



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

## Issued by the Chief Inspector

Name of designated centre:	Cara
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Announced
Date of inspection:	23 May 2024
Centre ID:	OSV-0002349
Fieldwork ID:	MON-0035367

## About the designated centre

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

Cara is a purpose-built residential home for adults with an intellectual disability, dementia and/or a life-limiting condition. The building comprises a residential unit, memory clinic, and an administration area. These are arranged around two internal landscaped courtyards. The centre has been designed to allow safe freedom of movement within the building. The building and courtyards are fully wheelchair accessible. The courtyards have been designed to integrate sensory gardens with scented plants, water features, contrasting colours/textures, a swing, pergolas, gazebo and other features. These courtyards can be used as outdoor rooms. The sitting room and living room are located in the southern side of the building to avail of sunshine and the rear garden, which is fully landscaped with a meandering walkway around the gardens. Daylight is a constant feature of the design. The glazing to the courtyards and strategically placed roof lights allow sunshine to penetrate deep into the building.

The staff team in Cara includes clinical nurse managers, staff nurses, care staff, domestic staff and a cook.

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

Number of residents on the date of inspection:	8
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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
Thursday 23 May 2024	09:15hrs to 16:30hrs	Jennifer Deasy	Lead
Thursday 23 May 2024	09:15hrs to 16:30hrs	Orla McEvoy	Support

## What residents told us and what inspectors observed

This inspection was an announced inspection of the designated centre, scheduled to inform decision making in respect of an application to renew the centre's certificate of registration. Two inspectors attended the centre and completed the inspection over the course of one day. The inspectors had the opportunity to meet most of the residents who were living in Cara and two residents chose to speak to the inspectors about their experiences of living there. Inspectors used conversations with residents and residents' representatives, a review of residents' questionnaires and other documentation along with observations of care and support to inform judgments on the quality and safety of care in the centre.

Overall, inspectors found that residents in this designated centre were in receipt of care which was meeting the requirements of the regulations and, in many areas, was going beyond the regulations to meet national standards. Residents were found to be in receipt of person-centred care which was upholding their dignity and autonomy and which was delivered by suitably-qualified, and caring staff.

The designated centre was located on a campus in North Dublin. It was close to many public amenities and residents also had access to facilities on campus including a swimming pool. The centre had recently been provided with a new bus, which inspectors were told was facilitating better access to the community. The designated centre was seen to be clean and well-maintained. Since the last inspection, the provider had completed maintenance works including replacing flooring throughout. Staff told the inspector that this was making the centre feel more homely and that the new floors were quieter to walk on and contributed to a more peaceful environment.

Following an introductory meeting, the inspectors walked around the centre with a staff member. The centre was set out around two courtyards allowing uninterrupted walking space for residents. The centre comprised of single-occupancy bedrooms fitted with ceiling hoists and shared adjoining bathrooms. There were also spacious and bright communal areas including a large sitting room and a dining room adjoined to an open kitchen. The premises had dedicated space for family and included bathroom and sleeping facilities for family members who wished to be present when their loved ones were receiving end-of-life care. Corridors were bright and wide with roof lights to allow for additional daylight and spaces to sit overlooking the courtyard. The spacious environment allowed residents to access the centre while remaining in bed, if required in line with their assessed needs.

Residents had access to two well-maintained garden courtyards in the middle of the centre. There was also a new, enclosed, accessible paved garden space to the south-facing side of the premises. The centre contained a social activities area with an arts and crafts room, a cinema room, a café, outdoor accessible space for gardening and a room set up to function as a nail bar and salon. These spaces were decorated and furnished in a well-considered manner to clearly reflect their

functional use.

The inspectors saw that residents were relaxed and comfortable in their home. One resident was seen to be reading their magazines and, with support from staff, told the inspectors that it was their birthday that day and that there was a party planned. Later in the day, a birthday party was seen to take place in the café with balloons, music and singing to mark the event. One resident was tasked with preparing music for the birthday party. The inspectors observed that the resident's contributions and achievements were recognised and celebrated.

One resident became upset during the party, the inspectors saw that staff responded to this resident in a kind and caring manner. The staff team ensured that the residents' distress was not due to any pain. The inspectors saw a staff member sitting with the resident and reassuring them in a quiet environment.

Another resident, who had recently been admitted to the designated centre, told the inspectors that they were getting on well and that the staff team were very good. This resident showed the inspectors their "office" which had been set up in a living room of the centre. They spoke to the inspectors regarding their educational achievements and awards which they were working towards. The inspectors saw that this resident had access to their computer and the Internet in order to complete their educational and social activities online. This resident told the inspectors that they loved the food in the centre and that they particularly liked the jacuzzi bath which was part of the bathroom facilities. The resident spoke about accessing the community regularly and also of their plans for an upcoming holiday with two other residents.

Inspectors had the opportunity to meet a family member of one of the residents. They spoke highly of the care that the resident was in receipt of and of the staff team. The family member told the inspectors that they felt welcome to visit the resident and enjoyed spending time with them and having meals together.

The inspectors reviewed residents' questionnaires. The responses were seen to be positive. Areas highlighted by the residents through their comments included the food, and in particular, residents complimented the home-made soup and bread. A number of residents referenced visits by their family members as a valued part of how they spent their time. Residents also spoke positively about the staff team.

Staff in this centre had received training in a human rights-based approach to care. Staff spoken with described how they ensured that residents' rights to dignity and privacy were upheld, in particular, when residents were in receipt of end-of-life care. Staff showed the inspectors the end-of-life care symbol which was displayed during these times and explained how this ensured that other residents and visitors were aware of the increased need for privacy in some areas of the centre.

While the centre had capacity to provide care to ten residents with high nursing and medical support needs, it maintained a homely atmosphere, in both appearance and in the routines observed on the day of inspection. Inspectors saw that residents were in receipt of person-centred care which was delivered in a manner which was

upholding the residents' rights to dignity and autonomy.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring that a safe and good quality service was being delivered.

## Capacity and capability

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 this was in ensuring that a good quality and safe service was being provided. Overall, the inspectors found that there were effective leadership arrangements in place which were ensuring that residents were in receipt of a very good quality and safe service.

The provider had in place clearly defined management systems which identified lines of authority and accountability. The staff team reported to a person in charge who, in turn, reported to a service manager. There were performance management arrangements in place to ensure that all staff were informed of their roles and responsibilities and were supported to develop their skills and competencies.

The provider had in place a suite of audits at both local level and provider level which were effective in driving service improvement. The inspectors found that the provider was using audits to self-identify service needs. Action plans were developed from audits and it was evident that actions were progressed demonstrating that the audits were effective in enhancing the service provision for residents.

The provider had ensured that the number, qualification and skill-mix of staff was suitable to meet the assessed needs of the residents. Residents had access to nursing care in line with their assessed needs. Residents also were supported to access their preferred social, occupational and employment activities by the activities co-ordinator and their keyworkers.

The provider had submitted an application to renew the centre's certificate of registration. All of the prescribed information was submitted on time and the required fee was paid.

In conclusion, the inspectors found that there were robust management arrangements and that these were effective in driving service improvements and ensuring that residents were in receipt of a good quality and safe service.

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

The provider had made a full and complete application to renew the centre's

certificate of registration. Prescribed information was submitted and the appropriate fee was paid.

Judgment: Compliant

### Regulation 14: Persons in charge

A person in charge was employed in the centre in a full-time capacity. They were suitably qualified and experienced in line with the requirements of the regulations. The person in charge had been in their role for previous cycles of registration. They demonstrated a comprehensive knowledge of the service needs and of their regulatory responsibilities.

The person in charge had allocated management hours to support them in meeting their responsibilities.

Judgment: Compliant

### Regulation 15: Staffing

The inspectors saw that there were sufficient staff on duty to meet the needs of the residents on the day of inspection. The centre was staffed by a team of nurses and health care assistants. The staffing team were further complemented by a chef, domestic staff and an activities co-ordinator. The skill-mix of staff was effective in ensuring that residents' assessed needs were being met and that the centre was maintained in a clean and safe manner.

The inspectors reviewed the rosters from April and May 2024. It was seen that, over four dates reviewed, the staffing levels were in line with the statement of purpose.

There was a very low reliance on relief or agency staff in this centre, as demonstrated by a review of the roster, which showed for example that only three relief staff were required during April 2024. This was supporting continuity of care for the residents. The inspectors saw that residents were familiar with the staff on duty and that there were positive and meaningful interactions between staff and residents.

Judgment: Compliant

### Regulation 16: Training and staff development



There was a high level of compliance with mandatory training in the centre. A training matrix was available which demonstrated that all staff were up-to-date, or scheduled in the coming weeks, to complete training in areas including fire safety, safeguarding vulnerable adults, infection prevention and control and manual handling. There was good oversight of the training needs of staff by the person in charge, and arrangements were made to schedule refresher training where required.

Furthermore, all staff were trained in Feeding Eating Drinking and Swallowing Difficulties (FEDS) to support the assessed needs of the residents. The provider had also implemented human rights training for staff.

The person in charge provided support and formal supervision to staff. The person in charge maintained supervision records. Supervision records for 2024 were reviewed and included a review of the staff learning and feedback on performance. Staff were in receipt of supervision on a frequency which was in line with the provider's associated policy.

Judgment: Compliant

## Regulation 22: Insurance

The provider submitted their certificates of insurance with their application to renew the centre's certificate of registration. The provider had effected insurance against injury to residents and against damage or loss to the premises of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

The inspectors found that the designated centre had clearly defined governance arrangements and structures which set out the lines of authority and accountability and specified roles and responsibilities. The staff team reported to a person in charge who was supported by a clinical nurse manager 1 (CNM1) in the day to day running of the centre. The CNM1 and person in charge had defined roles and responsibilities. The person in charge reported to a service manager and was in receipt of their own regular support and supervision. Staff spoken with were knowledgeable regarding the reporting arrangements and of how to escalate risks or concerns to the person in charge and other appropriate persons, such as the designated liaison officer.

Regular audits were completed to assess, evaluate and improve the service

provision in order to achieve better outcomes for the residents. There were a suite of audits in place at a local level which were used to inform monthly data reports. These were reviewed by the service manager and were effective in escalating any risks or service needs to the provider level. The monthly data reports monitored progress in addressing service needs, for example, the staff training needs were tracked and monitored across audits.

The provider had also completed six-monthly unannounced audits along with an annual review of the quality and safety of care. These audits were completed in consultation with the residents and the staff team. The audits identified any areas in the service in which enhancement was required and put in place a corrective action plan in respect of these areas. The inspectors saw that actions were progressed across audits. The provider had also completed an infection prevention and control (IPC) audit in 2023 which identified actions required in order to ensure compliance with the national standards. The inspectors saw that many of these actions had been completed by the time of the current inspection demonstrating that the provider's audits were effective in driving service improvement.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The registered provider had prepared admission policies and procedures which were up-to-date. The inspectors were provided with the admission protocols for dementia care and for palliative care. The statement of purpose outlined the admission procedure, decision-making processes and the multidisciplinary staff involved in supporting the resident and their family during the transition. The admission of residents was determined on the basis of an established and transparent criteria.

There were two vacancies at the time of the inspection, and a new admission was being planned. The person in charge outlined how the needs of a prospective resident were carefully considered to ensure their suitability and compatibility with the other residents. Admissions were planned in collaboration with the multidisciplinary team in Cara. Family members and staff supporting the resident were encouraged to visit in advance of their admission. Residents are supported by familiar staff within St. Michael's House through the transition of care for a period initially.

Written agreements had been prepared for residents on the terms of their residence. The inspectors reviewed three contracts of care and found that they required some improvements to ensure that they were personalised and clearly detailed the services to be provided. For example, contracts contained a section to detail if internet access was to be provided as part of the services however this section had not been completed in the contracts reviewed by the inspectors.

Judgment: Substantially compliant

## Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. The inspectors found that residents in this house were in receipt of a very good quality and safe service. Care was delivered in a manner which was person-centred and upheld residents' dignity while meeting their assessed needs. Inspectors saw that residents were treated with respect and their privacy and dignity were upheld, in particular when it came to providing care to residents at the end of their lives.

The inspectors saw, and were told about, how residents were encouraged and supported to maintain links with their family, friends, day services and places of employment on admission to the designated centre. Residents told the inspectors about college courses that they were completing and planned holidays. Staff told inspectors about the arrangements in place to support one resident to maintain their part-time employment.

Friends and families were welcomed by the service and were involved in the residents' lives, in line with their individual preferences. Inspectors saw residents receiving visits from family members. The inspectors also saw and were told about the arrangements to make visitors aware when a resident was receiving end-of-life care and to ensure that there was minimal intrusion on that resident and their family.

One resident was having a birthday party on the day of inspection. Staff joined in with residents' celebrations and were seen supporting residents to dance and sing. One resident became distressed at one point and inspectors saw that staff provided enhanced support to that resident, taking into account their particular needs and preferences.

The premises of the centre was homely and comfortable. There were facilities for recreation and relaxation. The activities of daily living observed by inspectors, including the mealtimes, provided opportunities for social interaction. Food was provided which was wholesome, nutritious and in line with residents' assessed needs.

The inspectors reviewed residents' individual assessments and saw that these were maintained in line with the regulations. Safeguarding plans and medication records were also reviewed. Inspectors found that there were appropriate safeguarding procedures and medication administration procedures in line with best practice guidance.

The premises of the designated centre was fitted with fire detection, containment and extinguishing equipment. Staff were informed of the fire evacuation procedures

and had received centre-specific training in order to support the safe evacuation of residents. However, there was one area for improvement noted in relation to fire detection which required review by the provider.

## Regulation 11: Visits

The centre operated an open door policy with family welcome to visit at any time unannounced. The arrangements for visits were detailed in the centre's statement of purpose and residents' guide.

The environment had ample indoor and outdoor spaces to accommodate visitors. Appropriate space was available should residents wish to meet their relatives in private. The centre also offered a dedicated family area with ample and comfortable seating and included facilities for family to stay overnight if they wished to do so while residents were in receipt of end-of-life care.

Residents' questionnaires referenced their families' visits to their home as an important part of their lives. One family member spoken with told the inspector about their regular visiting routines spending afternoons and evenings with their relative and enjoying dinner together while watching their preferred television programmes.

Staff spoke about how the end-of-life symbol was displayed in the entrance area to indicate to visitors when a resident was receiving end-of-life care. A framed picture of this symbol along with an explanation was available in the communal area.

Judgment: Compliant

## Regulation 13: General welfare and development

The person in charge and staff team supported residents to have active and meaningful lives. Staff had ensured that residents had access to facilities for occupation and recreation, and opportunities to participate in activities in accordance with their interests.

The inspectors saw that residents were provided with good care and support to maintain their skills and interests. After transitioning to this service, education, employment and other interests were maintained. For example, one resident was observed working in a room dedicated as their office, set up with their computer and continued to attend a course. Another resident continued to attend work each week and staff spoke about how they enjoyed putting on their uniform and having food out after their shift.

The building layout supported residents to continue to be connected with their

environment and peers while their needs changed. The spacious environment allowed residents access the communal sitting room and other areas of the centre while remaining in bed.

The staff team were proactive in engaging with their wider community and providing opportunities for residents to engage with peers outside the designated centre. A multidisciplinary-led memory group took place in the centre each week, attended by residents of Cara and other St. Michael's House service users.

The residents had dedicated staff support through an activities co-ordinator and dedicated spaces to engage in a range of leisure activities, including an arts and crafts room, a cinema room, a café, outdoor accessible space for gardening and a room set up to function as a nail bar and salon. These spaces were decorated and furnished in a well-considered manner to clearly reflect their functional use. Residents also accessed swimming. Residents told the inspector about an upcoming holiday they were looking forward to.

A birthday party was taking place in the café on the day of inspection with balloons, music and singing to mark the event. One resident was tasked with preparing music for the birthday party. The inspector observed that the resident's contributions were recognised and appreciated by the staff.

There was evidence of ongoing improvements in the centre to enhance the wellbeing of residents. The centre had recently replaced their vehicle and the new vehicle was wheelchair accessible. A new wheelchair accessible paved garden area off a sitting room had also been completed.

The staff team actively monitored and adapted resources to respond to the changing care needs of residents. Residents had access to a range of equipment and to multidisciplinary support to enhance their independence as required. For example, the inspector saw that one resident was recently provided with a powerchair to promote independence.

Judgment: Compliant

## Regulation 17: Premises

The premises of the designated centre was very clean and well-maintained. The provider had completed premises works including replacing flooring and painting. This was effective in ensuring a homely and comfortable centre for the residents. The provider had also recently completed works to create an external garden for residents to access. This was providing another external space for residents to enjoy.

The centre was designed in a manner that promoted accessibility and autonomy. While there were restrictive practices, such as locked external doors required for the safety of residents, the design of the centre allowed residents freedom to wander

and walk around the communal areas, their bedrooms and the courtyards. The corridors and communal rooms of the centre were spacious. This allowed room for residents to access these areas in their beds, if their needs required it. Bedrooms were fitted with ceiling tracking hoists which meant that residents could continue to be supported as their physical needs may change due to their diagnoses during their stay in the centre.

The premises of the centre included rooms for occupation and relaxation including a beauty room, cinema room and a small cafe. There were sufficient bathrooms and living rooms for the residents. Most residents were seen to enjoy the busyness of a large sitting room located near the kitchen while other residents preferred quieter living rooms on the other side of the centre.

The centre was equipped with a large utility and kitchen. These were clean and well-maintained and residents and their family members were seen to access the kitchen for drinks and food during the inspection.

There was sufficient storage for residents' belonging and their required assistive equipment in line with their assessed needs.

Judgment: Compliant

## Regulation 18: Food and nutrition

Many residents in this centre presented with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents' files had an up-to-date FEDS care plan available. Staff spoken with were familiar with these care plans and with residents' assessed FEDS needs and food and drink preferences.

The inspectors saw that food was prepared on the day which looked and smelled appetising. Food was seen to be prepared in line with FEDS care plans. The inspectors observed some residents being assisted with their lunch-time meal. Inspectors saw that there were sufficient staff on duty to support residents with their meals and that the meal-time experience was relaxed and enjoyable. Inspectors saw staff and residents interacting positively during the meal, chatting to each other in a friendly manner.

One of the residents and a family member spoken with were very complimentary of the food that was available in the centre. One resident spoke about their favourite meal and the inspectors saw that it was available for them that day. A visual menu was available in the dining room which displayed the meal choices.

Judgment: Compliant

## Regulation 20: Information for residents

A residents' guide was available in the centre. This was reviewed by the inspectors. It contained all of the information as required by the regulations including the procedure for residents to make complaints and how to access Health Information and Quality Authority (HIQA) inspection reports.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had effected a risk management policy which had been recently reviewed and provided guidance on the assessment and management of risk in designated centres. The inspectors saw that a comprehensive risk register was maintained in the designated centre in line with the provider's policy.

The risk assessments were reviewed and were found to be comprehensive and contained proportionate and person-centred control measures. Staff spoken with were knowledgeable regarding the risks presenting in the centre and how to control for them. For example, inspectors asked staff about the control measures to mitigate against the risk of fire and found that staff were well-informed of these.

The inspectors saw that there had been learning completed from a previous adverse incident in the centre and that a new protocol had been implemented to prevent a similar reoccurrence. Staff spoken with were informed of the protocol and of the rationale for this. The protocol had been effective as there had been no similar incidences of the same event since it had been implemented.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspectors found that the fire safety management systems were effective in ensuring the safety of residents in the event of an emergency. There were suitable containment and extinguishing systems in the centre and the centre was equipped with a fire detection system. However, the provider had self-identified on their fire management audits since 2019 that there was a need for additional smoke detectors to be fitted in roof window cavities. However, the installation of smoke detectors had been deferred each year and remained not actioned at the time of inspection.

Staff had received training in fire evacuation which was individually tailored to this specific centre and the needs of the residents. Residents' files contained up-to-date

personal evacuation plans. Staff spoken with were knowledgeable regarding residents' evacuation needs and the evacuation plan for the centre.

Overall, inspectors found that staff were suitably skilled in order to evacuate residents and that the design of the centre was suitable to evacuate residents in line with their needs. However, the action to install smoke detectors in roof window cavities remained outstanding.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were suitable arrangements in place for the ordering, storing, administering and disposing of medications. Inspectors reviewed the medication storage press with a nurse. Inspectors saw that medications were stored securely and that there were procedures to ensure the safe administration of all medications, including medications for which double-signatures were required. Regular audits of medications were completed to monitor for any medication errors. Staff were informed of the procedure to follow in the event of a medication error occurring.

Medications were stored hygienically and there were arrangements to dispose of out-of-date medications along with used sharps. There were procedures in place for the disposal of clinical waste. Inspectors saw staff engaging in good hand hygiene practices when handling medications.

Medical equipment required to administer medications and to meet residents' assessed needs, such as nebuliser masks and tubing, were also seen to be stored neatly and hygienically in the medication room.

The inspector reviewed a medication administration sheet with a nurse on duty. The inspector saw that medications were administered as prescribed.

The provider had effected a policy on the safe administration of medications which had been reviewed within the past three years as required by the regulations. The provider's infection prevention and control (IPC) policy also set out the procedures to be followed in the safe handling and disposal of clinical waste.

All of the above procedures and policies were effective in ensuring that residents' medications were administered in a safe manner.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan



Three residents' files were reviewed by the inspectors. They were found to contain comprehensive and up-to-date individual assessments. The assessments were informed by multidisciplinary professionals where required and were used to inform comprehensively detailed care plans.

The inspectors reviewed three residents' care plans including their plans on sleeping, communication, restrictive practices and intimate care. They were sufficiently detailed and readily available to staff in order to guide their practice. The intimate care plans were written in a person-centred manner and included information on the residents' preferences in relation to their personal care and how their dignity and autonomy should be maintained in the delivery of care.

The resident's involvement in the development of their care plan was evident. Their preferences in relation to supports provided, for example with intimate care and finances, were outlined.

Judgment: Compliant

## Regulation 8: Protection

Overall good practices were in place in relation to safeguarding. There were no active safeguarding plans in place on the day of the inspection. The inspector reviewed documentation relating to one safeguarding incident. The inspector saw that the person in charge had ensured that it had been followed up appropriately and in line with national policy and best practice. A safeguarding plan was prepared in response to the incident to ensure that residents were protected.

Consideration was given to the compatibility of residents when planning admissions. This process likely reduced the likelihood of peer-to-peer incidents.

All staff had received training in safeguarding, and there was a safeguarding policy to guide staff in managing safeguarding concerns. On speaking with staff, the inspector found that they were knowledgeable in how to identify and report any safeguarding concerns. They spoke about the steps they took to maintain residents' wellbeing and safety.

Residents' files contained intimate care plans. These were detailed in relation to any support they may require with their personal care. These documents were person-centred and identified residents' specific preferences including supports that made them feel safe when staff were assisting them.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cara OSV-0002349

Inspection ID: MON-0035367

Date of inspection: 23/05/2024

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The PIC will review all 8 contracts of care. The contracts will be personalised to the individual and will provide more detailed information regarding all aspects of care and services provided.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: SMH Fire Officer’s schedule of works for 2024 includes the installation of smoke detectors in the areas highlighted during inspection. Works to be completed by September 1st 2024.	

## 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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/07/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/09/2024