Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Michael's House Ballygall
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0005706
Fieldwork ID:	MON-0033236

About the designated centre

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

Ballygall is a residential service that can support three young people with an intellectual disability at any given time, one of which is over the age of 18 years of age. The service can support both males and females. The centre is located in County Dublin and is a two story home which has been renovated and extended to meet the needs of three young people with autism support needs. The house has its own bus and is also located in close proximity to public transport and a wide variety of social, recreational, educational and training facilities. Each young person has their own bedroom and bathroom. There is a shared kitchen and dining room, three living rooms, one of which is upstairs. There is a large back garden with separate areas including a zip line, circular cycle track and other equipment for play. The house is led by a social care leader and is staffed by a mix of social care workers and health care assistants who are supported by a multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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 8 June 2022	09:45hrs to 16:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection. The inspection was carried out as part of ongoing monitoring of regulatory compliance in the designated centre.

On the day of inspection, the inspector had the opportunity to meet two of the residents that lived in the centre. One resident greeted the inspector by making eye contact and then chose to continue with their preferred activity. The other resident expressed non-verbally that they did not wish to engage with the inspector. The third resident was being supported with personal care when the inspector arrived and left a short time later to visit family. The inspector did not have the opportunity to meet the third resident.

The inspector used brief interactions with residents, carried out observations of care and support provided by staff, engaged in conversations with staff and reviewed documentation to form judgements on the quality of care being provided in the designated centre. The inspector wore appropriate personal protective equipment (PPE) and maintained physical distancing during interactions with residents and staff.

Overall, the inspector found that the provider was offering a good quality, highly individualised service to the three residents who lived in the designated centre. The residents each had complex assessed needs and required a high level of staff support.

Staff worked in keyworking teams to support the residents. Staff spoken with were familiar with residents' needs and were knowledgeable regarding residents' care plans. Staff expressed to the inspector that they enjoyed working in the designated centre and spoke fondly of the residents who lived there. The inspector saw staff interacting with residents in a kind and gentle manner. Staff were observed to knock before entering residents' rooms and, when residents had chosen to spend time alone, checked in with these residents regularly to offer support.

Residents each had access to their own self-contained compartment within the designated centre. Each residents' compartment had their own bedroom, living room and bathroom. There was also a communal kitchen, dining room and a large accessible garden with a variety of well-maintained play equipment. The inspector was informed by the person in charge that, when residents were at home, they chose to spend much of their time in their own area of the house supported by familiar staff. The inspector was informed that staff were working slowly to develop the residents' relationships and familiarity with each other.

The environment of the designated centre was highly restrictive however, there was evidence that these restrictions were required given residents' assessed needs. The inspector saw that restrictions were regularly reviewed and reduced where possible.

This will be further discussed in the quality and safety section of the report.

The premises had recently been extended and an application to vary the conditions of registration had been submitted. The provider had applied to increase the footprint of the centre and to increase the number of residents accommodated from two to three. The inspector verified that the premises extension had been completed as per the floor plans and the application submitted.

The inspector also saw that the premises was maintained to a high standard. There was minimal décor on the walls due to the assessed needs of residents. However, resident bedrooms were painted in individualised colours and individualised décor was in place where suitable and in line with individual assessed needs. The centre was clean and tidy. There was adequate storage available for residents.

Two of the residents were of school-going age at the time of inspection. The inspector saw that there was good collaboration between the designated centre staff, residents' families and the school team. Another resident had left school approximately three years ago and was not attending a day service or further education and training. The inspector was informed that a suitable day service had recently been identified and the provider hoped that this resident would be supported to attend a day service in the near future. This will be discussed further in the quality and safety section of the report.

The next two sections of the report will present the findings of the inspection in relation to the governance and management arrangements in place and how these impacted on the quality and safety of care in the designated 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 provider had effective systems in place to ensure oversight of the quality and safety of care in the designated centre. However, improvements were required to the maintenance of training records and to the systems in place to ensure that new admissions were in receipt of a contract of care in a timely manner.

The provider had in place a series of audits including monthly data reports, six-monthly unannounced visits and an annual review of the quality and safety of care. The annual review was completed in consultation with the residents and their representatives, as well as the staff team, and reflected their feedback on the designated centre. Time-bound action plans were derived from audits and there was evidence that these action plans were regularly reviewed and that actions were

progressed.

There were clear lines of authority and accountability in the centre. The staff reported to the person in charge who, in turn, reported to a service manager. A staff supervision schedule was in place and all staff had received supervision in line with the provider's policy. The person in charge also accessed quarterly supervision sessions with the service manager. A review of the staff supervision minutes found that they were appropriate to meet the needs of the staff.

Staff spoken with were aware of the reporting structure. Staff informed the inspector that they felt supported in their roles and were aware of their responsibilities. They stated that the management team were approachable and open to their feedback and suggestions. The staff team appeared motivated and communicated to the inspector that they worked well together and that there was good morale in the centre. Staff were supported through regular supervision sessions and a monthly staff meeting. Additionally, staff accessed a monthly reflective practice session which was facilitated by a psychologist. Staff spoke highly of this reflective practice session and told the inspector that it allowed them to discuss any issues that arose as a staff team, reflect on these and develop better ways of working together to support the residents.

There were no staffing vacancies at the time of inspection. A planned and actual roster was maintained which showed that the staffing levels were in line with the residents' assessed needs. A small panel of relief staff was used to fill any gaps in the roster. This supported continuity of care for residents.

A statement of purpose was also in place. This had been recently reviewed and updated. It reflected the recent changes to the centre’s conditions of registration and contained the information as required by Schedule 1 of the Regulations.

At the time of inspection, one resident was in the process of being admitted to the designated centre. The inspector saw that the provider had implemented a transition plan in consultation with the resident’s representatives, multidisciplinary team and school team. The inspector found that the admission had been well planned and had taken place over a considerable length of time to allow the resident sufficient time to transition slowly to the centre. At the time of inspection, the resident was staying in the designated centre for four nights per week but did not have a contract of care in place. The service manager informed the inspector that the resident would be considered admitted to the centre when they were staying five nights per week however they were unclear if the provider's admissions policy prescribed this time frame as a standard process. The inspector was informed that a meeting had been scheduled to draw up this contract. However, given that the transition to the centre had been in progress for several years, and that the resident was staying in the centre four nights per week, the inspector was not assured that this meeting had been scheduled in a timely manner to ensure that the resident and their representatives were fully informed regarding the terms and conditions of residency in the designated centre.

An up-to-date training matrix was not available in the centre and, therefore, it was

difficult to verify if staff had completed all required mandatory and refresher training. Certificates for some trainings were maintained in the designated centre and the inspector saw that some staff had recently accessed more specialist, non-mandatory training in line with the residents' assessed needs. For example, one staff had recently completed a course in Lámh.The inspector was informed by the person in charge that staff were up-to-date in online training however there was a delay in staff accessing refresher training in areas such as first aid which was required to be delivered in-person. Assurances were provided in writing subsequent to the inspection that all staff were up-to-date in training in Children First and Safeguarding.

The centre's adverse incident log was reviewed. Generally there was a low number of incidents for this centre. There were a high number of restrictive practices in place in the designated centre. This will be discussed further in the quality and safety section of the report. Restrictive practices had been logged and reported to the Chief Inspector as required.

Regulation 15: Staffing

The centre was operating with a full staff team.

A planned and actual roster was maintained. A review of the roster demonstrated that there were adequate number and skill mix of staff in order to meet the assessed needs of the residents and, as was set out in the statement of purpose.

A small panel of regular relief staff were available to fill any gaps in the roster. This supported continuity of care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular supervision and support. This took the form of quarterly supervision sessions with the person in charge, monthly staff meetings and monthly reflective practice sessions.

Staff reported that they felt supported in their roles and that they were facilitated to raise any concerns.

An up-to-date training matrix was not maintained in the designated centre. The inspector was given verbal assurances that staff were up-to-date with online training and written confirmation was provided subsequent to the inspection that, in

particular, staff were up-to-date with safeguarding training. However, without a training matrix it was not possible to verify this information or to comment on the levels of compliance with other trainings.

The provider stated on the day of inspection that there was a delay in accessing in-person refresher training in areas such as First Aid.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had effective systems in place to ensure oversight of the designated centre. These included a series of audits such as monthly data reports, six monthly unannounced visits and an annual review of the service.

Audits allowed for consultation with relevant stakeholders including the staff team, residents and their representatives.

Time bound action plans were derived from these audits and there was evidence that actions were progressed in a timely manner.

Staff were supported and performance managed to exercise their personal and professional responsibilities in the delivery of service to the residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had systems in place to ensure that a recent admission to the service had opportunities to visit the designated centre and to transition slowly and, as per their preferred pace, to moving into the centre. The provider had coordinated with relevant stakeholders to inform the admission and had carefully planned this.

A meeting was scheduled in order to draft a contract of care. However, given that the admission to the centre had been in progress for several years, the inspector was not assured that the resident had been provided with a contract of care in a timely manner.

Improvements were required to ensure that new admissions were informed in writing of the terms and conditions of their residency on their admission to the centre and, to ensure that those responsible for facilitating admissions were in receipt of clear information on the time-frame for drawing up contracts of care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the designated centre. This had been reviewed and updated to reflect the changes to the designated centre's certificate of registration. The statement of purpose contained the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Adverse incidents were recorded in the designated centre. Those incidents which were required to be notified to the chief Inspector were submitted within the required time frame.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre.

The inspector found that the centre was providing a high level of quality individualised care and support to residents which was mindful of residents' assessed needs. Residents presented with complex behavioural and communication needs which, according to their care plans, warranted specific individualised supports including restrictive practices. There were a high level of restrictive practices in place in this designated centre however, the inspector found that the provider had systems in place to review these and reduce or remove them when possible.

A review of residents' files demonstrated that residents each had a comprehensive assessment of need available on file. The assessment of need had been updated annually, and in the case of the resident who was in the process of being admitted to the designated centre, had been completed in advance of their admission. The assessment of need was informed by residents, their representatives, school team and multidisciplinary professionals. It was written in a person–centred manner and clearly set out residents' needs and preferences. Care plans were in place for each

assessed need. The inspector saw that these were updated regularly by the keyworking team.

Care plans including those relating to intimate care, showering and dressing were written in person-centred language. They detailed residents' preferences and steps to support residents' dignity and autonomy. There were no safeguarding concerns in the centre at the time of inspection and no safeguarding plans. Staff spoken with were aware of their roles and responsibilities in safeguarding residents from abuse.

All residents had positive behaviour support plans on file. These had been recently reviewed and provided guidance to staff in the designated centre on proactively and reactively responding to challenging behaviour. Staff spoken with were familiar with behaviour support plans and were observed providing support to residents in line with these plans.

There were a significant number of restrictive practices in place in the designated centre. These included the use of keypads and locks to compartmentalise the centre. The inspector saw that these practices were in line with the residents' assessed needs and were required to safeguard all residents and to support residents in managing their own behaviour.

The person in charge stated that they hoped that as residents became more familiar with each other and the environment that they could begin to spend more time together developing their relationships. There was evidence that restrictive practices were reviewed regularly by the provider's rights committee. Additionally, the inspector saw that the person in charge had applied to the rights committee to remove restrictive practices which were no longer required. This request had been approved and a restrictive practice which was in place for one resident had been discontinued.

Many of the residents also had assessed communication needs and communication support plans on file. Residents in this centre used a variety of multi -modal communication systems including speech, Lámh and pictures. Staff spoken with were knowledgeable regarding residents' communication care plans. Some staff had also accessed additional training in communication systems such as Lámh. The inspector saw that information was presented throughout the centre in a manner which was in line with residents' assessed needs. For example a visual menu for the day was available. Residents also had access to technology for communication and recreation including tablets and phones.

Some residents had mealtime support plans on file. Residents' files clearly documented individual food preferences. A weekly menu planner was in place. Records of menu planners were reviewed and were found to offer a good variety of nutritious food which was in line with residents' preferences and mealtime support plans. Food was available in the centre which was of good quality. Food was also stored hygienically. The inspector saw staff preparing and offering food to residents which looked appetising and was in line with residents' individual preferences.

The inspector saw that residents were provided with care and support which was in line with their assessed needs. The centre offered opportunities for children to play,

to be alone and to develop life-skills. In particular, the inspector saw that there was good collaboration between the multidisciplinary professionals and the designated centre in supporting those residents who were in school.

Residents' assessments of need included appropriate education targets. However, one resident who had left school several years ago was not in receipt of a day service or further education or training. The inspector was informed that enquiries had been made to day services over the past few years however a suitable day service had not been found. The person in charge stated that a suitable day service had recently been identified and hoped that the resident would have access to this in the near future.

The premises of the designated centre was well maintained and was designed and laid out to meet the aims and objectives of the service. The centre was clean and suitably decorated. Some residents' bedrooms and living spaces had minimal decor however this was seen to be in line with their assessed needs. Children had access to a large garden with age appropriate play equipment. The provider had made provision for the matters set out in Schedule 6 of the Regulations including suitable storage, sufficient bathrooms and laundry facilities.

The provider also had measures in place to detect and extinguish fires. There was an alarm system installed and the inspector saw that fire fighting and detection equipment was regularly serviced. The provider had installed self -closing mechanisms on doors throughout the designated centre.

However, one of these self-closing mechanisms did not function adequately on the day of inspection and so was ineffective as a mechanism to contain smoke and fire. Additionally, the inspector saw that fire containment measures in the centre's kitchen required review to ensure that they were sufficient. Self-closing mechanisms had not been fitted to a kitchen door or to double doors leading to the newly constructed extension.

The person in charge was unsure on the day of inspection if self-closing mechanisms were required on these doors. This required a review by the provider's fire expert. All residents had a personal evacuation plan on file which had been recently reviewed. A schedule of fire drills was in place. The inspector saw that fire drills were completed including actual fire drills as well as simulated fire drills. However, improvements were needed to the recording of these drills to ensure they provided sufficient information on the details of the evacuation including the time taken to evacuate the centre.

The inspector saw that the centre was clean, tidy and well maintained. The provider had in place practices such as temperature checks and symptom checkers to mitigate against the risk of COVID-19. Staff were seen to be wearing appropriate personal protective equipment (PPE). There were appropriate procedures in place to ensure the safe laundering of clothing and cleaning equipment in the centre.

Monthly infection prevention and control audits were completed and the centre had a COVID-19 house plan which was update monthly. Staff were knowledgeable on where to find guidance in the event of a suspected case of COVID-19 and on their

roles and responsibilities in ensuring effective IPC practices.

Regulation 10: Communication

Residents' files contained up-to-date communication plans. Staff were familiar with residents' communication needs and had completed training in this area.

The inspector saw staff communicating with residents in line with their care plans and assessed needs. Where residents used augmentative communication systems such as pictures, the inspector saw that these were readily available within the designated centre.

Residents had access to technology for communication and recreation as required. Devices were seen to be charged and available for residents use.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with care and support in accordance with evidence based best practice.

The inspector saw that residents had access to facilities for occupation, play and to engage in their preferred activities. Residents also had opportunities to be alone. In particular, there was evidence of good collaboration between the designated centre and the residents' school teams to achieve appropriate education targets.

However, one resident who had left school several years ago was not in receipt of a day service or of further education and training. The provider had recently identified a day service and hoped that the resident would be in receipt of day service in the near future.

Judgment: Substantially compliant

Regulation 17: Premises

The premises of the designated centre was well maintained and was clean and bright.

There was limited decor in some areas which was in line with residents' assessed needs. The inspector saw that residents' living areas had been personalised where

possible.

Residents had access to a large garden and to facilities for play which were age appropriate.

The provider had made provision for the matters as set out in Schedule 6 of the Regulations

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a good variety of wholesome and nutritious food which was in line with their individual preferences.

Mealtime support plans were available on residents files for those who required them.

Staff were knowledgeable regarding residents' mealtime care plans and preferences and were seen to offer food which was in line with these.

There was availability of wholesome fresh food in the centre which was stored hygienically.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented procedures and practices in line with the national standards for infection prevention and control in community services.

There were practices in place in relation to mitigating against the risk of COVID-19 and of other healthcare associated infections.

Staff spoken with were familiar with the provider's policies and procedures and were aware of how to find guidance on specific IPC risks.

Staff were knowledgeable regarding their roles and responsibilities in IPC.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire by providing suitable fire fighting and detection equipment.

There were adequate arrangements in place for the maintenance of fire equipment.

Residents had up-to-date personal evacuation plans on file. Staff spoken with were familiar with these plans and with the fire evacuation procedures.

There were automatic door closing mechanisms on most of the doors in the centre. However, one of these was found to not be functioning adequately on the day of inspection.

The fire containment mechanisms in the kitchen also required reviewed in light of the newly completed premises extension.

Fire drills were completed regularly, however improvements were required to the record keeping of simulated drills to ensure that sufficient information was recorded including the length of time taken to evacuate the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had a comprehensive assessment of need on file which had been updated annually.

The assessment of need was informed by the resident, their representatives, staff and relevant multidisciplinary professionals.

The assessment of need informed care plans which were found to be up-to-date and written in person-centred language.

A team of keyworkers ensured that the assessment of need and care plans were reviewed regularly and updated accordingly.

The designated centre was seen to be suitable to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a high number of restrictive practices in place in the designated centre however, there was evidence that these restrictive practices were required in line with residents' assessed needs. These were recorded locally and were regularly reviewed and monitored by the provider's rights committee. The inspector saw that restrictive practices were reduced or discontinued when no longer necessary.

Restrictive practices were notified to the Chief Inspector in line with the Regulations.

Residents' behaviour support plans were detailed and were written specifically for the designated centre.

They provided clear guidance on reactive and proactive strategies.

Staff were familiar with these support plans and were seen to implement them in their support of residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to protect residents from all forms of abuse.

The provider reported that staff had completed training in Children First and Safeguarding Vulnerable Adults and were up-to-date in this training.

There were no safeguarding concerns or safeguarding plans in place at the time of inspection. All residents had detailed support plans available on file for intimate care.

These were written in person-centred language and detailed residents' personal preferences in their care and the steps to be taken to support dignity and autonomy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Michael's House Ballygall OSV-0005706

Inspection ID: MON-0033236

Date of inspection: 08/06/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All MRT online training is now completed by all staff. In person training such as Fire Safety, Positive Behavior Support, Safe Administration of Medication and First Aid training scheduled from July 2022 to Dec 2022. An updated training audit is available to view on the unit.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The providers Residential Approval Team have now issued an accessible contract of care to the family of the new resident stating the terms and conditions of their residency. As per policy a 3 month review of this admission was carried out recently on the 06/07/22. Contract of care currently with parents. Will be signed off on at meeting on the 13/07/2022	
Regulation 13: General welfare and	Substantially Compliant

development	

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
A consultation meeting in relation to an appropriate Day Service placement for one of the residents was held on 22/06/22. Funding for this placement has been agreed and a transition pathway is being explored. The next actions have been agreed and a further meeting will be held on 18.07.22

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire door upstairs queried by Inspector regarding its closing has been reviewed by Rytech. Rytech did not find any issue with the fire mechanics of the door however they suggested it could be a carpentry issue. St. Michael's House maintenance subsequently resolved the issue on 07/07/2022.

The St. Michael's House Fire Officer has reviewed fire containment in the kitchen area focusing on the door joining the dining room and the kitchen. The outcome of which is fire door closures will be completed by 05/08/22.

All fire drills and fire walks will continue to be planned, operated and recorded as per St. Michael's House policy. These will be overseen by the house fire officer and reviewed by the PIC and Service Manager on a quarterly basis. These will be available to view in the unit safety file. Fire drill with all service users in situ scheduled for the 27.07.22.

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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	30/09/2022
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 development programme.	Substantially Compliant	Yellow	31/12/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall	Substantially Compliant	Yellow	13/07/2022

	reside in the designated centre.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	13/07/2022
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	13/07/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	05/08/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	27/07/2022