was not ensuring that all residents were provided with, in a fair and equitable way, access to facilities for occupation and recreation, in line with their assessed need or with their wishes.

Judgment: Substantially compliant

### Regulation 17: Premises



The physical environment of the house was clean and in good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the designated centre.

Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them. During the walk around of the centre, the inspector observed residents' bedrooms and found they to be personal to each resident and relayed their likes and interests.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. Communal areas were spacious and allowed easy access for residents using mobility equipment. There was a room at one end of the building which was currently being used as a storage room for mobility equipment (when not in use).

There was a system in place for monitoring the upkeep, repair and safety of the premise. Where issues arose, the person in charge referred them to the correct department so that they could be addressed in a timely manner. The health and safety audit as well as the infection prevention control audit also supported this system.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy to read language and was available to everyone in the designated centre. Where improvements were needed to some of the information provided to residents, such as the contract of care, this has been addressed under regulation 5 and 13.

Judgment: Compliant

## Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The inspector was informed by senior management that the policy, which was out of date since July 2024, was currently under review.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was observed to be clean and monthly health and safety audits demonstrated a satisfactory level of adherence to cleaning schedules. There were specific cleaning schedules and checks in place that ensure residents mobility and other assistive equipment were regularly and effectively cleaned.

There were flushing checks in place for water outlets that were not in regular use. The inspector reviewed checklists in one shower rooms and saw that staff were adhering to the checks on a weekly basis.

The inspector observed appropriate cleaning equipment and cleaning products and saw that they were stored appropriately.

The provider had ensured there were appropriate oversight mechanisms in place to review the effectiveness of the infection prevention and control measures in place. An infection prevention and control audit had taken place in the centre in January 2025 and many of the actions put in place had been completed. In addition, monthly health and safety check lists,, six monthly unannounced, staff meeting all included infection prevention and control matters within them.

The inspector reviewed training schedules that demonstrated that, staff had completed specific training in relation to infection, prevention and control and overall, refresher training was up-to-date.

The inspector found that when speaking with staff and observing them carry out their duties, that they were competent and confident in carrying out their specified roles in a safe manner that reduced the risk of infection.

Judgment: Compliant

## Regulation 28: Fire precautions

On review of the centre's emergency folder, the inspector saw that emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required timeframe.

The person in charge completed monthly and quarterly fire checks of the precautions in place to ensure their effectiveness in keeping residents safe in the event of a fire.

Fire exits were easily accessible, kept clear, and well sign posted. External doors had been recently fitted with thumb-turn locks which reduced the need for a key in the event of an emergency.

All staff had completed fire safety training and were knowledgeable in how to support residents evacuate the premises, in the event of a fire.

Regular fire drills were taking place, including drills with the most amount of residents and the least amount of staff on duty as well as different scenarios. This was to provide assurances that residents could be safely and promptly evacuated and to ensure the effectiveness of the fire evacuation plans. A day time drill had taken place in June 2024 and a night-time drill in September 2024.

In addition, the person in charge had prepared fire evacuation plans and resident personal evacuation plans for staff to follow in the event of an evacuation. These were reviewed for their effectiveness during fire drills and reviews.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

A review of the systems in place for safe medication practice had taken place and a new and improved system had been put in place since January 2025. This had seen the reduction in medication error in particular relating to the stock taking errors. The person in charge, the clinical nurse manager and staff informed the inspector the new system was more manageable and overall resulted in positive outcomes for residents.

There was robust oversight systems in place to ensure safe medication practices and to ensure their effectiveness. The clinical nurse manager carried out a number of checks and audits that ensured that each resident's medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life.

Overall, the inspector found that the person in charge had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing disposal and administration of medicines.

The inspector observed the clinical nurse manager (CNMI) prepare medication for a resident in the afternoon. The inspector saw that medicines were stored appropriately; The provider had appropriate lockable storage in place for medicinal products. Medicines prescribed were administered as prescribed to the resident for whom it was prescribed for. There was a system in place for out of date or returned medicines and there were appropriate risk assessment that included measures that ensured safe medication practices were in place for all residents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of three residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs.

This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices.

The plans were regularly reviewed and residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans.

The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives. Residents' personal plans reflected the revised assessed needs of residents.

Where appropriate, residents were provided with an accessible format of their personal plan and there was evidence to demonstrate that they were consulted in the process. For example, the inspector observed large and colourful poster style 'about me' personal plans. These were displayed in residents' bedroom walls. They included photographs of the residents engaging in activities with their peers, staff and family members. They included picture of activities, foods, music, people the residents likes. They were individual to each resident and clearly provided a huge amount of visual information on what was important to the resident.

There were some gaps found in residents personal plans that required review, for example:

On speaking with the person in charge and staff the inspector was informed that residents were supported by staff to progress their goals and were very much involved and consulted through the process. However, on review of documentation in the resident person plan folder, the inspector saw that monthly goal tracker forms

and individual tracker forms provided little information to demonstrate the steps taken to progress the goals or the involvement or participation of residents in this process.

A review of residents' contracts of care, contained within each resident's personal plan, was required. This was to ensure that the section relating to, 'what the resident pays for', provided better clarity in relation to transport arrangements for community activities.

A review of one resident's screening records within their person plan was required. This was to ensure that the records clearly demonstrated the resident was consulted in the process. In addition, where the resident had declined the screening process and their GP carried out a check-up, improvements were needed so that this was adequately reflected within the resident's plan.

Judgment: Substantially compliant

## Regulation 6: Health care

Appropriate healthcare was made available to residents having regard to their personal plan. Plans were regularly reviewed in line with the residents' assessed needs and required supports. Overall, care plans were reviewed regularly and up-to-date.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Where appropriate, residents were facilitated to attend health screenings. Where a resident had refused medical treatments or services, the resident's choice was taken into account in a safe way to ensure their health and wellbeing. The inspector was informed that where residents were not attending screenings, their GP had been made aware and carried out their own check-up. However, some improvement was needed to ensure that this information was clearly relayed in one resident's personal plan. (This was addressed under regulation 5).

The designated centre provided a range of specialised supports to residents. Access to these supports was through an assessment and referral process utilising a multidisciplinary clinical support team (MDT). The person in charge informed the inspector that they there was regular clinical support provided in the centre and access specialist clinicians and consultants as was provided as required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Three residents were provided with positive behavioural support plans. On review of two plans the inspector saw that they were up-to-date. The plans included appropriate clinical oversight, both in the development and review of the plan.

On speaking with staff the inspector found that they had appropriate knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. The person in charge was endeavouring to ensure that staff had received training in the management of behaviour that is challenging and was endeavouring to ensure that they received regular refresher training in line with best practice. Where staff training was due in this area, the person in charge had made arrangements for them to attend training within the next two months.

The inspector saw where restrictive procedures were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. Documents showed the restrictive practices were reviewed and approved by the provider's oversight group. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard the residents in their home.

Where safeguarding incidents had occurred in the centre, the person in charge had followed up appropriately and ensured that they were reviewed, screened, and reported in accordance with national policy and regulatory requirements.

The inspector also noted the following:

- safeguarding and incidents were discussed at staff meetings.
- The training matrix demonstrated that all staff had been provided training in safeguarding of vulnerable adults and all was up-to-date.
- from reviewing six staff files with regard to schedule 2 of the regulations, all seven staff had appropriate vetting in place.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

- information on how to contact the designated officer, complaints officer and independent advocacy was on display in the centre in a communal area.
- Two staff members spoken with in detail on the day of the inspection, were

knowledgeable about their safeguarding remit; Staff understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary They told the inspector that they would report a concern to the person in charge/designated officer if they had one and were aware of the policies and procedures in place relating to safeguarding.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Sallowood OSV-0002378

Inspection ID: MON-0037451

Date of inspection: 19/02/2025

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Since the Inspection on the 19/02/2025 a new full time Direct Support Worker has started in Sallowood reducing the number of vacancies. The Person In Charge will continue to link with HR and Service manager regarding remaining vacancies in the unit. This will be reviewed with Service manager by 31/03/2025.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Person In Charge will liase with the Complaints/Incident Manager and review the current Complaints form. This will be completed by the 31/03/2025	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The Person In Charge will liase with the Service Manager and Director of Services to review the current Contract of Care. The Policy and Procedures for the Management of Service User's Monies and Possessions is currently under review. This will be completed	

by 31/05/2025

Regulation 5: Individual assessment  
and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Person in Charge will review all Individual's Assessments and Personal Plans. This will be discussed with all Keyworkers at the next staff meeting on the 13/03/2025.

Individual personal goals will be discussed and reviewed with all staff members at the next staff meeting on the 13/03/2025- To include a more extensive and detailed goal tracker.

## 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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/05/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2025
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint,	Substantially Compliant	Yellow	31/03/2025

	outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	13/03/2025