Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Coolfin
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0002375
Fieldwork ID:	MON-0037439

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Thursday 26 January 2023	09:30hrs to 17:00hrs	Michael Muldowney	Lead
Thursday 26 January 2023	09:30hrs to 17:00hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

In line with public health guidance, inspectors wore face masks during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Staff working in the centre were also observed wearing face masks, and personal protective equipment (PPE) and hand-sanitising facilities were readily available in the centre.

The centre comprised a large two-storey house located in a busy suburb of Dublin. The house was close to many local amenities and services, including shops, parks, cafés, and public transport. Inspectors completed a thorough walk-around of the centre. Residents' bedrooms were found to be nicely decorated in line with their personal tastes. There was a dining room, two sitting rooms, kitchen, and sufficient bathroom facilities. The centre was nicely decorated and homely, for example, there were nice photos and pictures displayed in communal areas. Overall, the centre was found to be clean, comfortable, and well maintained. However, attention was required in some areas to mitigate infection hazards.

In the dining room, the floor was slightly damaged and the sofa fabric was torn which posed a risk of harbouring bacteria. The kitchen was well equipped, and inspectors observed a good selection of food and drinks for residents to choose from. Staff on duty told inspectors that residents planned their meals on a weekly basis and did their grocery shopping in local supermarkets.

Inspectors observed stickers on equipment used by residents, such as hoists and electric beds, which indicated that they were up-to-date with servicing. In the main downstairs bathroom, at the earlier part of the inspection, inspectors observed a shower trolley and chair to required cleaning, staff cleaned these items before the inspection concluded.The storage arrangements in the utility room required improvement, for example inspectors observed hand towels and toilet rolls stored on the top of overhead presses. Inspectors also observed poor storage of toilet roll and wipes in an en-suite bathroom presenting an infection risk.

The small bathroom was not in a good state of repair. The flooring had detached slightly from the wall which posed a risk of bacteria harbouring in the gap. Inspectors also observed some dark mildew on the ceiling, and the fan was dirty. The radiator was rusty which impacted on how effectively it could be cleaned. Inspectors also observed residents' personal grooming products, for example, razors, in a storage press which presented a risk of cross contamination of infection.

Inspectors observed some examples of appropriate infection prevention and control (IPC) measures, such as a good supply of PPE, and the use of colour-coded equipment as a measure against infection cross contamination. However, other IPC arrangements required improvement, for example, some of the bathrooms were lacking in adequate hand-washing facilities such as appropriate hand towels and

waste receptacles.

Inspectors checked some of the fire equipment and measures in the centre during their walk-around. They found that improvements were required, for example, a fire door closure device was broken which comprised the fire containment measures, and some fire doors did not have self-closing devices. Fire safety and IPC matters are discussed further in the quality and safety section of the report.

Residents had active lives, and on the day of inspection were engaged in different activities such as attending day services and medical appointments. There was a dedicated vehicle to support residents in accessing community activities. Inspectors met five residents, and some chose to speak with inspectors.

The first resident chatted while having their breakfast and told inspectors about the activities they liked, such as bus trips, shopping, going to the cinema, bowling, swimming, and visiting family. Another resident told inspectors that they liked living in the centre and attending their day service which they described as "great". They said they were happy with the house and the staff supporting them.

Another resident showed the inspector their bedroom and clothes they recently purchased. They also told inspectors that sometimes they could not sleep well at night due to noise from other residents. Two residents did not communicate their views with inspectors but appeared relaxed in their home.

The opportunity did not arise for inspectors to meet any residents' representatives. However, the annual review had consulted with them and their feedback on the service was positive.

Inspectors met and spoke with several staff during the inspection. They observed staff engaging with residents in a very kind and respectful manner. It was clear that they knew each other well and had a good rapport.

Direct support workers told inspectors that residents received a good quality of care in the centre, and that the service was "fantastic". They spoke about how the staff team worked collaboratively and endeavoured to provide a quality service to residents. They were knowledgeable on residents' needs and told inspectors about residents' specialised diets, healthcare needs, restrictive interventions, safeguarding arrangements, and how residents were supported to be involved in choosing, preparing, cooking, and shopping for their meals. They told inspectors that residents had active lives and were supported in line with their choices and personal preferences. They were satisfied with the support and supervision they received, and felt confident in raising any concerns with the person in charge. They also spoke about IPC precautions, and these matters are discussed further in the report.

A nurse told inspectors about residents' healthcare needs and the corresponding support interventions, and was found to be very knowledgeable in this area. They also spoke about the rationale for the use of restrictive interventions in the centre which were for residents' safety.

Staff told inspectors about the ongoing safeguarding concerns in the centre which

were attributable to the incompatibility of residents. Staff completed training in safeguarding residents, and they could describe the arrangements for inspectors. They said that the effectiveness of the behaviour support plans and strategies were inconsistent, and spoke about the ongoing safeguarding incidents which were having a negative impact on residents, for example, their mood and sense of safety, and the overall atmosphere in the centre. They were also concerned about the escalating nature of the incidents, and that there had been no resolution yet. They told inspectors that residents had made complaints in relation to the incidents, and had been referred to independent advocacy services to support them in this area.

The person in charge was satisfied with the staff skill-mix and arrangements, and said that residents' needs and rights were being mostly met in the centre. However, they told inspectors that the incompatibility of some residents posed a risk to their wellbeing. They spoke about some of the measures to safeguard residents in the centre, such as extra staffing levels and configuration of the communal areas. The measures were easing the situation, however were not resolving it. The person in charge also had concerns that the ongoing management of the safeguarding concerns were causing stress for staff. The person in charge told inspectors that the provider was engaging with their funder and external providers to source more appropriate residential placements for some residents to address the incompatibility issues, however was not yet successful.

From what inspectors observed, read, and were told, it was clear that residents were had active and rich lives. However, the incompatibility issues and ongoing safeguarding concerns were adversely impacting on the quality and safety of the service. Other aspects of the service, such as fire precautions and IPC were also found to require improvement.

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

Capacity and capability

There were management systems in place to ensure that the service provided to residents was safe, consistent and appropriate to residents' needs. However, the provider had identified that the centre was not appropriate to all of the residents' needs, and inspectors found that the provider's progress in adequately addressing these matters was not sufficient.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and supported in the management of the centre by a nurse manager. The person in charge was found to have a good understanding of their role and of the supports required to meet the assessed needs of the residents in the centre. The person in charge reported to a service manager and Director of Care, and there were effective

systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre to assess the quality and safety of service provided in the centre. The person in charge monitored actions identified from audits and reports to ensure that they were progressed.

The skill-mix in the centre comprised nurses, social care and direct support workers. Residents also had access to multidisciplinary team services as required. The skill-mix and complement was appropriate to the needs of the residents. There was one nursing whole-time equivalent, however it was managed well to minimise any impact on the residents. The person in charge maintained planned and actual rotas showing staff working in the centre.

The person in charge provided support and formal supervision to staff working in the centre, and staff spoken with advised the inspectors that they were satisfied with the support they received. They could also contact the programme manager or on-call service if outside of normal working hours. Staff also attended regular team meetings which provided an opportunity for them to any raise concerns regarding the quality and safety of care provided to residents. Inspectors viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, residents' needs, fire safety, training, and audits.

The registered provider had established an effective complaints procedure for residents and their representatives to utilise. The procedure was an easy-to-read format and underpinned by a comprehensive policy. Complaints made by residents had been managed appropriately.

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector in line with requirements of regulation 31.

Regulation 15: Staffing

The staff skill-mix in the centre consisted of nurses, social care and direct support workers which the provider had determined was appropriate to the needs of the residents. The person in charge was satisfied with the skill-mix and complement. There was one nursing whole-time equivalent vacancy which the provider was recruiting for. However, the vacancy was managed well through use of regular relief and agency staff to support consistency of care for the residents.

Inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

The person in charge maintained planned and actual rotas, and inspectors found

that the rotas clearly recorded staff on duty during the day and night in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and responsibility. The person in charge was responsible for two designated centres, however this was not impacting on the centre concerned. They were supported in their role by a nurse manager, and reported to a service manager who in turn reported to a Director. There were good arrangements for the management team to communicate and escalate issues. The person in charge also completed a monthly governance and management report that was shared with the senior management team.

There were good management systems to ensure that the quality and safety of the service provided to residents was monitored. The systems include annual reviews, unannounced visit reports, and other audits on areas, such as infection control, medication management, and restrictive practices. Actions were identified from the audits and monitored by the person in charge to drive improvements.

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

The provider had ensured there were adequate resources such as staffing levels and multidisciplinary team input. However, they had not ensured that the service provided in the centre was appropriate to all residents' needs which was having an adverse impact on residents. While the provider was endeavouring to source more appropriate accommodation for some residents, the progress was slow.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre, such as allegations of abuse and serious injuries, were notified to the Chief Inspector in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure underpinned by a comprehensive policy. The complaints procedure was in an easy-to-read format and accessible to residents. Complaints were regularly discussed at resident meetings to promote awareness and understanding of the procedures.

Inspectors found that complaints made by residents and their representatives had been recorded and managed appropriately in line with the provider's policy.

Judgment: Compliant

Quality and safety

Inspectors found that aspects of residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, not all residents' assessed needs were being met in the centre and and this was having an adverse impact on the quality and safety of service provided to them and their peers. Inspectors also found that improvements were required to the fire safety systems, infection prevention and control (IPC) measures, and positive behaviour support arrangements.

Residents' needs had been assessed which informed the development of care plans. Care plans were available to staff to guide them on the interventions to support residents with their needs. Inspectors viewed a sample of the assessments and plans, and found that some required revision and maintenance. The compatibility assessments used by the provider also required expansion to ensure that it captured sufficient information.

Where required, positive behaviour support plans were developed for residents. Staff spoken with were aware of plans, but advised inspectors that the effectiveness of the plans was inconsistent. Staff were required to complete training to support them in helping residents to manage their behaviours of concern however, training records indicated that some staff had not had training in this area.

There were arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the content of the plans and the procedure for reporting any concerns. There were ongoing safeguarding incidents in the centre attributable to the incompatibility of residents. The incidents were reported and screened, and safeguarding plans were developed as required, and the provider had taken actions such as additional staffing and multidisciplinary team input. However,

incidents were recurring and having a negative impact on residents' lived experience in the centre.

The premises were found to be bright, comfortable, and nicely decorated. Residents' bedrooms were decorated to their tastes. The communal spaces included two sitting rooms, kitchen, dining room, and bathrooms. The facilities were generally well maintained. However, some maintenance was required to mitigate IPC hazards, such as damaged flooring.

The fire safety systems were found to require enhancements. Some fire doors did not have self-closing devices and the device on a door into a high risk area was broken which comprised its effectiveness. A door connecting the attic into a room used by residents also required attention to ensure that it closed properly. There were arrangements for the servicing of the fire safety equipment including alarms, extinguishers, blankets and emergency lights.

Fire evacuation plans and individual evacuation plans had been prepared. The plans required minor amendments, and a fire drill reflective of a late night-time scenario with the maximum number of residents present was required to test the effectiveness of the plans. While the fire panel was addressable, information on the location of the fire zones was not readily available however, before the inspection concluded these were made available in the centre.

There were good IPC measures and arrangements to protect residents from the risk of infection, however improvements were required to meet optimum standards. The provider had prepared comprehensive IPC policies and procedures, which were available in the centre for staff to refer. However, some information in the centre conflicted with the provider's policy and required updating.

There were good arrangements for the oversight and monitoring of the IPC measures through audits, assessment tools, and risk assessments. There was also good support available from the provider's IPC team. Residents were offered immunisation programmes, and IPC measures were discussed at their meeting to aid their understanding.

Some staff required relevant IPC training, however staff spoken with during the inspection were knowledge on the IPC matters that they discussed with the inspector.

The centre was generally clean, however some areas required cleaning such as shower trolley, and these were addressed by staff before the inspection concluded. The recording of cleaning duties also required more monitored to ensure they were consistently recorded. Some of the hand hygiene and storage arrangements were found to require enhancement.

Regulation 17: Premises

The centre comprised a large two-storey building. The centre were based in the community and located close to many amenities and services. The centre was found to be bright, warm and comfortable, and overall it was clean. Some upkeep was required to mitigate infection hazards, and these matters are discussed under regulation 27.

Residents had their own bedrooms which were decorated in accordance with their personal tastes. The communal space including two sitting rooms, kitchen and dining room. There was sufficient bathroom facilities, and the kitchen facilities were well equipped and in a good state of repair. Equipment used by residents such as hoists were up to date with their servicing requirements.

Residents spoken with told inspectors that they were happy with their home.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted measures to protect residents against infection, however improvements were required to meet compliance with the associated standards.

The provider had prepared a written policy on infection prevention and control (IPC) that covered a wide range of matters. There was also public health guidance and information issued by the provider maintained in the centre for staff to refer to. Some of the information required updating, for example, undated written guidelines on sluicing contradicted with the provider's IPC policy. The person in charge had prepared a written IPC outbreak plan, however the information regarding residents self isolating required more information to specify supports residents may require.

There were arrangements for the monitoring of IPC in the centre. The provider's IPC team were available to provide support and guidance to the centre as required. The person in charge had completed a suite of risk assessments related to IPC which identified the associated control measures to be in place. They had also completed a self-assessment tool and monthly infection control checklists to assess the adequacy of the IPC arrangements in the centre. However, the completion of the checklists required more oversight as inspectors found that some of the dates recorded on the the checklists were not accurate.

Staff working in the centre were required to complete infection prevention and control training to support them in the implementation and adherence to IPC measures. However, the training logs viewed by inspectors indicated that four staff required training in this area. The deficits in training posed a risk to the effective implementation of the provider's IPC measures.

Staff were observed wearing face masks as per the relevant guidance. They had a good understanding of the IPC measures in the centre. They spoke about their IPC training, previous COVID-19 restrictions, the arrangements for soiled laundry and

waste, and use of PPE.

Staff completed cleaning duties in addition to their primary roles, and there were cleaning schedules to inform their practices. The inspector found that the completion of the cleaning records required more oversight as inspectors noted gaps in the records. The centre was observed to be generally clean, however some areas required attention, for example, a shower trolley and washing machine drawer required cleaning, and they were cleaned by staff during the inspection.

Areas of the centre required maintenance to mitigate infection hazards and risks, for example, the flooring was damaged in areas, sofa fabric was torn, and a bathroom radiator was rusty which impinged on effectively how they could be cleaned. Inspectors also observed some dark mildew in the small downstairs bathroom and the fan was dirty.

There was colour-coded cleaning equipment as a measure against infection cross contamination. However, the storage of the equipment required improvement, for example, the external storage unit containing mop buckets was broken and therefore it was not ensured that the mops were appropriately stored. The storage arrangements in some of the bathrooms also required more consideration to mitigate infection cross contamination risks, for example, residents' personal grooming products were not adequately segregated.

Some of the hand washing facilities required improvement, for example, the materials in the small bathroom intended for drying hands was not appropriate.

Residents had been supported to avail of immunisation programmes if they wished. IPC was also discussed at residents' meetings to promote residents' understanding of IPC measures such as hand hygiene.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety precautions and management systems. There was fire detection, containment, and fighting equipment, and emergency lights in the centre. Inspectors viewed a sample of the servicing records in the house, and found that the fire extinguishers, alarms, emergency lights, and fire blankets were up to date with their servicing.

Inspectors tested several of the fire doors and they closed properly when released. However, some fire doors did not have self-closing devices and this arrangement required consideration from the provider, and the self-closing device on the utility room door, which was a high risk area, was broken. The fire containment arrangements in the attic also required improvement as the small door leading from the attic into a resident's ensuite bathroom did not close properly which impacted on

how they would prevent the spread of a potential fire.

The person in charge had prepared a fire evacuation plan and each resident had their own individual evacuation plan to guide staff on the supports they required. However, inspectors found that some plans required minor revisions. Inspectors also found that that while the fire panel was addressable and identified fire zones, the information identifying the location of the fire zones was not easily accessible for staff to refer to. However, this information was provided in the centre and in place before the inspection concluded.

Fire drills were carried out to test the effectiveness of the evacuation plans. However, the last drill reflective of a night-time scenario had been carried out with only five residents present, and therefore could not demonstrate that the plans were fully effective.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. Inspectors reviewed a sample of residents' assessments and plans. While the assessments were up-to-date, some revision was required to one to ensure that all sections were accurate.

The personal plans viewed by inspectors included plans on mobility, hygiene, and dysphagia, and were found to be up-to-date and readily available to staff in order to guide their practice. However, the upkeep of some plans required improvements, for example, one plan had several handwritten updates, and the recording of the progress of residents' social goals was poor.

The provider had identified that the centre was not fully suitable to meet all residents' assessed needs. One resident in the centre had been admitted as an emergency admission in 2021, originally for a short period of time. The resident was considerably younger than their peers and required a different service provision which was in line with their age and needs. In addition, there were ongoing safeguarding concerns due to the incompatibility of other residents.

Inspectors found that the compatibility assessment tool used by the provider was limited in scope and required more information to define residents' accommodation needs, for example, to clearly define their ideal home and living arrangements.

The provider engaged with their funder and external providers, and reviewed their own resources to source more suitable accommodation for these residents, however had not yet been successful and this was impacting on the quality and safety of service provided to residents.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Behaviour support plans had been developed for residents requiring support in this area. However, inspectors were advised by staff and management that the strategies in the plan were inconsistent in effectiveness.

Staff were required to complete relevant training to support residents in managing their behaviours of concerns. However, training records viewed by inspectors indicated that some staff required training in positive behaviour support and management of challenging behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had implemented measures to protect residents from abuse, which were underpinned by comprehensive safeguarding policies and procedures. Staff working in the centre completed safeguarding training to support them in preventing, detecting, and responding to safeguarding concerns; one staff required refresher training. Safeguarding was also a regular topic discussed at team meetings, and staff spoken with were able to describe the procedure for reporting safeguarding concerns.

Recent safeguarding concerns had been reported, responded to, and managed in line with the provider's policy. Safeguarding plans had been developed and were readily available for staff to refer to. However, there was ongoing safeguarding concerns in the centre attributable to the incompatibility of residents.

The provider had responded to the safeguarding concerns with increased staffing levels and development of personal plans. Safeguarding was also discussed at residents meetings to promote their understanding, and residents had also been referred to independent advocacy services to support them in this area.

The provider was also endeavouring to source more appropriate accommodation for some residents to address the incompatibility issues. However, the effectiveness of the safeguarding arrangements and promptness in addressing the concerns were not sufficient. Since the previous inspection in May 2022, there had been 25 safeguarding incidents notified to the Chief Inspector.

Residents had made complaints in relation to these issues, and staff told inspectors about how the safeguarding incidents were impacting on residents, for example, some residents were anxious and appeared intimidated, and the atmosphere in the

centre was tense at times. The recent six-monthly provider report, dated October 2022, had also noted staff concerns regarding the ongoing safeguarding incidents.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Coolfin OSV-0002375

Inspection ID: MON-0037439

Date of inspection: 26/01/2023

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Meeting resident's needs –

• All residents have an assigned keyworker, individual assessment of need, support plans and personal goals in place to meet their individual needs
• Compatibility assessment in place for the centre which is reviewed regularly by the Director of Adult service, Principal Social Worker, Service Manager and Person in Charge.
• MDT meeting for residents when required.
• Regular clinical support available to residents.
• Residential consultation set for 1 resident on 8/3/23 and their personal profile has been amended to reflect accommodation needs and preference.
• Another designated centre has been identified for one resident and a residential consultation meeting for this resident scheduled 08/03/23
• Another resident was assessed by three external private providers as requested by St. Michaels Houses funder. Two providers were not in a position to provide a service and the third provider could not provide a service that was viable in terms of funding. The funder confirmed on 28/02/2023 this resident has been discussed at Finance Meetings, Head of Service meetings and Senior Finance management team meeting. Following these meetings, the funder has requested that the provider look creatively and thoroughly at existing services and locations and come up with a plan to meet this residents needs within St Michaels House services. The funder has requested that the provider prepare and present a business case to the funder in relation to this.
Following the request from the funder to submit a business case proposal, the Director of Adult Services will review all current residential options at the organisational Estates meeting on the 8.3.23 and prepare a business case on potential reconfiguration options within SMH.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

• All written IPC guidelines in the centre have been updated in line with St Michaels House IPC Policy.
• The centre's outbreak plan has been reviewed and guidance on residents self isolation has been updated and communicated within the team.
• IPC checklists reviewed to ensure all dates on checklist are now accurate.
• IPC cleaning records added as a recurring agenda item for the staff meetings.
• Shower trolley & Washing machine cleaning schedule now in place and included in the duties folder.
• New storage system in place for mops and buckets.
• All residents' toiletries and personal care items removed from communal bathrooms and stored in bedrooms.
• New hand towel dispensers in place and a prompt to replenish in the daily duty list.
• Radiator in small bathroom has been replaced.
• Training – all staff assigned dates in Feb 2023 and March 2023 to complete training in IPC
• Identified IPC maintenance issues on schedule of works to be completed in March 2023.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• Night time fore drill to include 6 residents was completed 28th February 2023.
• Timetable for Fire Drills 2023 in place – in the office – staff to ensure that during the drills – all resident's six in the centre.
• Broken Self closing device on laundry room door removed and all required doors have self closing devices in place as per Fire Officer Recommendation. Fire officer scheduled to review all fire doors and self closers by 31st March.
• Fire containment arrangements in the attic reviewed and the attic doors now have been fitted with an appropriate lock to facilitate safe closing.
• Information on fire zones now placed on wall beside fire panel
• One Resident's Fire Evacuation Plan reviewed and updated.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Support Plans reviewed and all updates are typed and to be reviewed quarterly
• Goal Trackers to be completed more consistently and more details to be provided.
• Goal tracking has been added as a recurring agenda item for staff meetings- all keyworkers will provide an update on the progress of resident's goal at every meeting.
• Effectiveness of Compatibility assessment tool and agreed actions to be reviewed on 28th March 2023 by the PIC, Service Manager, Designated Officer, Principal Social Worker and the Director of Adult Services
• The profile for the resident on residential approval lists has been updated to include details in regards to the ideal home and living arrangements for the resident.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• A Psychology and staff team review of one resident's Positive Behavior Support plan including strategies commenced 1st March 2023.
• 1 staff assigned to commence Positive Behavior Training
• 3 staff to complete and submit final assessment in PBS by June 2023
• TIPS training – 2 staff assigned for April 2023

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Ongoing compatibility concerns –

• Another designated centre has been identified for one resident and a residential consultation meeting for this resident scheduled 08/03/23
• Another resident was assessed by three external private providers as requested by the funder. Two providers were not in a position to provide a service and the third provider could not provide a service that was viable in terms of funding. The funder confirmed on 28/02/2023, that this resident has been discussed at funders Finance Meetings, Head of Service meetings and Senior Finance management team meetings. Following these

meetings, the funder have requested that St Michaels House look creatively and thoroughly at existing services and locations and develop a plan to meet this residents needs within St Michaels House Services . The funder has requested that the provider prepare and present a business case to the funder in relation to this.
• Following the funders request to submit a business case proposal, the Director of Adult Services will review all current residential options at the organisational Estates meeting on the 8.3.23 and prepare a business case on potential reconfiguration options within SMH.
• SMH Designated Officer had been in contact with funder Local Safeguarding Team. The Local Safeguarding team are aware of concerns and all PSFs and FSPs have been submitted to date. There have been scheduled meetings with the Local Safeguarding Team and SMH on the 9th August 2022; 8th November 2022 and 15th February 2023. Next scheduled meeting is 31.05.23.
The provider continues to :
• provide close observation where possible
• follow PBS Guidelines
• Ensure all incidents are reported as per safeguarding guidelines.
• Staffing in place to support with 1-1 activities
• Residents supported to make complaints
• Support Residents to attend day service in accordance to their will and preference.
• Continue to attend Safeguarding meetings with funder.
• Schedule MDT meeting for residents when required.
• Support with Regular clinical support to residents
• Regularly review the Compatibility Assessment Tool
Review safeguarding plans monthly at team meetings

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/09/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	01/05/2023

	published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Substantially Compliant	Yellow	31/03/2023

	than on an annual basis.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	01/09/2023
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	01/09/2023
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	31/03/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	01/05/2023

Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/07/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	01/09/2023