

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

Issued by the Chief Inspector

Name of designated centre:	Ferndale/Avondale
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Announced
Date of inspection:	15 May 2024
Centre ID:	OSV-0003598
Fieldwork ID:	MON-0034692

About the designated centre

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

Ferndale is a designated centre operated by St Michael's House located in North County Dublin. It provides community residential care for up to seven adults with disabilities. The centre comprises two houses next door to each other. Both houses are two-storey and share a common driveway and back yard. The first house comprises five bedrooms, sitting room, kitchen/dining room, utility room with laundry facilities, sun room and shared bathrooms. The second house comprises four bedrooms, sitting room, utility room, a kitchen/dining room and shared bathrooms. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 15 May 2024	08:55hrs to 16:10hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards. However, improvements were required in relation to staffing, notification of incidents and medicines and pharmaceutical services.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "maintain a healthy and safe home where everyone feels welcome", "staff respect resident's choices and decisions" and "residents develop their talents and learn new skills, which they can use in the community". The inspector found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The designated centre comprised of two two-storey buildings, located in a residential suburb northside of Dublin city. House one comprised of five bedrooms, including a staff sleepover room, sitting room, kitchen / dining room, sun room, utility room and two bathrooms. House two comprised of four bedrooms, including a staff sleepover room, sitting room, kitchen / dining room, utility room and two bathrooms.

The residents had been made aware of the upcoming inspection, gave the inspector a warm welcome and were very comfortable with the presence of the inspector in their home. The designated centre was registered to accommodate seven residents and the inspector had the opportunity to meet and spend time with all residents throughout the course of the inspection.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives. One resident commented that "permanent staff are lovely and respect my choices and space". Another resident commented "we have a house meeting every Monday and we talk about everything happening. My staff and family help me if I need help". Other residents did make reference to the high frequency agency staff use and commented that there were "too many agency staff at times" and this was

"upsetting" and "we have a lot of agency staff but they are nice".

The inspector did not have an opportunity to meet with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

Residents said that they were very happy with the service. They told the inspector they felt safe, liked the food, their bedrooms and the layout and décor of their home. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were observed to be relaxed and happy in their home. It was clear during the inspection that there was a good rapport between residents and staff. The inspector spent time talking with residents together at the kitchen table and it was apparent to the inspector that residents enjoyed being in each others company and had built up strong connections with each other. Residents shared jokes with the inspector and spent time talking through their person-centred plans and goals they had achieved and set for the year ahead.

The person in charge spoke about the high standard of care all residents receive and had no concerns in relation to the wellbeing of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, medication management and managing behaviour that is challenging. The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes.

Staff had completed training in human rights and the inspector observed this in practice on the day of the inspection. For example, the inspector observed residents engaging in an individualised service, which enabled them to choose their own routine and participate in activities of their own choosing in line with their likes and interests. In addition, residents were provided with opportunities to develop self-advocacy and receive appropriate independent advocacy support. For example, one resident was supported by staff to link in with and engage with an independent advocate who provided information and support in relation to one resident's financial independence.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. The inspector observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in each home. In addition, the person in charge ensured that the centre's certificate of registration, visitors' policy and complaints policy alongside an accessible easy read activity board with photos of

residents and staff members on duty was on display in the kitchen. To the rear of the property there was a garden area that could be easily accessed by residents and staff.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner. However, improvements were required under staffing and notification of incidents. These are discussed further in the body of the report.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and were supported by a service manager who in turn reported to a Director of Adult Services.

Staffing, including sleepover arrangements in place in one home required review by the provider to ensure continuity of care and support to residents and to ensure that appropriate staffing levels and skill-mix are in place so that each resident's needs are met. This is discussed further under Regulation 15: Staffing.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023, which included consultation with residents and their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were a number of whole time equivalent staff vacancies at the time of inspection and recruitment was underway to back fill these vacancies. However, the inspector reviewed planned and actual rosters for the months of February, March, April and May and found there was an over reliance on relief and agency staff to cover vacant shifts, which was having a negative impact on both residents and permanent staff members. For example, following review of rosters the inspector noted that a total of 48 shifts were covered by different agency staff across the months of February, March and April and a further 34 shifts were covered by relief staff. In addition, a further 21 shifts were planned to be covered by four different agency staff and 19 shifts were planned for seven relief staff for the month of May. This did not ensure continuity of care and support to residents and required review by the provider.

The inspector observed that when agency staff were on shift a permanent staff member was also on shift. This arrangement was in place to ensure that permanent

staff had the required and necessary training and skill-set to respond to resident's needs. For example, permanent staff had required training in safe administration of medication. However, the high frequency use of relief and agency staff was contributing to a very heavy work load on a small permanent staff team.

The person in charge was suitably qualified and experienced and had a comprehensive understanding of the service needs. However, they were not supernumerary to the roster and did not have structures in place to support them in meeting their regulatory responsibilities. For example, as evidenced under Regulation 31 notifications had not been submitted to the Chief Inspector of Social Services.

In addition, the sleepover staffing arrangement in place in one house required review by the provider. For example the inspector reviewed sleepover staff sleep disturbance checklists implemented by the person in charge and found that sleepover staff were required to attend to and support one resident a total of 41 times across a three month period. This was negatively impacting on sleepover staff members' ability to provide an appropriate suitable and safe service in line with residents' assessed needs.

Judgment: Not compliant

Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. The inspector reviewed the staff training matrix and found that staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as human rights, feeding, eating, drinking and swallowing (FEDS), emergency first aid, safe administration of medication and infection, prevention and control (IPC). The person in charge ensured that staff were supported and facilitated to participate in training development in order to best support all residents.

All staff were in receipt of supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members. The inspector reviewed three staff members supervision records, all of which were in line with organisation policy and included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records, which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available on the day of the inspection for the inspector to review.

The inspector reviewed four staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review.

Positive feedback from residents included; "I am very happy I got to complete goals in 2023", "supported by staff and staff teaching me use new remote control in my bedroom", "very happy with staff support" and feedback from residents' family members included; "always made to feel welcome", "very happy with the standard of care" and "excellent communication between staff and family".

In addition, a suite of audits were in place including monthly local audits and six-monthly unannounced visits, as per the regulatory requirement. Audits carried out included fire safety, health and safety and medication management. On completion of these, action plans were developed to address any issues identified.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge did not notify the Office of the Chief Inspector in writing of the occurrence of the events set out in Regulation 31(3) on a quarterly basis. For example, the person in charge did not notify the Chief Inspector of the following events in Quarter 1, 2, 3 and 4 of 2023 and Quarter 1 of 2024:

- Any occasion where a restrictive procedure including physical, chemical or environmental restraint was used.
- Any injury to a resident that did not require notification within three working days (i.e. not 'serious injury').

For example, there were two restrictive practices in use and a number of noticeable

injuries that had not been notified to the Office of the Chief Inspector.

In addition, the person in charge did not notify the Chief Inspector within three working days of an allegation, suspected or confirmed, of abuse of any resident that occurred in February 2024.

This requires review and improvement in order to assure the Office of the Chief Inspector that any risk to the quality and safety of care and support has been or is being addressed.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure in place was accessible and in a format that the residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

Overall, the findings of this inspection were that residents reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner.

The premises was well maintained and was observed to meet residents' individual

and collective needs. Both homes were found to be bright, comfortable, and nicely decorated. Residents' bedrooms were decorated to their tastes. There was sufficient communal space, and a nice garden for residents to enjoy. The design and layout of both homes ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medication audits, medicine sign out sheets and ongoing oversight by the person in charge. All staff had attended safe administration of medication training. Improvements were required in relation to assessing needs of residents who were self administering medication.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. The inspector reviewed the safeguarding arrangements in place and found that staff had received training in safeguarding adults. In addition, there were clear lines of reporting for any potential safeguarding risks and staff spoken with were familiar with what to do in the event of a safeguarding concern.

In summary, residents at this designated centre were provided with a good quality and safe service, where their rights were respected. There were good governance and management arrangements in the centre, which led to improved outcomes for residents' quality of life and care provided.

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and calm, and residents appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of the centre in the presence of the person in charge, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Each resident had their own bedroom which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. Both homes were decorated throughout with artwork completed by residents and all residents were observed to be relaxed and comfortable in their home.

To the rear of the centre, was a well-maintained large shared garden area, that provided outdoor seating for residents to use, as they wished. In addition, the inspector observed well maintained storage sheds, flower beds, a bird house, wall art completed by residents and a gazebo, which was decorated with fairy lights. The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file. The inspector reviewed two FEDS care plans and found that there was guidance regarding resident meal-time requirements including food consistency and their likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements. The inspector had the opportunity to observe some mealtime experiences for residents, including breakfast and lunchtime meals. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

Residents had opportunities to be involved in food preparation in line with their wishes and the inspector observed one resident preparing their own breakfast. The inspector observed suitable facilities to store food hygienically and adequate

quantities of food and drinks available in the centre. The fridge and presses were well stocked with lots of different food items, including fresh fruit, vegetables, juices and cereals.

Residents spoken with confirmed that they felt they had choice at mealtimes and that they had access to meals, refreshments and snacks at all reasonable hours. Residents were consulted with and encouraged to lead on menu planning and could choose to participate in the preparation, cooking and serving of their meals as they wished. For example, each resident had the opportunity to be "chef of the day" in which they they were supported by staff to choose and cook dinner each day.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed in the entrance hallway of both homes and all fire doors, including bedroom doors closed properly when the fire alarm was activated.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed four resident's personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Residents spoken with were knowledgeable of evacuation routes and what to do, including telephoning emergency services, in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

The provider had completed a fire safety report and all actions arising from the report had been complete. For example, all fire exits were now thumb lock operated, which ensured prompt evacuation in the event of a fire.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

Medication administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medication and were in receipt of training and on-going education in relation to medication management.

All medication errors and incidents were recorded, reported and analysed. The inspector reviewed medication error forms and found that learning was fed back to improve each resident's safety and to prevent reoccurrence.

On the day of the inspection two residents were self administering their own medication. However, there was no evidence on file that residents had been assessed to manage their own medication. This required review and consideration by the provider and person in charge to ensure that residents were in receipt of effective and safe supports in managing their own medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' files and saw that files contained up to date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Emotional wellbeing
- Physical and intimate care
- Feeding, eating, drinking and swallowing
- Financial security and safety
- Medication
- Rights

The inspector reviewed three residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and

individual to each resident. Examples of goals set for 2024 included; going to see favourite soccer team play a match, joining a gym, buying a new bed, going to stay in a hotel and attending a musical. In addition, there was evidence of goals achieved by residents in 2023, which included; losing weight and managing money.

The provider had in place systems to track goal progress, which included; actions taken, status of the goal, any barriers identified and how the resident celebrated after achieving their goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, three positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were some restrictive practices used in this centre. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible. The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review by the provider's restrictive practice committee, clearly documented and appropriate multi-disciplinary professionals were involved in the assessment and development of the evidence-based interventions with the resident.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a

safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

There were no current safeguarding concerns. Previous concerns had been responded to and appropriately managed. For example, safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks.

Following a review of three residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

The inspector reviewed one preliminary screening form and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ferndale/Avondale OSV-0003598

Inspection ID: MON-0034692

Date of inspection: 15/05/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In response to regulation 15: Staffing: a permanent Social Care Worker post has been filled for the centre via the providers internal movement process; the staff will be in post by 01/ 07/2024 A roster review has been scheduled with the PIC, Service Manager and Admin Manager for 19th June 2024; this will review they current shifts patterns and how they can be changed to support the management needs of the PIC, the changing needs of the residents and the wellbeing of the staff.</p> <p>On 30th May 2024, the service providers funders announced that the backfilling of front-line posts no longer need to go thorough the derogation process; this will significantly speed up the recruitment process for current vacancies.</p> <p>The 1.5 WTE Unfunded DSMAT hours in the centre have been approved by the service provider so these hours can now be recruited for. HR have launched a specific recruitment campaign that will specifically target the outstanding vacancies for this centre. Interviews to due take place before 28th July 2024.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: In response to regulation 31 (1) the Person in Charge has sent the retrospective notifications for 2023 and first quarter of 2024 to the Chef Inspector. To address noncompliance a template has been implemented to clearly state the dates and incidents</p>	

to be returned on quarterly basis. Returnable date has been put in house diary.

This template has been displayed in Notification folder
NFO6 shall be returned within 3 working days as stated in the notifiable folder. The list of 3 day notifiable events has been display in the Notification Folder.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

In response to regulation 29 (5) the Self Assessment for Self Administration of medication has been completed with each service users and stored in their medication management folder.

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.	Not Compliant	Orange	01/09/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	01/09/2024
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and	Substantially Compliant	Yellow	20/05/2024

	assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	16/05/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental	Not Compliant	Orange	13/06/2024

	restraint was used.			
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	13/06/2024