



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

Issued by the Chief Inspector

Name of designated centre:	Oropesa
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	19 February 2025
Centre ID:	OSV-0002987
Fieldwork ID:	MON-0037760

About the designated centre

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

This is a service providing full-time residential care and support to eight adult residents (both male and female) with disabilities in Co. Louth. The centre comprises of one detached two-story dwelling and two small bungalows, all in close proximity to each other. Each resident has their own bedroom, decorated to their individual style and preference. Communal facilities in each house include fully furnished kitchens cum dining rooms, sitting/TV rooms, laundry facilities, private garden areas and adequate parking facilities. Residents are supported to experience best possible health and have as required access to GP services and a range of other allied healthcare professional supports. Residents are also supported to use their local community and where required, transport is provided so as residents can access local shops, beauticians, shopping centres, pubs, cafés, hotels and trips further afield. The service supports some residents to attend day services however, some residents have retired and a range of in-house and community based activities based on residents' preferences are provided. There is a person in charge of the centre who is a qualified nurse and is supported in their role by a nurse manager. Staff are provided on a 24 hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 19 February 2025	10:00hrs to 18:45hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting residents, and from speaking to the person in charge and staff team, it was clear that residents were happy living in the centre, and were supported to be active participants in both their home lives and communities. How the centre was run from day to day, was based on the choices and decisions residents made, and every opportunity and communication resources were made available to residents to support decision-making processes.

The centre comprised of three units. Four residents lived in a dormer-style bungalow, within the town centre and four residents lived in two units in a housing complex, with two residents in each unit.

The inspector met all eight residents living in the centre, and spent time talking to five residents, who either told the inspector directly or were supported by staff, to talk about what it was like living in the centre, what they enjoyed doing, or to show the inspector their rooms.

The inspector visited the dormer-style bungalow in the morning of the inspection. On arrival to the centre, the inspector was met by a resident who showed the inspector around some of the centre.

The premises was spacious and homely, and each resident had their own room decorated in the way they preferred. For example, one resident requested transport wallpaper was used on their walls. The kitchen and dining area had recently been refurbished, and this had improved the space available, as well as the general décor of the area. There was lots of photos of residents on display in the centre, and residents kept photos of their families on display in their rooms.

While the inspector was not familiar with the communication preferences of one of the residents, the resident appeared relaxed in the company of staff, and was happy to help staff with checking their finances when asked. A staff member explained that residents check their finances with staff as part of the local procedure.

The inspector spent time meeting another resident, and they told the inspector they were happy living in the centre, they feel safe, and that the staff in the centre are very nice. The resident explained they go to a local day centre in the town three days a week, and they really enjoy this. The person in charge later pointed out a bodhran, that the resident plays with a music group in the day centre, and explained that the resident was a very talented musician.

Another resident spoke to the inspector with the help of the person in charge. The resident vocalised that they had really enjoyed a recent stay in the country for a few days, in particular seeing the farm animals in the adjoining property, and that they would have liked to have stayed longer. The resident pointed out some of the things they liked to do including weekly art classes, karaoke, weekly Special Olympics

training, as well as visiting his sibling in a nearby town.

The inspector visited the two units in the housing complex in the afternoon, with two residents in each unit. The inspector met two residents in one unit, and briefly met two residents in the second unit. Residents appeared very content in their homes, and staff had a good rapport with residents.

In one unit, a staff showed the inspector the communication system developed to support a resident with a hearing impairment. The resident was observed to use this system on an iPad, and staff showed the inspector the accessible personal plans, decision-making documents, as well as a memory book that had been uploaded to the device.

The inspector spoke to a resident on the evening of the inspection, and they said they were very happy living in the centre, and felt safe. They showed the inspector their bedroom, and later showed the inspector photos and art work they had completed. The previous year they resident had gone on holidays overseas, and said they really enjoyed this. They also showed the inspector some tattoos they had, and a range of paintings they had done, while attending an art class.

From speaking with staff, it was evident that they knew the residents well, and knew their individual personalities, as well as their support needs. Staff were observed to be respectful and kind when they were talking with residents, and had established good relationships with residents. Staff were committed to continually improving residents' experiences, and in particular to adapt their approach in response to the changing needs of residents, while ensuring residents were central in all decisions about their life.

It was important for residents to keep in contact with their friends and families, and they often visited their families or met with their friends in the community. For example, a resident regularly met a friend, with whom they had worked with for a number of years, and this was an important aspect of their social life. For other residents, they visited home, met their siblings, and also rang their loved ones.

The provider had sought the views of residents and their families as part of the annual review, and positive feedback had been received. Eight questionnaires were also completed by residents before the inspection, with the support of staff, and residents expressed they were happy living in the centre, and got on well with the people they lived with. Residents also expressed they were included in decisions they make about their home, they could see their visitors in private, and they choose what they wanted to do every day.

The next two sections of the report describe the governance and management arrangements and how these arrangements positively impacted on the quality and safety of care and support residents received in the centre.

Capacity and capability

This inspection was carried out to inform a decision on the renewal of registration of this centre, and took place over one day. All three units of the centre were visited as part of this inspection. The inspector found the provider had the arrangements and systems in place to comprehensively meet the needs of residents, and residents were supported to lead a meaningful life, by a skilled and knowledgeable team. There was a focus on ensuring residents' rights were protected, by supporting them to make their own decisions through all stages of their lives' journey.

The team comprised of the person in charge, a clinical nurse manager, nurses, social care workers and health-care assistants, and the team knew residents well, and described a range of supports in place. There were sufficient resources in place, and the provider responded to the changing needs of residents, including ongoing multidisciplinary reviews, environmental changes, providing staff training, and managing risks effectively.

There was ongoing review of the services provided, and where risks or issues arose, actions were taken to resolve these concerns. There was a culture of open communication with residents, listening to their wishes, as well as their concerns, and the person in charge had ensured all requests or concerns were followed up on.

Overall the inspector found this service was responsive and dynamic in meeting the unique individual needs of residents, while respecting their rights to live a life of their choosing.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre, and they were responsible for two other centres. A clinical nurse manager was employed in the centre, and supported the person in charge in their role, and the inspector found this arrangement was ensuring the effective management and administration of the centre. The person in charge was a registered nurse, and had the required management experience and qualifications for this role.

The person in charge facilitated the inspection, and they described the supports and care provided to residents to meet their identified and emerging needs. The person in charge attended the centre one to two times a week.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff provided in the centre, and staff had the skills and

knowledge to meet the identified needs of residents. The centre was staffed by a clinical nurse manager, staff nurses, social care workers and health-care assistants. In one unit there were two staff on duty during the day, and one staff in each of the other two units. At night there was one staff on duty in a waking capacity in each of the three units of the centre.

The inspector reviewed a sample of rosters for a four month period, and planned and actual rosters were available. Consistent staff were provided, and there were no current vacancies in the centre. This meant that residents were provided with continuity of care and support. Where vacancies arose due to planned or unplanned leave these were filled by regular relief staff. The inspector spoke with two staff members and they knew the residents well, and outlined supports in place to help residents with their communication needs, making choices, healthcare needs, as well as fire safety precautions.

Three staff files were reviewed on a separate date in February 2025, and all information as per schedule 2 of the regulations was available

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training, including refresher training, relevant to the needs and safety of residents in the centre. Staff were supported with continuous professional development.

The person in charge had monitored staff training requirements and a monthly report was submitted to senior management through a quality and safety statistics report. Staff had been provided with training in fire safety, managing challenging behaviour, and in adult safeguarding. Further training had included manual handling, basic life support, medicine management and administering emergency medicine, breakaway techniques, Children First, dementia, and seven modules in infection prevention and control (IPC). All staff had also completed training in assisted decision making and in human rights delivered by the provider.

The inspector reviewed staff training records, and most staff had up-to-date training completed. For those staff due refresher training, upcoming dates had been scheduled. The training provided meant that the staff had the skills and knowledge to safely meet the identified and emerging needs of residents.

The person in charge outlined that supervision meetings were scheduled with staff twice a year. A staff member told the inspector supervision meetings had been facilitated, as well as a performance development review meeting once a year.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place, which meant that residents received a safe and effective service, and the provider responded proactively to implement required improvements or changes identified through assessments, personal planning, reviews and audits.

There were sufficient resources in the centre, and the provider had identified where future resources with the premises facilities may be required, and was actively reviewing this need. Resources included a skilled staff team, staff training, suitable premises, transport, multidisciplinary team services, as well as a range of policies and procedures to guide practices in the centre.

There was a clearly defined management reporting system, and staff reported to the person in charge. A clinical nurse manager was also employed, and they took responsibility for the centre on the days the person in charge was not on duty. The person in charge reported to the person participating in management, and they met monthly to review the services provided to residents. The person in charge participating in management reported to the regional director, and onwards to the Chief Executive Officer. The service was governed by a board of management. A night superintendent was on-call at night.

The person in charge reported on monthly statistics to senior management regarding incidents, safeguarding incidents, positive behavioural support, complaints, staff training needs, fire safety, staff supervision and data breaches, which meant that management were kept informed of any emerging risks or trends in the centre.

High levels of compliance were found on this inspection, reflecting a service that had the systems in place to ensure the care and support provided to residents was safe and effective. For example, there was effective planning of care and support for residents. Residents were involved in all aspects of the decision-making process regarding their support, and this was enhanced by identifying and supporting residents' unique communication modes and preferences. Similarly, there were safe systems for the management of risk and responding to incidents, for safeguarding residents, and for fire safety, which meant that residents were protected in the centre.

There was ongoing monitoring of the service provided, and peer audits had been completed, as well as audits completed by the person in charge. The inspector reviewed a sample of finance, medicines management, hygiene, and personal planning audits, and all recommendations and actions identified following these audits were completed. The person in charge maintained a quality enhancement plan, and actions arising from audits or reviews were collated on this report. Some actions remained in progress, including some maintenance work to the floors of one unit, a review of a bathroom by an occupational therapist and repair of the covering of a chair. The person in charge confirmed the date for the occupational therapist

review following the inspection.

Six-monthly unannounced visits had been completed in August 2024 and in February 2025, and the inspector reviewed the actions from the most recent visit. Actions related mainly to previously mentioned maintenance requests, and a medical appointment for one resident was in progress.

An annual review of the quality and safety of care and support was completed for 2024, and the views of residents and their representatives had been sought as part of this review. Positive feedback was received from both residents and their families.

Staff meetings were held every month approximately, and a staff member told the inspector they could raise concerns with the person in charge or clinical nurse manager about the quality and safety of care and support provided to residents, and the management team were supportive.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre, and this document outlined the services and facilities in the centre, the specific care and support needs to be met, as well as the staffing arrangements and organisational structure. The statement of purpose had been reviewed recently.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a procedure for managing complaints, and residents' concerns were actively listened to and acted upon.

There was a procedure for managing complaints, and the person in charge was nominated as the complaints officer in the centre. There were three persons nominated in the service, to ensure all complaints were responded to and to keep records of complaints made.

The inspector reviewed records of complaints in one unit, and complaints had been investigated, and the complainants been informed of the outcome. Complaints procedures had been discussed during residents' meetings and residents had been informed of their right to make a complaint. Accessible information was on display in the centre on the area advocacy officer and their contact details.

Judgment: Compliant

Quality and safety

Residents were supported with their needs, and received good quality care and support, by a staff team who knew them well. As a result, residents were enjoying a varied and fulfilling lifestyle, in which their choices and decisions were listened to, thereby respecting and upholding their human rights.

Each of the residents' needs had been assessed by the staff team, their general practitioner, and by allied healthcare professionals. Personal plans included health, social, communication and personal care plans, and staff were knowledgeable on how to support residents in line with recommendations made. Residents were provided with the appropriate aids and equipment as recommended by healthcare professionals, and there was ongoing review of their needs and plans.

Residents made their own decisions about how they wanted to live their life, and this included developing goals, taking part in community activities and meeting up with friends or family. To support residents' decision-making, accessible information was provided, there were ongoing meetings with their keyworkers, and residents could access an assisted decision-making co-ordinator if needed.

There were safe and suitable arrangements in place for risk and incident management, safeguarding, fire safety, medicines management and infection prevention and control. The premises was well maintained, homely and comfortable, and suitable equipment was provided.

Regulation 10: Communication

Residents were supported to communicate in line with their needs and wishes, thereby enabling them to express their choices and feelings, to inform decisions.

Each of the residents had their communication needs assessed, and communication passports were in place for residents, which set out how they prefer to communicate, and how they express their thoughts, feelings and preferences. Where required, a speech and language therapist had completed assessments with two residents, and recommendations to support these residents to communicate were in place. These included, for example, using picture choice boards, using picture aids via an iPad, and accessible personal plans. Two residents were attending weekly training on using iPads. Staff were knowledgeable on residents' communication styles, and described the supports in place, for example, assistive technology and social stories, to help residents with communicating.

Significant efforts were made to support residents with end-of-life decisions, and included input from clinical nurse specialists, the speech and language therapist, and the assisted decision-making co-ordinator. This in turn supported residents with making informed choices, promoting memory skills, and maximising their communication.

Residents were provided with information in easy-to-read formats, for example, managing their money, local advocacy supports, equality and human rights, and a range of health interventions and supports.

Judgment: Compliant

Regulation 11: Visits

There was an open visiting policy, and a record of visitors who came to the centre was maintained. There were no restrictions on visitors, except in the circumstance of public health advice.

In one unit residents could have private space in either of the two sitting rooms to receive visitors. In the two other units, a private space was available in the housing complex, for residents to meet their visitors in private if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their needs and wishes.

Residents had identified their preferences of social and recreational goals, and had met with their keyworkers to plan how they would achieve these. Goals included for example, going on holiday, afternoon tea with family, a trip to a football stadium overseas, organising birthday celebrations, or going to shows. One resident had arranged a party to celebrate World Down's Syndrome Day the previous year. There was ongoing review of the progress of goals, with new goals developed, once previous goals were achieved.

One resident attended a community day service three days a week, and another resident had retired the previous year, and was waiting to join the local community day centre. Most residents were supported by staff to do their preferred activities including attending art classes, dance classes, special olympics training, walks, drives, shopping, going out for meals, and going to mass and two residents went to iPad training once a week.

Residents were supported to keep in contact with their families, and their friends, and met up either in the centre, or in the community. Families were kept informed of their loved ones' wellbeing.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained, and laid out to meet the individual and collective needs of residents.

The centre consisted of three units, two two-bedroom units and one four-bedroom dormer bungalow. Each of the residents had their own bedrooms, and these were decorated in the way residents preferred. Residents had plenty of storage in their rooms for their clothes and personal possessions, and also had televisions in their rooms.

In the four-bedroom house, the kitchen and dining room had recently been refurbished, and the space was now bright and welcoming with sufficient facilities for cooking, food storage, as well as laundry facilities. This house also had two sitting rooms, a large accessible bathroom, and a second bathroom on the first floor. Suitable aids were provided for residents to support their mobility for example, a ramp to the front of the property, handrails, and a shower chair.

The remaining two units each had a kitchen dining room, with an adjoining sitting room. There was a patio outside each of the units, where residents enjoyed spending time when the weather was good. Each unit had a bathroom, and suitable visual and mobility aids were available. There was suitable laundry facilities in these units, and all units had suitable light, heating, and ventilation, as well as appropriate waste disposal services.

The centre was observed to be clean and well maintained throughout. The person in charge informed the inspector that planned maintenance works were to be completed in the bathroom of one unit due to the changing needs of residents, and in the long-term, alternative accommodation was being considered.

Overall the inspector found the premises were homely and welcoming, and suitable for the current needs of residents, and the provider was actively planning for the anticipated changing needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective risk management practices in the centre that ensured proportionate controls were in place to keep residents safe, while also recognising residents' needs for positive risk taking.

Risks in the centre had been assessed, and were based on known risks, as well as emerging risks identified through incident reports. The person in charge maintained a risk register, and there was ongoing review of risks in the centre. Risk management plans detailed the control measures to minimise injury or adverse effects to residents, and the inspector reviewed control measures related to four medium-rated risks, and two low-rated risks. Control measures were found to be implemented, and staff were knowledgeable on these measures. These included, for example, 24 hour staffing in all units, specific guidelines to support a resident with sensory impairments to evacuate the centre, providing new orthotic footwear, supervision at mealtimes, and providing meals in line with dysphagia guidelines.

Incidents were recorded by staff, and subsequently reviewed by the person in charge, and referrals had been made to the relevant allied healthcare professionals for further assessments. For example, a resident had experienced a number of falls, and a falls-risk assessment had identified there was a high risk of falls for this resident. A physiotherapist had reviewed the resident, in line with the service policy regarding falls risk assessments. While control measures were implemented, interventions included the importance of recognising the resident's preference and right to mobilise independently around their home, while reducing possible noise triggers.

Judgment: Compliant

Regulation 27: Protection against infection

Satisfactory arrangements were in place for infection prevention and control (IPC).

Overall the centre was clean and well maintained throughout. There were suitable hand washing and hand-sanitising facilities including hand sanitizers located throughout the premises. An easy-to-read hand washing guide was observed in a resident's bathroom, as well as a social story on hand hygiene in a resident's accessible plan.

There were suitable food preparation facilities, and food storage areas were observed to be clean and well organised. Colour-coded chopping boards were available.

Residents' needs had been assessed and there were personal plans in place to guide practice in the event a resident contracted COVID-19 or a respiratory illness. Residents had been provided with the opportunity to avail of vaccinations, for example, a COVID-19 vaccination programme.

Judgment: Compliant

Regulation 28: Fire precautions

There were satisfactory arrangements in place for fire safety. The inspector reviewed fire safety precautions in two units.

The premises were fitted with emergency lighting, fire alarms, fire extinguishers, and fire doors with self-closing devices were installed throughout the centre. Fire exits were clearly marked, and all exits were observed to be free from obstruction on the day of inspection.

Residents' needs had been assessed and personal emergency evacuation plans (PEEP) had been developed to guide staff in how to support residents to evacuate the centre safely. A staff member described the support residents in one unit required in line with the details in PEEPs. In another unit, a PEEP had recently been reviewed and updated due to the changing needs of a resident. A staff member in this unit described the specific support the resident needed.

The inspector reviewed records of drills in one unit that had included a night time evacuation drill. All residents had been supported to evacuate during drills in a safe and timely way.

Staff completed weekly and monthly fire safety checks of emergency lighting, manual call points, smoke detectors and fire extinguishers, and all records for 2025 were observed to be complete. All fire equipment was serviced within the required time frames.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector followed up on an action from the previous inspection, and observed administration and prescription records were complete in the two residents' medicine management files reviewed.

Residents had also been assessed as to their preference and capacity to self-administer medicines, and regular medicine reviews had been completed with the GP.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were identified through a multidisciplinary approach, and residents were supported through a right-based model of care and support.

The inspector talked to two staff members and the person in charge, and reviewed four residents' files. Residents' needs had been assessed by the staff team and health care professionals, and personal plans clearly set out the care and support to be provided to residents to meet these needs. Plans included support around residents' health, social, personal, communication and emotional needs. The inspector discussed residents' supports with staff and the person in charge, and observed plans were implemented, for example, providing specialised footwear and equipment for drinking, assisting residents with mobilising, and a range of social events, for which photo records were also kept.

There was an annual meeting to review residents' assessments and personal plans, and residents attended along with their own choice of attendees. Where residents presented with changing or emerging needs, multidisciplinary reviews were completed, and support plans developed or updated, to reflect new recommendations. There was also as ongoing reviews between residents and their keyworkers about their personal goals.

Residents had their plans developed into accessible format, and residents kept their personal plans either in their room, or plans were loaded onto personal electronic devices.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were comprehensively met through timely access to healthcare supports and services, and residents were supported to enjoy the best possible health.

Residents could access the services of their GP in the community, and residents had been reviewed within the past year by their GP. Residents also accessed a range of healthcare professionals, for example, a speech and language therapist, a physiotherapist, a dietician, a chiropodist, and an optician. As mentioned, residents' healthcare needs had been assessed by the relevant professionals, and timely reviews were completed as residents' needs changed. There was ongoing monitoring of residents' healthcare needs by staff in the centre, for example, skin integrity monitoring, blood pressure recordings, and sleep monitoring, and blood tests had been completed as required. Where further tests were recommended or due, these had also been completed.

Residents had been provided with accessible information about their healthcare needs and supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and could access the support of a clinical nurse specialist in behaviour, and a psychiatrist.

Where required, behaviour support plans were developed and implemented, and reviews of plans had been facilitated by the clinical nurse specialist, as needs changed, or as risk emerged. The inspector reviewed two behaviour support plans, and plans outlined the behaviours of concern, the communicative function of behaviours, as well as proactive and reactive strategies to support residents. A staff member outlined the supports for a resident, including providing a structured and calm routine, and ensuring familiar staff work in the centre.

All staff had been provided with training in positive behavioural support and in therapeutic techniques. There were no restrictive practices in use in the centre.

Judgment: Compliant

Regulation 8: Protection

There were policies in place and procedures implemented to protect residents living in the centre.

The Chief Inspector of Social Services had been notified of a number of alleged safeguarding incidents since the last inspection in October 2023. The inspector reviewed safeguarding measures as well as the actions the provider had reported on. Safeguarding measures had been implemented as per safeguarding plans and included, additional room signage in a unit, providing support to a resident at night time on waking, revising a social story regarding safeguarding with a resident, and providing new orthotic footwear. In addition, where referrals to a behaviour support specialist had been recommended, this was completed, and a behaviour support plan had been developed.

Staff had been provided with training in safeguarding and children first. A staff member showed the inspector the social story discussed with a resident, and described the actions to take in response to a safeguarding concern arising.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured the centre was operated in a way that protected residents' rights and respected their preferences of how they wished to live their lives.

Residents were involved in decisions about their care and support, and residents' consent had been sought for these decisions. For example, residents were provided with accessible information about their healthcare needs and supports, and kept this information in their accessible plan in their own room. For each support plan, residents' needs in terms of how they consent, how they make decisions, and their will and preference had been identified. For example, using a thumbs up gesture to consent to support, learning about decisions using social stories, communicating in a calm environment, and a preference to be informed and educated in decisions about their healthcare.

There was an assisted decision making co-ordinator employed in the service, and residents were provided with accessible information on their rights and about advocacy. The co-ordinator was also supporting some residents with more long-term life decisions, and had provided a resident with visual choice paths on their iPad regarding end-of-life decisions and care.

Residents chose the way they wanted to spend their day, and a resident told the inspector they chat about their upcoming plans for the week, at the weekly residents' meetings. Residents took part in a range of community activities and activities in the centre. Some residents did prefer to spend time alone in their room, or preferred not to engage with visitors to the centre, and these choices were respected.

The privacy and dignity of residents was respected through practices in the centre, including for example, ensuring personal information was secure, assessing and providing support with their intimate care needs as per their preferences, and providing individual bedrooms for residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant