



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

## Issued by the Chief Inspector

Name of designated centre:	Ratheanna
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	26 November 2024
Centre ID:	OSV-0002367
Fieldwork ID:	MON-0037352

## About the designated centre

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

Ratheanna is a designated centre operated by St Michael's House located in a suburb of Dublin. The centre provides a residential service for five adults with intellectual disabilities. The centre comprises a large single-storey house. Residents have their own bedrooms, and the communal areas including a sitting room, an open-plan kitchen and dining area, shared bathrooms, a utility room, and a large back garden. The centre is managed by a full-time person in charge. They are supported by a deputy manager, and report to a service manager. The staff skill-mix comprises social care workers, and residents can access the provider's multidisciplinary team services as they require them.

**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
Tuesday 26 November 2024	10:20hrs to 16:55hrs	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 centre's registration. 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 good 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 single-storey house in a busy Dublin suburb that was close to many amenities and services, including shops, pubs, cafés, and residents' day services. There was also a wheelchair-accessible vehicle for residents to access their community.

The person in charge accompanied the inspector on an observational walk-around of the centre. The residents' bedrooms were comfortable, and decorated to their individual tastes. The communal living areas included a sitting room, a kitchen-dining area, and a large 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, clean, homely, and nicely decorated. For example, there were nice photographs of residents and their art work on display throughout the house, and there was a fish tank in the sitting room. The inspector also observed information displayed in the centre informing residents about the menu, the complaints procedures, the upcoming HIQA inspection, hand hygiene, and household chores. The inspector observed that mobility equipment was available to residents as they required it, such as electric beds and specialised chairs. There were good infection prevention and control (IPC) arrangements, including hand-washing facilities, cleaning equipment, and personal protective equipment.

Generally, the premises were well maintained. However, one of the main bathrooms required attention to ensure that IPC risks were mitigated and that occupational therapy recommendations were implemented. The premises and IPC are discussed further in the quality and safety section of the report.

There were five 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 felt safe, had choice and control in their lives, got along with their housemates, and were happy with the services available to them in the centre. Their comments included, "I always choose what I want to do", "I went to Portugal in September and I was

really happy with this", and "this is a happy house".

During the inspection, residents engaged in different social and recreational activities, including attending day services, swimming, going to cafés, and having beauty treatments. The inspector met all five residents. Some residents did not communicate their views or chose not to speak with the inspector. However, they appeared to be relaxed and content in their home, and familiar with the staff supporting them. The inspector observed staff engaging kindly with residents, and responding to their needs in a professional and prompt manner.

Two residents spoke in depth with the inspector. They told the inspector that they were happy living in the centre, that their bedrooms were comfortable and provided enough space for their belongings. They could freely receive visitors, such as their family, and also kept in touch with them through phone calls. They attended day services and enjoyed the activities there including music, dancing and baking. They liked the staff in the centre, and were satisfied with the support they provided. They had their favourite meals often, and were happy that staff cooked their meals. They had no concerns, but said that they could speak with staff if they had.

The inspector reviewed one resident's personal plans with them. The resident told the inspector about their personal goals such as going on holidays and attending social clubs. They said that they chose their goals, and was happy with how staff supported them to achieve them. For example, the resident was looking forward to going on a holiday with staff in December.

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, and planned individual personal goals with their key workers. 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, with comments including "I am absolutely happy with the standard of care" and "excellent care, I couldn't be happier".

The inspector spoke with staff working during the inspection, including the person in charge and a relief social care worker. The person in charge spoke warmly about residents as they described their individual personalities and needs. Their needs varied, and the person in charge was satisfied that they were being met in the centre. The person in charge said that residents were compatible to live together and got along well. They were satisfied with the staff skill-mix and was complimentary of the staff team. They had no concerns for the residents' safety or wellbeing, but told the inspector that the premises required improvement. For example, one bathroom needed an upgrade, a new garden shed was required, and the kitchen presses required attention; these matters had been reported to the provider.

A relief social care worker described the centre as "homely" and said that residents

received a good quality service from "lovely staff". They said that residents were supported to achieve their personal goals and got along well together. They were familiar with the residents' care plans, including the plans related to behaviours of concern and nutrition. They had no concerns, but felt confident in raising any potential concerns.

Overall, the inspector found that residents were happy living in the centre, and were in receipt of good quality, safe and person-centred care and support. However, some improvements were required to the premises, staffing arrangements and training, and to ensure that residents' healthcare needs were fully assessed.

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 included an up-to-date and complete statement of purpose and residents' guide.

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. Overall, the provider had also ensured that the centre was well resourced. For example, there was a vehicle available for residents to access their community. However, the staffing arrangements required improvement.

The management structure 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. They had ensured that incident occurring in the centre, were notified to the Chief Inspector of Social Services in the manner outlined under regulation 31. The person in charge reported to a service manager, and there were effective arrangements for them to communicate.

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, as well as several audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The provider had implemented an effective complaints procedure for residents. The procedure had been prepared in an easy-to-read format to help residents understand it. There were no open complaints, and previous complaints had been resolved to the complainants' satisfaction.

The staff skill-mix consisted of social care workers. The person in charge was satisfied that the skill-mix was appropriate to the assessed needs of the current residents. However, there were vacancies in the complement, which posed a risk to the continuity of care for residents.

Staff were required to complete training as part of their professional development. The inspector viewed the most recent training audit, dated September 2024, which showed that some staff required training in areas such as the safe administration of medication. This posed a risk to the quality and safety of care provided to 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 the October and November 2024 staff team meeting minutes which reflected discussions on residents' updates, incidents, risk assessments, safeguarding procedures, staffing and training, fire safety, restrictive practices, and the upcoming inspection.

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was based in the centre. 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 demonstrated a good understanding of the residents' needs and wishes, and ensured that the centre operated in accordance with the statement of purpose.

Judgment: Compliant

#### Regulation 15: Staffing

The staff skill-mix comprised social care workers which was found to be appropriate to the current needs of the residents. The allocated whole-time equivalent (WTE) was 8.7 and there was a 3.2 WTE vacancy which accounted for 37 percent of the overall WTE. The vacancies were filled by agency staff and the provider's relief staff. The person in charge also worked additional hours to cover vacancies as necessary, and this could impact on their role. For example, they told the inspector that they had missed management meetings due to being short staffed.



The provider was endeavouring to recruit for the vacancies, and the person in charge tried to minimise any adverse impact on residents by booking consistent and regular relief and agency staff that were familiar with the centre and residents' needs. There was also a permanent staff member on duty every day. However, the high use of non-permanent staff posed a residual risk to residents' continuity of care. The inspector viewed the actual rotas for October and November 2024, and the planned rota for December 2024. The October rota showed that 16 agency and relief staff had worked 45 shifts, the November rota showed that 14 agency and relief staff had worked 42 shifts, and the December rota showed that 11 agency and relief staff were due to work 44 shifts.

The October and November rotas required minor improvements to their maintenance. For example, the full names of four staff working in the centre were not recorded.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff were required to complete 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, emergency first aid, food safety, manual handling, supporting residents with modified diets, infection prevention and control (IPC), positive behaviour support, and fire safety.

The inspector reviewed the most recent training audit report, dated September 2024, with the person in charge. The person in charge had requested a more up-to-date report, however the provider's training department were unable to provide one. The report showed that a small number of staff required training (including refresher training) in safeguarding of residents, positive behaviour support, manual handling, IPC, and supporting residents with modified diets. This posed a risk to the quality and safety of care provided to residents. For example, one staff member was overdue to receive refresher training in the safe administration of medication, yet they continued to administer medication to residents in the centre.

Judgment: Substantially 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.

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. They were supported in their role by a deputy manager, and their duties included organising meetings and carrying out audits. The person in charge reported to a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including regular meetings and sharing of monthly governance reports. The inspector viewed the recent reports, and found that they were broad in scope, which helped to inform the management team on the running of the centre. The person in charge said that the service manager was very supportive, and that they could raise any concerns to them.

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 several audits in the areas of health and safety, safeguarding, medicine management, residents' finances, and infection prevention and control (IPC). The audits identified actions for improvement where required, which were monitored to ensure progression. For example, some of the kitchen press doors were replaced as a recommendation from an IPC audit conducted in March 2024.

There were effective arrangements for staff to raise concerns. 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 October 2024, and was available in the centre to residents and their representatives.

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 incidents that had occurred in the centre in the previous 12 months, such as allegations of abuse, minor injuries, and the use of restrictive practices, 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 policy outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services. The procedure had been prepared in an easy-to-read format which was readily available in the centre, and had been discussed with residents to help them understand it.

There were no open complaints. The most recent complaint, dated July 2023, had been resolved to the complainant's satisfaction.

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 residents 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 in a kind and warm manner.

Residents had active lives, and were supported to exercise their rights and participate in activities in accordance with their interests and needs, such as attending day services, using local amenities and services, and spending time with their families. Residents were also supported to choose and achieve personal goals, such as going on holidays.

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, behaviour support, personal goals, and healthcare. They were up-to-date and readily available to guide staff practice. However, further consideration was required to ensure that residents were supported to avail of national health screening programmes, if they wished to.

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 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 carried out safeguarding plan audits. The inspector found that previous safeguarding concerns had been managed and reported appropriately.

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 a sitting room, 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. There was also a large rear garden, and staff office. Overall, the house was clean, homely, comfortable, and nicely decorated. However, one bathroom required upgrading.

The inspector observed good infection prevention and control (IPC) measures including hand-washing facilities, cleaning chemicals and equipment, and guidance documentation for staff.

The inspector also 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 to guide staff on the support required by residents to evacuate the centre. The gap between the base of three bedroom doors and the floor appeared greater than the recommended standard for suitable containment measures. This was brought to the attention of the person in charge who in turn brought this matter to the provider's safety officer for further review and assessment.

### 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, and there was a wheelchair-accessible vehicle for residents to use.

Residents planned their activities during residents' meetings, key worker meetings, and on a day-to-day basis. Residents enjoyed different activities depending on their wishes and individual needs. Four residents attended day services operated by the provider. Two residents told the inspector that they enjoyed their day services and the activities they did there. Residents also enjoyed eating out, shopping, attending social clubs and groups such as choirs, swimming, sporting events, art and music classes, having beauty treatments, theatre shows and musicals, and holidays.

Residents were supported to maintain personal relationships. Residents' families and friends were welcome to visit the centre, and they also kept in contact through phone and video calls. Residents were also supported by staff to visit their families who lived outside of the Dublin area.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised a large single-storey house. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The house was clean, bright, homely, comfortable and nicely furnished. However, upkeep was required to one of the bathrooms. The communal space included a sitting room with comfortable seating and a large television that residents could use to stream entertainment, and an open-plan kitchen and dining room. The rear garden was spacious and provided an inviting space for residents to use, with seating, a raised planting bed, and a polytunnel to grow produce. There was also a large bright mural wall that residents had painted earlier in the year. Residents' bedrooms were personalised to their tastes. Resident told the inspector that they were happy with the premises, that their bedrooms were comfortable and that they had enough space for their possessions.

Since the previous inspection of the centre in August 2022, extensive renovations and reconfigurations had been carried out, including refurbishments of the kitchen, office, bedrooms and a bathroom. The new bathroom had been fitted with a bell for residents to alert staff when they required assistance. The other bathroom required attention. An occupational therapy assessment in January 2024 made recommendations, such as replacing the shower base. These recommendations were outstanding, and the inspector observed that some of the tiles required re-grouting and filling of holes.

The provider had ensured that specialised mobility equipment, such as shower chairs, wheelchairs and electric beds, was available to residents as required. There were also arrangements to ensure that the equipment was kept in good working order, such as regular checks and scheduled servicing.

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 its hygienic storage. 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. The menu was displayed on a notice board in the dining room. Two residents who spoke with the inspector said that they liked the food in the centre, often had their favourite meals and enjoyed eating out. They were happy that staff cooked their meals.

Four residents required support with their 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. 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. It had been reviewed in July 2024, and was written in an easy-to-read format using pictures. 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 27: Protection against infection

The registered provider and person in charge had implemented appropriate arrangements to protect residents from the risk of infection. The arrangements met the requirements of the associated national standards.

The provider had prepared a written infection prevention and control (IPC) policy to govern the IPC arrangements. The policy was available in the centre for staff to refer to, along with additional information from the provider on high-risk infections and updates from public health. There was also a written outbreak plan to be followed in the event of an infectious disease outbreak in the centre.

The person in charge had completed IPC-related risk assessments that outlined the control measures required to be in place. The provider also carried out IPC audits to

assess the effectiveness of the IPC arrangements.

The centre was clean and the inspector observed a stock of personal protective equipment (PPE), cleaning equipment and chemicals, as well as colour-coded cloths to prevent the risk of cross-contamination of infection when cleaning. There were also good arrangements for the safe management of soiled laundry, such as soluble washing bags.

Residents were reminded of IPC precautions during residents' meetings, and they had been offered vaccination programmes such as COVID-19 and flu vaccines.

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, emergency lights, and it was regularly serviced to ensure it was maintained in good working order. The inspector released a sample of the fire doors, including bedroom doors, and observed that they closed properly. The exit doors were fitted with easy-to-open locks to support prompt evacuation. To further support a prompt evacuation, some of the bedrooms had been fitted with external doors, for ease of egress. There were arrangements for reviewing the fire precautions, such as checks of the equipment and escape routes.

The person in charge had prepared up-to-date evacuation plans which outlined the supports required by residents to evacuate the centre. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the plans.

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

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' 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. The plans viewed related to intimate care, safety, emotional and physical health, relationships,

nutrition, and using the community. The plans were up to date and 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. The information was written using professional and person-centred language, and reflected input from residents and their representatives.

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 6: Health care

The service operated under a social care model, and residents had access to the provider's multidisciplinary team and community healthcare services as they required. For example, general practitioners, psychologists, speech and language therapists, occupational therapists, physiotherapists, chiropodists, nursing, and specialist services such as neurology.

Written support plans had been prepared and were readily available in the centre, to inform staff on residents' healthcare needs and the associated interventions to be followed.

Some residents were eligible to avail of National Screening Services, such as BreastCheck and BowelScreen. However, it was not documented if all residents had been offered the opportunity to partake in screening programmes.

Judgment: Substantially 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, and were found to be up-to-date and readily available to guide staff on the interventions to be followed. Staff were also required to complete behaviour support training to inform their practices and understanding of positive behaviour support.

The centre operated under a restraint-free ethos and human rights-based approach to care. There was one restrictive practice; one resident wore a lap belt on their wheelchair while using the lift on the centre's vehicle. The restriction was the least restrictive option and was 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 refer to, including recent guidance from HIQA on the indicators of abuse.

The inspector reviewed the records of three safeguarding incidents reported in 2024, and found that they had been appropriately reported and managed in line with the provider's policy to ensure residents' safety. The provider's social work department had also carried out an audit in November 2024 to ensure that incidents had been managed appropriately. Safeguarding principles such as respecting each other and speaking to staff if residents were unhappy had been discussed at residents' meetings to help them understand these matters.

The person in charge had ensured that intimate care plans had been prepared to guide staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector reviewed three resident's intimate care plans and found that they were up to date and readily available to staff to guide their practice.

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 observed residents being treated with the utmost respect and dignity during the inspection. 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. Examples of how residents' rights were promoted in the centre, include:

- Residents attended regular house meetings to discuss matters related to the running of the centre. The inspector reviewed the meeting minutes from August to November 2024, and found that a wide range of topics were discussed, such as the weekly menus, social activities, making complaints, healthy eating, fire safety, rights, and infection prevention and control. Easy-to-read information was used to help residents understand the topics.
- The upcoming general election had also been discussed with residents using easy-to-read information during their November meeting to help them

understand exercising their right to vote.

- Residents had active lives, and were supported to engage in activities in line with their individual needs, preferences, and abilities. This is discussed further under regulation 13.
- Residents were supported to plan and achieve personal goals. The inspector found good evidence of goals being achieved, such as residents going on national and international 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.
- Information about residents, such as care plans and profiles, were written in a professional and respectful manner. The information emphasised residents' individual qualities and personal attributes.
- Residents had their own bank accounts, and received support from staff in accessing and controlling 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
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 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ratheanna OSV-0002367

Inspection ID: MON-0037352

Date of inspection: 26/11/2024

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• The Service Provider with the support of The Human Resource department are continuing to recruit staff. A Specific recruitment campaign will be arranged for the Designated Centre. (15/01/2025)</li> <li>• Staff will be assigned to the Designated Centre within the coming months (01/08/2025)</li> <li>• The Person in Charge will record staff full names on the rosters. (30/11/2024)</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The Person in Charge requested and reviewed an up-to-date training Matrix from the providers training department (26/11/2024)</li> <li>• All outstanding refresher trainings will be completed by the 28/02/2025</li> <li>• Staff member completed the Safe Administration of Medication refresher training (28/11/2024)</li> <li>• Person in Charge has implemented a local tracker system to record all training completed by staff.</li> </ul>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The provider's housing association has been informed of the work required regarding the bathroom in the Designated Centre, this has been added to 2025 workplan. The work required will be completed by the end of quarter 2 of 2025. (30/06/2025)</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• All residents in the Designated Centre will be supported to avail of the National Screening Services according to their will and preference. All information regarding the national screening will be documented appropriately. (30/06/2025)</li> </ul>	

## 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(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.	Substantially Compliant	Yellow	01/08/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/11/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional	Substantially Compliant	Yellow	28/02/2025

	development programme.			
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	30/06/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/06/2025