



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

Issued by the Chief Inspector

Name of designated centre:	Glendoher
Name of provider:	St Michael's House
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	07 May 2024
Centre ID:	OSV-0002401
Fieldwork ID:	MON-0034703

About the designated centre

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

Glendoher is a designated centre operated by St. Michael's House. The centre is a community-based home for six adults with an intellectual disability. It is located in a suburban area of County Dublin with access to a variety of local amenities. Glendoher provides support to residents under a social care model of service delivery. It is staffed by social care workers and managed by a social care leader. Should residents require nursing support, it will be offered through the nurse on-call service. Residents are supported to participate in the local community in line with their wishes and preferences. The centre comprises of one house which is a two-storey dwelling. Each resident has their own bedroom, and there are two communal sitting rooms, a large kitchen with dining area, a utility room, three shared bathrooms and a large secure back garden at the rear of the property. Staff support is offered 24 hours a day, seven days a week and rosters are changed as required in line with residents' care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 7 May 2024	09:00hrs to 16:10hrs	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, conversations with residents and 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 had a good quality of life, and were happy and safe living in the centre.

The centre comprised a large two-storey house in a busy Dublin suburb. There was no vehicle available in the centre for residents to use. However, it did not impact on residents accessing their community as the centre was within a short walking distance of many amenities and services, including shops, pubs, parks, and public bus routes. Some residents also occasionally used taxi services, and residents attending day services were collected by the provider's transport service.

The person in charge accompanied the inspector on an observational walk-around of the centre. Each resident had their own bedroom. The bedrooms were comfortable, and decorated to the individual residents' personal tastes. The communal living areas included two sitting rooms, a kitchen dining area, and a back 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 centre was bright, homely, and nicely decorated. For example, there were nice photographs of residents and board games in the large sitting room, and the inspector observed decorations from a resident's recent birthday party. The inspector also observed a notice board in the kitchen area with information for residents on the menu, advocacy services, the complaints procedures, and household chores.

Generally, the premises were clean and well-maintained. However, some small upkeep was required, which is discussed under Regulation 17: Premises.

The inspector observed residents freely moving around and accessing their home. While there was one restrictive practice in place (affecting one resident only), the rationale for it was clear and had been evaluated and determined to be the least restrictive option.

There were six residents living in the centre. In advance of the inspection, staff had supported residents to complete surveys on what it was like to live in the centre. Overall, their feedback was positive, and indicated that residents were safe, had choice and control in their lives, got on with their housemates, and were happy with the services available to them in the centre. During the inspection, five residents spoke with the inspector. One resident did not speak with the inspector but

appeared relaxed and content in their home, and the inspector observed staff attending to their needs in a prompt and kind manner.

Two residents spoke with the inspector together. They said that they felt safe, happy, and "loved" living in the centre. They described the staff as being "the best", and told the inspector that they supported residents by facilitating day trips (for example, to Waterford and Dublin city), and helping them with their medicines, cooking, and cleaning. They also told the inspector that they knew the staff working in the centre. They told the inspector that they were able to make decisions about their life and exercise their rights. For example, they could vote if they wished to, chose their meals and daily routines, and could access and spend their own money as they wished. They had no concerns, but said that they could talk to staff if they had.

They both attended day services, and also enjoyed social and leisure activities, such as eating out, arts and crafts, walking, cooking, going to the park, cinema, musicals, gardening, and doing household chores. They got on with the other residents, and were satisfied with the premises and the space it provided. They also told the inspector that their families and friends could freely visit. They had participated in fire drills, and told the inspector that they would evacuate the centre if the fire alarm activated.

Three other residents spoke with the inspector individually. One resident had recently moved into the centre. They told the inspector that they liked living in the centre, got on with their housemates, and were happy with the premises. They liked the staff, and said that they could speak to them if they were unhappy about anything. They had their favourite meals often, and were satisfied that staff did most of the cooking. They also knew to evacuate the centre if the alarm sounded. They enjoyed their day service, and planned on relaxing for the evening in the centre.

Another resident also told the inspector that they were happy with the staff, food, and premises, and got on with their the other residents. The inspector sat with the resident and spent time reviewing their personal goals with them. They told the inspector about meeting their favourite singer at a concert, and a recent hotel break they enjoyed. One resident briefly spoke with the inspector when they came home from their day service; they said that they liked the food in the centre and also enjoyed eating out.

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 regular house meetings. The inspector viewed a sample of the minutes from meetings in April and May 2024. The topics discussed included menu planning, fire safety, the complaints procedure, activity planning, infection prevention and control matters, the premises, household chores, the statement of purpose, and human-rights principles such as 'respect'.

In addition to the house meetings, residents attended individual meetings where they were supported to plan personal goals, such as going to musicals and on

holidays, and using some community services independently. 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. The feedback received was positive, and indicated that residents and their representatives were happy with the care and support residents received.

The inspector did not have the opportunity to meet any residents' representatives during the inspection. However, the inspector read a recent compliment from a resident's family which praised the care and support provided by staff and the provider.

The inspector spoke with staff working during the inspection, including the person in charge and social care workers. The person in charge told the inspector that the centre provided a good quality and safe service that met residents' individual needs. They were satisfied that residents' wishes were respected, and that they had a good quality of life. For example, they had active lives (in line with their individual wishes and needs), and enjoyed a wide range of community and in-house activities, such as attending day services, spending time with family, shopping, attending social clubs, and going on day trips and hotel breaks.

A social care worker told the inspector that residents were supported to make choices in their lives. For example, they chose their meals, routines, and activities. They said that the centre operated to a high standard, and they had no concerns about residents' care and support. They spoke to the inspector about residents' dietary needs, the procedure for reporting incidents, and fire safety, and were found to be knowledgeable on these matters.

The person in charge and social care worker had completed human rights training. They told the inspector that they found the training useful by reinforcing good practices and the importance of ensuring that residents were supported to make informed decisions.

Overall, the inspector found that residents were happy living in the centre, and were in receipt of a good quality and safe service. Some residents were presenting with increased and changing needs. However, at the time of the inspection, appropriate arrangements were in place to meet their needs and individual 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 provider had submitted an application to

renew the registration of the centre, and the inspector found that the application contained the required information set out under the associated regulation and the related schedules.

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 found to be suitably skilled, experienced, and qualified for their role. The person in charge was based in the centre and committed to ensuring that residents' needs were being met. For example, they had arranged for residents to access multidisciplinary team services as they required. The person in charge reported to a service manager, and there were effective arrangements for them to communicate with each other.

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 staff skill-mix consisted of social care workers. The person in charge was satisfied that it was appropriate to the assessed needs of the current residents. 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 was one part-time vacancy, however it was managed well to reduce any adverse impact on 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 which reflected discussions on residents' updates, incidents, health and safety, staff training, fire safety, and restrictive practices.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

The person in charge had a clear understanding of the service to be provided to residents, and demonstrated effective governance, operational management and administration of the centre.

Judgment: Compliant

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. Since the previous inspection of the centre in May 2023, the staffing levels had increased, in response to the needs of residents, to include a waking staff at night-time.

There was one part-time staff vacancy. The vacancy was being covered by permanent staff working additional hours, and relief and agency staff. The person in charge endeavoured to reduce the impact on residents' continuity of care by using familiar staff where possible. Residents told the inspector that they knew the staff working in the centre, and were very happy with the care and support they received from them.

The person in charge maintained planned and actual staff rotas. The inspector viewed the recent rotas for March, April, and May 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, administration of

medication, human rights, 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. Some staff were due refresher training, which had been scheduled by the person in charge. The person in charge had also arranged additional training for staff in response to residents' changing needs. For example, dementia and mental training training was scheduled in the coming weeks.

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.

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 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 generally well-resourced in line with the statement of purpose. For example, residents had access to multidisciplinary team services as they required.

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 minutes and reports, and found that they were detailed and wide in scope to inform the management team on the running of the centre. The person in charge told the inspector that they could escalate any concerns to the service manager.

The provider 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, infection prevention, medicine management, and infection prevention and control. The audits identified actions for improvement where required, which were monitored by the management team to ensure progression.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could raise any concerns with the person in charge. 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 available in the centre to residents and their representatives (a minor amendment was required to the information on visiting).

The statement of purpose had also been discussed with residents during a residents' meeting in April 2024 to help them understand the contents.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents had a good quality of life, and told the inspector that they were happy living in the centre and with the services provided to them. The inspector observed a homely environment, and staff engaged with residents and attended to their needs in a kind and warm manner.

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

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 plans on eating and drinking, intimate care, personal goals, and healthcare. They were up to date and readily available to guide staff practice. However, some plans required further development, which the person in charge

completed before the inspection concluded.

There was one restrictive practice implemented 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 oversee safeguarding plans.

The premises comprised a large two-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 to store and prepare food, and there was a good selection of food and drinks for them to choose from. There was also a large rear garden, and staff office. Overall, the house was homely, comfortable, and nicely decorated. However, some upkeep and attention was required.

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 residents were aware of the evacuation procedure. One fire door and two emergency lights required attention, and were reported to the provider's fire safety office during the inspection.

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. Residents told the inspector that they could receive visitors, such as friends and family, as they wished.

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.

Residents were supported to engage in social, leisure, and occupational activities in line with their assessed needs and personal preferences. The centre was close to many services and amenities, which residents could walk to. There was no vehicle available in the centre, however transport links were close by. The provider also provided transport for residents to access day services.

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 such as healthcare needs. Some enjoyed attending day services and community groups, eating out, shopping, walks, going on day trips, and meeting friends and family.

Within the centre, residents were encouraged to maintain life skills. For example, some residents enjoyed cooking, gardening, and light household chores such as cleaning.

Residents were also supported to maintain personal relationships. For example, residents' families and friends were welcome to visit the centre.

Residents were supported to choose personal goals meaningful and individualised to them, such as going on holidays. The goals were written using person-centred language, and had been prepared in an easy-to-read format to be more accessible for residents. For example, pictures were used.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large two-story house in a busy suburb close to local amenities and services, such as shops, public transport links, and eateries. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The premises were found to be bright, homely, and nicely furnished. The communal space included two sitting rooms, and an open-plan kitchen and dining room. There was also a large rear garden for residents to use. There were sufficient bathroom facilities, and the kitchen was well equipped. Residents bedrooms were personalised to their tastes. Residents spoken with told the inspector that they were very happy with the premises.

The provider had ensured that specialised mobility equipment, such as electric hoists, was available to residents as required. There were also arrangements to ensure that the equipment was kept in good working order, such as regular servicing.

However, some maintenance and upkeep to the premises was required. The

inspector observed the following:

- There was dark mildew on the ceiling of the large upstairs bathroom. The person in charge told the inspector that the mildew had been treated, however it had returned.
- The window sills in two bedrooms required cleaning as they were very dusty with dark mildew. The person in charge ensured that the window-sills were thoroughly cleaned before the inspection concluded.
- The gutters required cleaning. For example, the inspector observed weeds growing in the gutters at the front of the house. The person in charge contacted the provider's maintenance department during the inspection to request that the gutters be cleaned.
- Some of the interior paint work was scuffed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from, and it was hygienically stored. The kitchen was also well-equipped with cooking appliances and equipment. Residents planned their main meals on a weekly basis, but they could also make decisions on a daily basis. Residents told the inspector that they chose their meals and often had their favourite meals. Some residents liked to cook, while others preferred not to. Resident also enjoyed occasional takeaways, and there were menus from local takeaways available to them. There was also information on 'healthy' eating to help residents make decisions when choosing their meals.

Some residents required modified diets. Associated care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. The inspector found that the plans were up to date and readily available in the centre. The inspector also observed that appropriate foods were available to residents with modified diets such as soft texture snacks. Staff had received training in supporting residents with modified diets, and the inspector found that staff spoken with were knowledgeable on the contents of the associated care plans.

Judgment: 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.

The guide had been discussed with residents in April 2024 to help them understand the contents.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented effective fire safety precautions in the centre.

There was fire detection and fighting equipment, and emergency lights, and it was regularly serviced to ensure it was maintained in good working order. Two emergency lights had failed their recent test (in April 2024), however the person in charge submitted assurances to the inspector following the inspection that the lights would be replaced by the end of June 2024.

The inspector released a sample of the fire doors, including the bedroom doors, and observed that all doors closed properly. However, the seal in the frame of one door appeared to be loose, and the person in charge reported this matter to the provider's fire safety officer for their attention.

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 which outlined the supports residents required to evacuate the centre. The inspector found that the plans were up to date. Some specialised equipment had been installed to help residents to promptly respond to the fire alarm sounding. For example, a flashing light was installed in the bedroom of a resident with a hearing impairment. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans.

Staff had completed fire safety training, and fire safety was also discussed with residents at their house meetings, using easy-to-read information, to remind them of the evacuation procedures. Staff also did 'fire walks' with residents to show them the evacuation routes, exits, and assembly point. Some residents told the inspector that they knew how to evacuate in the event of a fire.

Judgment: 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 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, physiotherapy, speech and language therapy, and nursing. The plans related to intimate care, safety, sleep, medicines, emotional and physical health, nutrition, and using the community. The inspector found that the plans were readily available to guide staff practices. There was also information in the plans on residents' likes, dislikes, and personal preferences, such as their favourite activities. However, some plans such as a communication plan and an osteoporosis plan required more cohesion and detail. The person in charge and staff working during the inspection prepared these plans before the inspection concluded.

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

There was one restrictive practice implemented in the centre, a night-time sensor alarm, which impacted one resident. The inspector found that it was implemented for the safety of the resident, and was being appropriately managed.

The alarm was used to alert staff when a resident mobilised from their bed. The rationale for its use was clear: the resident's health conditions required monitoring, and it was deemed to be the least restrictive option. The restriction had been approved by the provider's group with responsibility for reviewing and approving restrictive practices. The alarm had also been discussed with the resident, and they had indicated that they consented to its use.

During the inspection, the person in charge prepared a recording sheet for staff to use going forward to better demonstrate that the alarm was only used for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge 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. The provider's social work department also provided guidance and oversight as required.

The inspector found that previous safeguarding incidents had been appropriately reported and managed. For example, they had been reported to the relevant parties, and safeguarding measures were put in place.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glendoher OSV-0002401

Inspection ID: MON-0034703

Date of inspection: 07/05/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The dark mildew on the ceiling of large upstairs bathroom needed to be treated. -This has been escalated to the DOAS and an email was sent to maintenance department on 4/6/24 to request removal of dark mildew. -Maintenance department responded and will have the work completed by 5/7/24. • The windowsills in two bedrooms were dusty with black mildew. -The person in charge ensured that the windowsills were thoroughly cleaned before the end of the inspection. -On the 4/6/24 the cleaning of windowsills in bedrooms is now part of the weekly cleaning schedule which is signed off by staff. • The gutters required cleaning and were found to have weeds growing in them. -The person in charge contacted the maintenance department on the day of inspection to request the cleaning of the gutters. -The gutters were cleaned, and weeds removed on the 17/5/24 • Some of the interior paint work was scuffed. -Walls and rooms that are in need of painting to be painted by 31/12/24. -Service users will pick the colour that they would like their bedrooms and other areas of the house painted by 2/8/2024 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/12/2024