



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

Issued by the Chief Inspector

Name of designated centre:	Willowpark
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Announced
Date of inspection:	20 June 2024
Centre ID:	OSV-0002372
Fieldwork ID:	MON-0035243

About the designated centre

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

Willowpark is a designated centre operated by Saint Michael's House. It provides a community residential service to up to five adults with a disability. The house is an extended double fronted single-storey home comprising of a kitchen/dining room, one living room, one quiet room, five bedrooms, two bathrooms and a staff office/sleepover room. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is situated in a suburban area of County Dublin with access to a variety of local amenities such as shops, bus routes and the city centre. The centre is staffed by a person in charge and social care staff. Staff have access to nursing support through a nurse-on-call service.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 June 2024	09:30hrs to 16:30hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, engagements with residents, conversations with staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, the inspector found that the centre was operating at a high level of compliance with the regulations, and that residents received person-centred care and support in the centre, in line with their assessed needs and wishes, to maintain a good quality of life.

There were five residents living in the centre. The residents had active lives, and on the day of inspection were engaged in different activities, including attending day services, visiting family, eating out, shopping, and walking. The inspector met them at different times during the inspection.

One resident had limited verbal communication skills, but showed the inspector some of their prized possessions and indicated that they were looking forward to visiting their family that day. They also indicated through some words and gestures that they liked the centre and their bedroom. The resident spent the morning watching television in the main sitting room before going to visit their family with staff. They appeared relaxed and content in their home. The inspector observed staff communicating with the resident in line with their communication plan. For example, they used phrases that the resident liked. The inspector also heard them speaking with the resident about topics they were interested in, such as their favourite television programmes and upcoming social events. Staff were also attending to the resident's needs in a prompt and respectful manner. For example, they offered the resident choices for their breakfast.

The inspector met the other four residents in the afternoon when they returned from day services. They spent a short time in the centre, before leaving for other activities, such as going for a walk, visiting family, and shopping. Some residents briefly engaged with the inspector. One resident told the inspector that they were having a favourite meal for their dinner. Another resident said 'all was well' in the centre, and was planning on watching a football match that evening. The other two residents chose to not engage with the inspector. The residents appeared comfortable in the centre, and the inspector observed staff engaging warmly with them. For example, the inspector heard staff speaking kindly to residents and sharing jokes.

In advance of the inspection, residents were supported to complete surveys on what it was like to live in the centre. Their feedback was positive and indicated that residents felt safe, had choice and control in their lives, got on with their housemates, could receive visitors, and were happy with the services available to them in the centre. The comments included "I like my bedroom", and "I can use the

small sitting room to have visitors", and noted activities that residents enjoyed, such as eating out, shopping, visiting family, and going to the pub.

The inspector found that effective arrangements were in place to support residents to communicate their wishes, and make decisions about the centre and the care they received. For example, residents attended weekly house meetings, where they planned their menu, activities, and discussed different topics relevant to the operation of the centre. In addition to the house meetings, residents attended individual meetings where they were supported to plan personal goals, such as going on holidays and doing work experience. The house meetings and residents' goal planning meetings are discussed further in the quality and safety section of the report.

The provider's recent annual review of the centre had also ensured that residents (and their representatives) were consulted with and given the opportunity to express their views on the service provided in the centre. Three residents responded and gave positive feedback, which indicated that they had choice in their lives, were treated with dignity and respect, and had no complaints. Two families also provided positive feedback, with comments such as "the staff in Willowpark do an amazing job" and "my [relative] is very well cared for".

The inspector did not have the opportunity to meet any of the residents' representatives. However, in addition to their comments in the annual review, the inspector read recent compliments from them about the service provided to residents. For example, in April 2024, a resident's family complimented the staff and how well the resident is cared for, and in May 2024, another resident's family thanked the staff for the support they provided to the resident.

The inspector spoke with three social care workers and the service manager during the inspection. The service manager facilitated the inspection in the absence of the person in charge.

The service manager told the inspector about residents' individual health and social care needs and the associated supports in place for them. They demonstrated a very good understanding of the residents' individual personalities. They were satisfied with the staffing and management arrangements, and described the person in charge as being 'very experienced and effective'. They had no concerns about residents' safety or the quality of service they received.

They told the inspector that there was no restrictions on visitors and that residents' rights were promoted in the centre. For example, they received person-centred care and were encouraged to make decisions in their lives. Staff had completed human rights training, and the service manager told the inspector that this had led to positive outcomes for residents. For example, staff had advocated for increased staffing to facilitate residents' wishes for more one-to-one activities with staff. The service manager also told the inspector about how the provider had successfully supported a resident to overcome barriers to open their own bank account. This is discussed further under Regulation 9: Residents' Rights.

The social care workers told the inspector that residents received a "brilliant" and

"excellent quality" service in the centre. They said that the centre was 'homely', residents were happy, and they had no concerns for their safety. It was clear that they knew the residents well, as they told the inspector about their interests, hobbies, preferences, and social and healthcare needs. They told the inspector that residents had choice and control in their lives, and could make decisions. For example, residents chose their meals, how they spent their money and time. They had completed human rights training, which they found useful for reflecting on practices and ensuring that residents were encouraged to exercise their rights, such as having control over their finances and voting. They were aware of the fire evacuation procedures and the arrangements for reporting safeguarding concerns.

The service manager accompanied the inspector on an observational walk-around of the centre, which comprised a large single-storey house. Each resident had their own bedroom. The bedrooms were comfortable, and decorated to the individual residents' tastes. The communal living areas included two sitting rooms, a kitchen dining area, and a well-maintained garden. The kitchen was well-equipped, and the inspector observed a good selection of food and drinks available to residents. There were also shared bathrooms, a utility room with laundry facilities, and a staff office.

The premises were clean comfortable, and nice decorated. They had been renovated since the previous inspection of the centre in 2023. However, further upkeep was required, which is discussed under Regulation 17: Premises.

The inspector observed that specialised equipment was available to residents as they required, such as electric beds, and mobility aids. Some residents also had smart devices, such as tablets and smart televisions in their bedrooms to stream entertainment. There was a notice board in the kitchen with information for residents on the menu, staff rota, advocacy, making complaints, and the Assisted Decision-Making (Capacity) Act, 2015.

The inspector observed one environmental restriction in the centre affecting one resident. The rationale for the restriction was clear, and it was deemed to be the least restrictive option. Overall, the inspector observed an open and restraint-free environment in the centre.

There were good fire safety precautions, including fire detection and fighting equipment, and emergency lights. However, the fire containment measures required more consideration from the provider as the inspector observed large gaps under two bedroom fire doors. Fire safety, the premises, and restrictive practices are discussed further in the quality and safety section of the report.

From what the inspector observed, read, and told, it appeared that residents were happy living in the centre. Overall, the inspector found that residents were in receipt of good care and support in the centre and that appropriate arrangements were in place to meet their individual needs and wishes.

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

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application contained an up-to-date statement of purpose, residents' guide, and certificate of insurance for the centre. These documents met the requirements of their associated regulations.

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs. The provider had also ensured that the centre was well-resourced. For example, staffing levels were appropriate to residents' needs.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and based in the centre to support their oversight of the centre. The person in charge had ensured that incidents and adverse events were notified to the Chief Inspector of Social Services in line with the requirements of Regulation 31: Notification of incidents.

The person in charge reported to a service manager, and there were effective arrangements for them to communicate with each other. The service manager had a clear understanding of the service to be provided to residents, and demonstrated effective governance and management of the centre as per their role and responsibilities.

The registered provider and person in charge 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. Actions identified from audits and reports were monitored to ensure that they were progressed.

The registered provider had provided an effective complaints procedure for residents to avail of. The procedure was in an easy-to-read format, and had been discussed with residents to help them understand it.

The staff skill-mix consisted of social care workers. The service manager was satisfied that it was appropriate to the assessed needs of the residents. Staff were required to complete training relevant to their role, and as part of their professional development. The inspector viewed the recent staff rotas, and found that they clearly showed the staff working in the centre and the hours they worked. There were no vacancies, and staff leave was covered by regular relief staff to support continuity of care for residents.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could

also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed recent staff team meeting minutes from June 2024 which reflected discussions on residents' updates, incidents, staff training, fire safety, safeguarding procedures, and restrictive practices. Supporting residents to make decisions, give consent to their support, and make complaints had also been discussed with staff during the meeting.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection. The service manager was satisfied with the staffing arrangements, and staff spoken with told the inspector that there was enough staff on duty to meet residents' needs and to facilitate their wishes. The inspector observed staff engaging with residents in a kind, familiar, and respectful manner, and in line with their support plans.

There were no vacancies. Staff leave was covered by regular relief staff to support residents' continuity of care.

The person in charge maintained planned and actual staff rotas. The inspector viewed the recent rotas for April, May, and June 2024, and found that they clearly showed the names of the staff working in the centre during the day and night, and the hours they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, emergency first aid, administration of medication, autism awareness, manual handling, supporting residents with modified diets, infection prevention and control, positive behaviour support, and fire safety. The training records viewed by the inspector showed that staff were up to date with their training requirements.

To enhance the service provided to residents, staff had also completed additional training in areas such as human rights, communication, and the Assisted Decision-Making Capacity Act (2015).

The person in charge provided informal support and formal supervision to staff in line with the provider's supervision policy, and records of formal supervision were maintained. The inspector reviewed the 2024 supervision records, and found that all staff were up to date with their supervision meetings. Staff told the inspector that the person in charge was very supportive and helpful, and they were satisfied with the frequency of their supervision meetings.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, staffing arrangements were appropriate to the residents' needs.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. The person in charge reported a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including formal meetings and sharing of comprehensive governance reports. The inspector viewed the recent meeting reports, and found that they were wide in scope to inform the management team on the running of the centre.

The provider and person in charge had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents and their representatives) and six-monthly reports were carried out, along with a suite of audits in the areas of health and safety, fire safety, and infection prevention and control. The audits identified actions for improvement where required, which were monitored by the management team to ensure progression. For example, issues with the premises had been escalated by the service manager to the provider's maintenance department.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could raise any concerns with the management team. In

addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any 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. It was last reviewed in April 2024, and was available in the centre to residents and their representatives. Parts of the statement had been prepared in an easy-to-read format using pictures to make it easier for residents to understand. The service manager made a minor revision to the statement during the inspection to ensure that it was fully accurate.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre in the previous two years, such as outbreaks of infection and allegations of abuse, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The inspector viewed the policy and found that it outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services. There were no open or recent complaints. However, staff were reminded at the June 2024 staff meeting to record any potential complaints made by residents.

The procedure had been prepared in an easy-to-read format and was readily available in the centre. It also contained information on independent advocacy services.

Making complaints had also been discussed at residents' meetings to support their understanding of the topic, and there was information on the kitchen notice board about advocacy services.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents appeared to be happy and content in their home and with the service provided to them. The inspector observed a homely environment, and staff engaged with residents and attended to their needs in a kind and professional manner. The inspector also found that the provider, person in charge and staff team were promoting and supporting residents to exercise their rights. However, some improvements were required to the quality and safety of the service under regulations 17 and 28.

Residents had active lives, and were supported to participate in activities in accordance with their interests and needs, such as attending day services, gaining work experience, and using community services. Residents were also supported to maintain important relationships. For example, family and friends could freely visit residents in the centre.

Residents were supported to make decisions about their care and support, and on the running of the centre. The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support. For example, residents were supported to plan personal goals, and attended house meetings to discuss topics concerning the centre. The provider had also arranged for staff to complete human rights training to further enhance the quality of the care and support provided to residents.

The person in charge had ensured that residents' needs had been assessed to inform the development of personal plans. The inspector reviewed two residents' plans, including their plans on intimate care, communication, behaviour support, personal goals, and healthcare needs. The plans were up to date and readily available to guide staff practice. Parts of the plans had also been prepared in an easy-to-read format, such as using pictures, to be more accessible to residents.

The inspector observed one environmental restrictive practice in the centre. The restriction was appropriately managed in line with evidence-based practice to ensure that it was monitored, consented to, and assessed as being the least restrictive option.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse, and the provider's social work department were

available to provide guidance and oversight of adherence to the provider's safeguarding policy.

The premises comprised a large single-storey house located in a busy Dublin suburb. The house was close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces, including sitting rooms, a utility room, an open-plan kitchen and dining room, and bathrooms. The kitchen was well-equipped for residents, and there was a good selection of food and drinks for them to choose from. There was also an inviting garden space for residents to use, and a staff office. Overall, the house was homely, comfortable, and clean. Since the previous inspection of the centre in May 2023, parts of the premises were renovated. However, further upkeep and attention was required to ensure that the premises were well maintained.

The inspector observed good fire safety precautions. For example, there was fire-fighting and detection equipment throughout the house, and staff had received fire safety training. Individual evacuation plans had also been prepared, and staff were aware of the evacuation procedures. The inspector also observed that the fire doors closed properly when released. However, two bedroom doors had large gaps between the bottom of the doors and the floor, which posed an increased risk of smoke or fire entering.

Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes. The premises provided suitable communal facilities and private space for residents to spend time with their visitors.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities for recreation, and opportunities to participate in activities in line with their interests, capacities, and wishes.

The centre was close to many services and amenities, and there was a vehicle available in the centre to facilitate residents' activities.

Residents planned their activities during residents' meetings, goal planning meetings, and on a day-to-day basis. Residents enjoyed different activities depending on their wishes and individual needs. The inspector read records from 2024, including residents' meeting minutes, governance and management reports, and daily records, which noted the wide range of activities residents had engaged

in, such as visiting family, meeting friends, going on holidays (in April 2024), attending day services, going to the cinema, gardening, eating out, bowling, swimming, shopping, exercise classes, and attending sporting matches. Additionally, one resident had exhibited their art in a local library, another resident was doing work experiences, and other residents had completed personal development programmes.

Residents were also supported to maintain personal relationships. For example, residents' families and friends were welcome to visit the centre, and residents also visited their families and friends. For example, on the morning of the inspection, staff drove one resident to their family home. Some residents also used smart technology such as video calling to keep in contact with their family.

Judgment: Compliant

Regulation 17: Premises

The premises comprised a large single-storey house. The communal space included two sitting rooms, and an open-plan kitchen and dining room. There was also a large and inviting garden space for residents to use. The service manager told the inspector about the plans to further enhance the space to make it a 'sensory garden'. There were sufficient bathroom facilities, and the kitchen was well-equipped with cooking appliances. Residents bedrooms were personalised to their tastes. For example, they had been decorated with posters and pictures, and certificates of achievements were displayed on the walls. Some residents also had their own smart televisions to stream entertainment.

Some of the residents told the inspector that they were very happy with the premises and their bedrooms.

Since the previous inspection of the centre in May 2023 parts of the premises had been renovated, such as refurbishment of the kitchen, and replacement of a bathroom window and flooring. However, further maintenance and upkeep to the premises was still required. The inspector observed the following:

- Sofas in the main sitting room were frayed at the edges
- There was a hole in the wall behind a door in the main sitting
- There was mould staining on the wall in one bedroom
- Repainting of required in various areas of the house. For example, the hallway walls were scuffed, the small sitting room walls were stained.
- The window-sill in the staff office en-suite was damaged
- Some door frames were damaged from contact with wheelchairs
- The flooring in the small bathroom was stained
- The boiler was last serviced in October 2022. The servicing report recommended that the combustion chamber was replaced. However, there

had been no follow up on this matter.

Most of the above matters had been identified in internal audits, and the service manager had escalated them to the provider's maintenance department.

The inspector also observed an unused soap dispenser and exposed pipes in a bathroom that did not present a homely aesthetic.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented effective fire safety precautions in the centre. However, the fire containment measures required more assessment by the provider.

There was fire detection and fighting equipment such as extinguishers and fire blankets, and emergency lights, and it was regularly serviced to ensure it was maintained in good working order. The inspector released all of the fire doors, including the bedroom doors, and observed that they all doors closed properly. However, there was a gap of approximately one inch between the bottom of two bedroom doors and the floor, which posed a risk of fire and smoke entering in the event of a fire. The centre's fire risk assessment did not refer to the gaps. The service manager escalated this matter to the provider's fire safety expert during the inspection. The inspector was told that the provider was carrying out fire safety improvements across their designated centres on a priority of risk basis, and the issue with these fire doors would be addressed in due course. However, there was no confirmed time frame.

There was arrangements for reviewing the fire precautions. Staff completed daily and monthly checks of the equipment and escape routes, and the person in charge completed a more extensive quarterly check. The person in charge had prepared evacuation plans, including plans which outlined the specific supports residents required to evacuate the centre. The inspector found that the plans were up to date,

and staff spoken with were aware of the plans' contents. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans. The inspector also observed that since the previous inspection of the centre in May 2023, the exit doors had been fitted with easily opened locks to aid the prompt evacuation of the centre.

Staff had completed fire safety training, and fire safety was also discussed with residents at their house meetings to remind them of the evacuation procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments were up to date, and informed the development of written care plans for staff to follow. The inspector viewed a sample of two residents' assessments and care plans. The assessments reflected multidisciplinary team input as required, such as psychology. The plans related to intimate care, behaviour, communication, healthcare, relationships, and financial support. The inspector found that the plans were up to date, and were readily available to guide staff practices. The inspector also found that the plans were written using person-centred and respectful language.

There was also information in the plans on residents' likes, dislikes, and personal preferences, such as their favourite activities. The information presented a clear description of the residents' individual personalities, and what was important to them and in their lives.

Overall, the inspector found that the registered provider had ensured that appropriate arrangements were in place to meet the needs of each resident in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents received support to manage their behaviours of concern as required. Support plans had been prepared by the provider's psychology service, and were found to be up to date and readily available to guide staff on the interventions to be followed. Staff had also completed behaviour support training to inform their practices and understanding of positive behaviour support.

There was a small number of restrictive practices implemented in the centre. The

inspector reviewed the arrangements for the implementation of one restriction, a sensor mat used to alert staff if a resident got out of bed at night time. The rationale, for the safety of the resident due to their high risk of falls, was clear and the restriction was found to be the least restrictive option. The inspector found that staff spoken with had a good understanding of applying the restriction, and it had been approved for use by the provider's oversight group. The inspector also read that the restriction had been consented to by the resident.

A minor improvement was required, to ensure that use of the restriction was better recorded.

Judgment: Compliant

Regulation 8: Protection

There were no current or recent safeguarding concerns or incidents in the centre.

The registered provider had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to. Staff spoken with during the inspection demonstrated a good understanding of the procedures for reporting any concerns.

The provider's social work department also provided guidance and oversight as required. For example, they had attended a team meeting in November 2023 and completed an audit on the reporting and management of safeguarding concerns in the centre. They had also circulated information in June 2024 on reporting concerns.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector read two intimate care plans, and found that they were written using person-centred, respectful, and professional language.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and staff team had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. The inspector found that residents had control in their lives and were being supported to exercise their rights, and be active participants in making decisions about their lives and in the running of the centre. For example:

- The person in charge and the provider, including the Director, service manager, and quality team, had advocated for a resident to overcome barriers in opening their own bank account by raising complaints with the relevant financial institutions and utilising the principles of the Assisted Decision-Making (Capacity) Act, 2015. Their endeavours were time intensive, however have resulted in the resident now having control over their own finances. The resident had also received guidance and encouragement on utilising their bank account and making decisions about their finances.
- Residents were supported to choose, plan and achieve individualised goals meaningful to them, such as going on holidays, learning to use bank cards, doing work experiences, and maintaining their personal relationships.
- Key information had been prepared in formats accessible to residents. For example, 'All About Me' information on residents' relationships, preferences, interests and hobbies, had been prepared using pictures.
- Some residents used assistive technology aids to support their independence. For example, one resident used a 'dictation pen' to help them read.
- Residents attended weekly house meetings to discuss matters related to the running of the centre. The inspector reviewed the meeting minutes from June 2024, and found that a wide range of topics were discussed, such as the weekly menus, the upcoming inspection, social activities, fire safety, and planned renovations to the centre. The residents had also been consulted with during the meetings regarding the storage of their money in the centre, and they indicated that they were satisfied with the current arrangements.
- Topics had also been discussed at the meetings to support residents' understanding of their rights. For example, information on the local candidates running in the upcoming elections had been discussed (residents chose to not vote in the elections), as well as the principles of having the right to privacy, be treated with dignity, and to make decisions.
- Residents' rights were discussed at staff team meetings to ensure that they being promoted. For example, the June 2024 meeting minutes noted that staff were to support residents to make decisions about their medicines and to seek consent from them around the storage of their monies in the centre.

The provider had also arranged for staff to complete human rights training to inform their practices. Staff told the inspector about how they applied their learning to enhance the rights of residents. For example, staff had advocated for additional staffing to facilitate residents' goals, such as attending sporting matches. The training had also encouraged staff to reflect on practices in the centre, and reaffirmed the importance of supporting residents to make decisions, such as how they spent their money.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Willowpark OSV-0002372

Inspection ID: MON-0035243

Date of inspection: 20/06/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In response to the feedback in relation to regulation 17(1)(b) all of the recommended works were sent to the Technical Services Department. It was agreed that an immediate action plan would be put in place to deal with the issue of mold in one of the resident’s bedrooms.</p> <p>All other actions have been given a completion date of the end of Quarter 1 2025.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In response to the findings laid out under regulation 28(3)(a). Immediate contact was made with the organisational fire officer who advised the following.</p> <p>St. Michael's House has an organisational work program in place to complete remedial actions following residential fire door inspection program and subsequent reports issued. All houses were noted as requiring some work which cumulates in a significant cost to the organisation.</p> <p>To manage this in a pragmatic risk-based way criteria have been developed to determine a priority order for all houses. This designated centre has no issues with evacuation and can evacuate in 3mins or under including at night-time. This including sub compartmenting the means of escape thus reducing sleeping numbers either side of the house and fire alarm panel zoned accordingly supports the evacuation plan in place. As such, the house is not scheduled for completion until next year and work will be completed by the end of Q4 2025.</p>	

This will remain under review through the annual site-specific simulated role play team training and fire drills completed by the team. If the house needs change which increases evacuation time or causes any issues to the evacuation plan in place the house will be escalated for action sooner.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2026