



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

Issued by the Chief Inspector

Name of designated centre:	Garvagh House
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	28 September 2022
Centre ID:	OSV-0002348
Fieldwork ID:	MON-0036261

About the designated centre

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

Garvagh House is a residential service for five adults with intellectual and physical disabilities. The centre is operated by St Michael's House. The centre comprises a large detached house located in North County Dublin. There are four resident bedrooms, one staff sleepover room, a sensory room, quiet room, sitting room and kitchen/dining room, as well as a self-contained apartment attached to the main building. The centre is within walking distance of public transport and a range of local amenities which residents frequently use. There is a well-proportioned garden to the rear of the centre for residents to enjoy. The centre is managed by a person in charge and they are supported in their role by a deputy manager. A person participating in management forms part of the overall provider's governance arrangements for the centre. The staff team consists of social care and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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 28 September 2022	09:50hrs to 16:25hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask 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 masks 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, public transport and the beach.

Since the previous inspection of the centre in February 2022, the house had been reconfigured to include a self-contained apartment for one resident. The apartment was attached to the main building but had a separate entrance and garden space. The apartment contained a kitchen dining area and bedroom with en-suite facilities, and had been decorated in line with the resident's preferences. In the main house, there were four resident bedrooms, staff office, quiet room for residents to relax in, large living room, and large kitchen dining area.

Since the previous inspection, the storage facilities had also been improved, additional storage presses and wardrobes were now available in the centre. There was a large garden for residents to use with a shed for storage, trampoline, and raised planting beds. Some areas of the premises required attention, however these areas had been reported to the provider's maintenance team; and overall, the home was found to be clean and generally well maintained.

The inspector observed a notice board in the kitchen which displayed information on independent advocacy services, the complaints procedure, and manual communication signs that some residents used. A copy of the residents' guide was also readily available.

The inspector observed several restrictions, including environmental and physical interventions, implemented in the centre. The rationale for the restrictions was clear however, the inspector found that the recording of use of restrictions required improvement. Approval from the provider's group responsible for oversight of restrictions had expired for some restrictions, and it was not clear if the informed consent of residents or their representatives had been gained.

Four of the residents attended day services, on the day of the inspection one of them stayed home to relax as they were recovering from a recent illness. One resident did not attend day services and was supported by staff in the centre with their daily activities.

The inspector met all of the residents during the inspection. One of the residents chose to briefly speak with the inspector. They said they liked their new apartment

and were settling in well. They also showed the inspector their smart tablet device and spoke about their plans to go shopping that day with staff. The other residents did not verbally communicate with the inspector. Observations showed they appeared comfortable in their home and with staff.

The inspector met and spoke with different members of staff during the inspection including the person in charge and social care workers. Staff were knowledgeable on the variety of topics discussed including infection prevention and control matters, COVID-19 measures, safeguarding of residents, fire safety, reporting of incidents, and training and supervision.

Staff also described how residents' rights were promoted, and how they respected residents' choices and endeavoured to provide them with a quality and safe service. They told the inspector about some of the activities that residents enjoyed such as eating out, walks, shopping, swimming, horse riding, and visiting family.

There was a dedicated vehicle available for residents to use, and some residents also used public transport. Staff demonstrated a good understanding of the residents' care and support needs and spoke about them in a professional and dignified manner. Staff were observed to warmly and respectfully engage with residents during the course of the inspection.

There had been a recent COVID-19 outbreak in the centre which required residents to self-isolate and the introduction of short-term visiting restrictions. During this time, residents were supported by staff to maintain contact with their families through phone calls and video technology.

The person in charge spoke about some of the improvements since the previous inspection of the centre, including upgrades to the premises, reconfiguration of the centre, and a reduction in safeguarding incidents occurring.

During the inspection, the inspector heard a resident making loud vocalisations sporadically. Staff advised the inspector that the vocalisations could disrupt other residents, and that the varying needs of the residents posed compatibility challenges. While the reconfiguration of the home had reduced safeguarding incidents, there remained a residual incompatibility risk that required continued monitoring by the provider.

Overall, there had been notable improvements since the previous inspection. The provider had implemented measures and systems to improve the service provided in the centre resulting in a better quality and safer service for residents and improved compliance with the regulations.

However, some aspects of the service required further improvement. For example, implementation of restrictive practices, staffing and training, fire safety systems, and infection prevention and control measures.

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

The purpose of this inspection was to assess the provider's progress in implementing and sustaining improvements to the service provided to residents in the centre. The inspector found that overall the quality and safety of the service had been improved, for example, the centre had been recently reconfigured which was having a positive effect on the safeguarding of residents. However, some further improvements were required in areas such as staffing and training.

There was a clearly defined management structure in the centre with associated roles and responsibilities. The centre was managed by a full-time person in charge who was based in the centre. The person in charge was suitably qualified and experienced, and demonstrated a good understanding of their role and responsibilities. The person in charge reported to a programme manager, who in turn reported to a Director. There were good arrangements for the management team to communicate, and they utilised a service improvement plan to monitor the actions deemed required to improve the service and to meet compliance with the associated regulations and standards.

The staff skill-mix consisted of social care and direct support workers, and the person in charge was satisfied that it was appropriate to the needs of the residents. There were several vacancies, however the provider was actively recruiting to fill the vacancies. The person in charge was managing the vacancies well to minimise the impact on residents, and endeavoured to utilise consistent agency and relief staff whom residents were familiar with.

The person in charge maintained a planned and actual staff rota showing staff working in the centre, however the inspector found that minor improvements were required to clearly show the hours worked by staff.

Staff working in the centre were required to complete training as part of their professional development and to support them in delivering effective care and support to residents. The inspector found that some staff required training in supporting residents with behaviours of concern. The requirement for staff to complete appropriate autism training also required consideration by the provider.

There were good arrangements for the support and supervision of staff in the centre. The person in charge completed formal supervision with staff on a quarterly basis that was in line with the provider's policy. Outside of the support provided by the person in charge, staff had access to a nurse on-call system and could escalate any concerns to the service manager. Staff advised the inspector that they had no concerns about the service provided to the residents, but felt confident in raising any potential concerns.

Staff also attended regular team meetings which provided an opportunity for them to raise any potential concerns. The inspector viewed a sample of the recent team meeting minutes, and found that relevant topics such as safeguarding, COVID-19, infection prevention and control, risk management, staff training, updates to residents' needs, and access to multidisciplinary team supports were commonly discussed.

The inspector spoke to staff working in the centre about a wide range of topics. They were knowledgeable on the topics discussed and demonstrated a good understanding of the residents needs.

The statement of purpose was readily available in the centre and had been recently updated. The statement of purpose contained the required information set out in Schedule 1. Some minor amendments were required to reflect recent management changes.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge. The person in charge commenced working in the centre in July 2022. They were found to be suitably experienced and qualified. They previously worked as a person in charge in other centres and had qualifications in social care and management.

The person in charge had a clear vision of the service to be provided in the centre and demonstrated a very good understanding of the residents' care and support needs. They were familiar with the relevant regulations and standards.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of social care and direct support workers which the provider had determined was appropriate to the needs of the residents. There were five and a half whole-time equivalent staff vacancies. However, the provider had successfully recruited for some of these posts, and the new staff were due to start working in the centre soon. The provider was continuing to actively recruit for the remaining vacancies.

The inspector was advised that the vacancies could result in reduced staffing at times which impacted on residents accessing community activities. However, the person in charge had risk assessed the impact of the vacancies, and was managing the vacancies through the use of relief and agency staff. The person in charge endeavoured to use consistent staff whom the residents were familiar with. The person in charge had also developed a guide with essential information for new staff

to refer to as an aid to help them to get to know the residents and on the operation of the centre.

The person in charge maintained planned and actual rotas showing staff on duty during the day and night in the centre. The inspector viewed a sample of the recent rotas and found that some minor improvements were required to clearly show the exact hours worked by staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents.

The training programmes included fire safety, safeguarding residents from abuse, safe administration of medication, food safety, manual handling, infection prevention and control, and supporting residents with modified diets.

The inspector viewed the staff training records with the person in charge and found that some staff required training, including refresher training, in supporting residents with behaviours of concern. As some of the residents in centre had autism, the requirement for staff to complete appropriate training in this area also required consideration.

The person in charge provided support and supervision to staff. Formal supervision with staff took place four times per year, and records of the meetings were maintained. When the person in charge was off duty, staff could also contact the service manager or nurse on-call system to report any concerns.

Judgment: Substantially 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 based in the centre and was supported by 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. The report covered a range of topics including staffing,

complaints, safeguarding, incidents, risk, and updates on residents' individual needs.

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, health and safety, and safeguarding. A service improvement plan was maintained by the person in charge which tracked actions for improvement. The plan was reviewed regularly by the management team to ensure that the actions were progressed and achieved.

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.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives.

Judgment: Compliant

Quality and safety

The inspector found that overall the quality and safety of service provided to residents in the centre had improved. However, some areas required further consideration and improvement to mitigate any risks to residents' well-being and welfare, such as the implementation of restrictive practices, fire safety systems, and infection prevention and control measures.

The premises comprised a large two-storey house. As mentioned earlier in the report, the layout of the house had been recently reconfigured to create a self-contained apartment for one resident. The resident had been supported to move into this apartment through the development of a transition plan, use of social stories and visual aids, and support from members of the provider's multidisciplinary team. The resident told the inspector that they were happy in the apartment. The reconfiguration had led to a reduction in safeguarding concerns and infection prevention and control risks.

However, there remained compatibility risks between residents in the main house that required ongoing consideration from the provider. The inspector was advised by staff on the varied needs of the residents and the challenges they experienced in meeting them. The inspector also heard one resident making loud vocalisation in the communal areas during the inspection that some residents found disruptive.

The person in charge had ensured that assessments had taken place of residents' health, personal and social care needs. The assessments informed the development of personal plans. The inspector viewed a sample of the plans and found that they were up to date and reflected input from the provider's multidisciplinary team as required. The plans were readily available to guide staff on the interventions to support residents' care needs. The recording of social goals required enhancement to ensure that the effectiveness of the goals could be reviewed.

Positive behaviour support plans were developed for residents as required. The plans outlined the supports required to help residents manage their behaviours of concern and staff were knowledgeable of them. There were several restrictive practices implemented in the centre, including physical, chemical and environmental restraints. The restrictions were implemented with the approval of the provider's oversight group, however the approval for some had expired. The inspector also found that the recording of some restrictions required improvement to demonstrate that they were implemented for the shortest duration necessary and that informed consent had been received from the respective resident or their representatives.

The registered provider and person in charge had implemented measures to protect residents from abuse. There were effective procedures for the management of safeguarding concerns, and staff had completed training to support them in preventing, detecting and responding to abuse. Staff spoken with were aware of the residents' safeguarding plans and told the inspector about the procedures for reporting of safeguarding concerns. Safeguarding was a regular topic discussed at staff team meetings to ensure staff were familiar with the procedures. The provider's social work team also provided good support and direction on safeguarding matters.

The premises was clean, bright, and comfortable. Although some areas required upkeep, they had been reported to the provider's maintenance department for attention. There was indoor and outdoor communal living space with sufficient storage facilities. The residents' bedrooms were decorated in accordance with their tastes. The facilities and equipment used by residents were in a good state of repair.

The fire safety systems implemented by the registered provider required improvement to ensure that they were adequate and effective. Staff completed regular fire safety checks, and there were arrangements for the fire equipment to be serviced. However, the inspector found the servicing of two fire blankets and a fire extinguisher was overdue. Some of the exit doors in the centre were key operated which posed a risk to the prompt evacuation of the centre during an emergency, and this risk required assessment from the provider.

Staff working in the centre completed fire safety training. Fire evacuation plans were

prepared to guide staff on the procedure for evacuating the centre and on the associated supports required by each resident. While fire drills were being carried out, none of the drills which had taken place in the previous twelve months had involved all of the residents to demonstrate that they could be all safely evacuated at the same time. Furthermore, the timing of the annual 'night-time' drill indicated that it was more of an evening drill as opposed to night-time.

The provider and person in charge had implemented good infection prevention and control (IPC) measures, however some enhancements were required. The centre had recently experienced a COVID-19 outbreak. The outbreak was managed well and in line with the centre's outbreak plan, and all persons affected had recovered. However, the inspector found that the plan required expansion to encompass other potential outbreak sources. There was good oversight of IPC in the centre, including risk assessments and audits to identify areas for improvement.

Staff had completed relevant IPC training and spoke to the inspector about some of the measures implemented in the centre. Staff also had access to the provider's IPC policy and other relevant guidance on IPC and COVID-19. Staff were observed wearing face masks as per the relevant guidance, and there was a good supply of personal protective equipment in the centre.

The centre was observed to be clean and there were cleaning schedules for staff to complete. The inspector found that the schedules required enhancement to include other items for cleaning and to include a system for the flushing of unused water points. There was a good supply of cleaning products and chemicals, however the maintenance of mop buckets required improvement. The hand washing and waste facilities required some improvement, as there was no soap or appropriate waste receptacle in some of the bathrooms.

Residents had access to immunisation programmes if they wished, and there was easy-to-read information to aid their understanding of IPC and COVID-19 matters.

Regulation 17: Premises

The premises comprises a large two-storey building, which had been recently reconfigured to create a self contained apartment attached to the main house. The premises was bright, warm, clean, and comfortable. Overall, it was well maintained. There was some upkeep required, including painting, however these works had been reported to the provider's maintenance department.

The residents bedrooms were decorated in accordance with their individual tastes. There was large communal living spaces for residents to use, as well as garden space. There was good storage facilities in the house, and since the previous inspection, new presses and wardrobes had been installed.

The facilities were in a good state of repair and equipment used by residents such

as hoists were serviced as required.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted measures to protect residents against infection, however some improvements were required to meet optimum 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 available for staff to refer to.

There were good arrangements for the monitoring of IPC in the centre. The person in charge had completed a suite of risk assessments related to IPC. They had also recently completed a self-assessment tool and monthly infection control checklists to assess the adequacy of the IPC arrangements in the centre. The health and safety audit in August 2022, had reviewed aspects of IPC, such as waste, chemical arrangements and housekeeping.

There had been a recent COVID-19 outbreak in the centre. The outbreak was well managed and all persons affected recovered. During this time, staff adhered to IPC guidelines and followed the centre's COVID-19 plan, for example, they wore personal protective equipment (PPE), implemented additional cleaning duties, identified a donning and doffing area, and used designated zones in the centre. The provider's IPC team provided ongoing support and guidance, and there was also support from the provider's nurse on-call system and senior management. The person in charge advised the inspector that a formal review of the outbreak had not happened yet which would be beneficial in identifying potential learning to strengthen the outbreak plan and associated measures. The outbreak plan also required expansion to encompass other potential outbreak sources.

All staff working in the centre had completed relevant infection prevention and control training. IPC and COVID-19 were also regular topics discussed at team meetings. Staff spoken with had a good understanding of the IPC measures in the centre. They spoke about the recent COVID-19 outbreak, the arrangements for soiled laundry and bodily fluid spills, PPE, and use of colour coded cleaning equipment as a measure against the risk of infection cross contamination.

Staff were observed wearing face masks as per the relevant guidance. There was good supply of PPE and it was securely stored. There was also signage and information for them to refer to on the use of PPE.

One resident could display a behaviour of concern that presented an infection control risk. Since the previous inspection, the frequency and intensity of these incidents had lessened, and there was guidance for staff in managing the IPC risk.

Staff completed cleaning duties in addition to their primary roles. The centre was observed to be clean and there were cleaning schedules for staff to complete. The inspector found that the cleaning schedules required enhancement to include other items such as bathroom fans, residents' wheelchairs, commodes, and the washing machine. The maintenance of mop buckets also required improvement to ensure that they were clean before use. The recording of the flushing of taps in an unused bath as a measure against legionella also required improvement to ensure that the taps were run for the required time.

The hand washing and waste facilities required some improvement, as there was no soap or appropriate waste receptacle in some of the bathrooms.

Residents had been supported to avail of immunisation programmes if they wished. There was accessible information on vaccines, and the inspector observed other aids to help residents understand IPC measures such as easy-to-read information on hand washing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

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

There was fire equipment, including extinguishers, blankets, alarms, and emergency lights. Staff completed daily and monthly fire safety checks. There were arrangements for the servicing of the equipment, however the inspector found that two fire blankets and one fire extinguisher were overdue servicing.

The inspector checked several of the fire doors. One door did not close properly but was fixed during the inspection. Two of the exit doors were key operated and required risk assessment as they posed a risk of impeding a prompt evacuation of the centre.

Staff working in the centre completed fire safety training, and staff spoken with did not have any concerns regarding fire safety. 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.

Three fire drills had taken place in the previous twelve months, they were all day time scenario drills and none had taken place with all of the residents present at the time to demonstrate that all five residents could be evacuated at the same time. Furthermore, the annual 'night-time' fire drill as described in the statement of purpose, was conducted in the evening-time.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector viewed a sample of the residents' assessments and care plans. The person in charge had ensured that residents' health, personal and social care needs were assessed. One resident was found to be overdue an annual wellbeing review as referred to in the centre's statement of purpose.

The assessments were used to develop care plans. They were found to be up-to-date and easily accessible to staff to guide their delivery of care and support. The plans included occupational therapy plans, communication guidelines, and feeding, eating, drinking and swallow plans (FEDS) which were in an easy-to-read format. There was also social goal plans for residents, however the inspector found that the recording of some of the goals required enhancement to demonstrate how goals were being progressed and reviewed. The assessments and plans also reflected good multidisciplinary team input including dietitian, psychology, occupational therapy, speech and language therapy, and social work.

Since the previous inspection, the compatibility issues between the residents had improved significantly. However, there remained a risk which required ongoing monitoring by the provider and person in charge.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behaviour support plans had been developed for residents as required. The inspector viewed two behaviour supports and found that they were up-to-date and readily available to staff to guide them in supporting residents with their behaviours of concern. Staff spoken with had a good understanding of plans and described some of the strategies outlined in the plans.

Restrictive practices including physical, chemical and environmental interventions were implemented in the centre. The inspector viewed a sample of the documentation relating to some of the restrictions, and found that the recording of the use of the restrictions required improvement to demonstrate that they had been implemented for the shortest duration necessary. The approval by the provider's oversight group for the use of some of the restrictions had expired, however the person in charge had re-referred them back to the group. The arrangements for involving of residents or their representatives also required improvement to demonstrate that restrictions were being implemented with their informed consent.

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. There was also guidance displayed in the staff room and specific reporting guidance for staff to refer to.

Staff working in the centre had completed safeguarding training to support them in preventing, detecting, and responding to safeguarding concerns; and staff spoken with were able to describe the procedure for reporting safeguarding concerns. Safeguarding was also a regular topic discussed at staff team meetings. The provider's social work team were also available to support the centre and they had recently completed a safeguarding audit in the centre.

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. The number of safeguarding concerns had recently reduced due to a reconfiguration of the premises.

However, there remained a residual risk of peer-to-peer incompatibility of some residents as discussed under Regulation 5.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	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	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Garvagh House OSV-0002348

Inspection ID: MON-0036261

Date of inspection: 28/09/2022

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: <ul style="list-style-type: none"> • Ongoing recruitment campaign within St Michaels House • 1.5 WTE new staff have already commenced work in Garvagh. • 1 WTE staff has been recruited and is due to start by 30/11/2022. • Remaining vacancies are being covered by regular relief and agency to provide consistency to residents. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Three staff are exempt from provider's Positive Behaviour Support (PBS) training as they are recent social care graduates and would have covered this module within their course syllabus. The PIC has clarified this with the St Michaels House training department. • Staff who need to complete the PBS training programme have been added to the list for training. Commencement due early 2023 • All other staff that require refresher training will complete online course by 31/12/2022 • PIC & Service manager will organise for psychologist to attend staff meeting to brief the team on how best to support residents with ASD support needs. At present psychologist has regular contact with team and provides guidance for team in developing 	

support plans and guidelines.

Regulation 27: Protection against infection

Substantially Compliant

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

- PIC has added wheelchair cleaning, fan cleaning, commode cleaning and flushing bath taps to the environmental cleaning checklist.
- Hand soap and new bin are now in residents bathroom
- New mandatory infection control training to be completed by all staff by 31/12/2022 and refresher completed annually.
- PIC & Service manager will organise formal review of recent Covid 19 outbreak with providers IPC department . This will take place by 31/12/2022.
- The provider has developed an outbreak plan guide to expand oversight beyond Covid 19 and include other sources of infection. This will be used by PIC to update current outbreak plan. Outbreak plan will be updated by 31/12/2022

Regulation 28: Fire precautions

Substantially Compliant

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

- PIC has emailed St Michaels House fire office to arrange the fire blankets and fire extinguisher to be serviced. This will be completed by November 30th 2022.
- Break glass unit in place for access to keys in an emergency. Staff also carry keys on them throughout their shift.
- Internal doors between apartment and rest of Garvagh will automatically open in event of fire, so resident can evacuate through main house if needed. Risk assessment updated to reflect this.
- Night-time fire drill with all residents present completed 17th October 2022.
- Another daytime fire drill scheduled for December 1st 2022.
- Fire safety refresher training for all staff scheduled for 29th November 2022. PIC will review personal evacuation plans and unit evacuation plan with St. Michaels House Fire Officer during this training.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Outstanding My Life meeting to be organised by keyworker and PIC. This will be completed by December 31st 2022 • Any compatibility issues within the designated centre are still being monitored and reviewed. • Goal tracker will be put in place for all residents by 30/11/2022 and progress will be reviewed monthly by keyworker .Updates will be brought to monthly team meeting. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • Restrictive practices record has been reviewed and updated . • PIC has sent in re-referrals for some restrictions. These will be updated by 31st December 2022. • Some restrictions are no longer in place in designated centre as one resident has moved to self-contained apartment. • All restrictions are put in place in line with provider’s restrictive practices policy. • Any restriction in place will be discussed with residents when their assessment of need is reviewed by November 2023. The Provider assumes that the individual has capacity to consent to the restrictions, in the absence of capacity to consent the residents will and preference will be considered 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(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	31/03/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	31/03/2023

	as part of a continuous professional development programme.			
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 published by the Authority.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/12/2022
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	Substantially Compliant	Yellow	31/12/2022

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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 than on an annual basis.	Substantially Compliant	Yellow	31/12/2022
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	31/12/2022
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	Substantially Compliant	Yellow	31/12/2022

	assess the effectiveness of the plan.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	31/12/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/12/2022
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/12/2022