



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

Issued by the Chief Inspector

Name of designated centre:	The Ferns
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	12 March 2025
Centre ID:	OSV-0002989
Fieldwork ID:	MON-0037835

About the designated centre

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

This is a community based service comprising of two detached houses in close proximity to each other in Co. Louth. It provides residential care and support to ten adults with disabilities (both male and female). Both houses are in close proximity to a number of nearby towns and villages however, transport is provided to residents for social outings, day trips and holidays. Each house has a fully equipped kitchen/dining area, a utility facility, a sitting room/TV room, spacious bathrooms and each resident has their own private bedroom, some with an en-suite facility. The staff team consists of a person in charge, and a team of trained healthcare assistants and social care professionals. The service operates in consultation with each resident and both houses are staffed on a 24/7 basis so as to ensure their assessed needs are provided for. Systems are in place so as to ensure the residents' healthcare needs are comprehensively provided for to include as required access to GP services and range of other allied healthcare professional services. Residents are also supported to use local amenities such as pubs, restaurants, cafes, shops, shopping centres, hairdressers/beauticians and barbers. Some residents are also employed in a number of local businesses and attend local clubs on a weekly basis. Residents are empowered to make their own decisions in this service (with support where required) and it operates in a culture of person centeredness.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 12 March 2025	10:10hrs to 18:40hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From speaking with residents, staff, and the person in charge, and from spending time with residents, it was evident that residents had engaging and fulfilling lives. Residents' varied and individualised interests were supported by a skilled staff team who knew the residents well, and promoted their right to live their lives as they wished.

There were two units in the centre, one in a main town centre, and one in a nearby village. The centre could accommodate 10 residents, and there were five residents living in each of the units on the day of the inspection.

The inspector visited the first unit on the morning of the inspection, and residents were getting ready to go out, one resident in particular had a number of things they wanted to get done in the morning, including shopping, going for coffee, and costing a trip to London.

The inspector met with another resident, and they said they loved living in the centre, and the 'staff were great'. They said they felt safe in the centre, that staff listened to any concerns they had, and the staff helped them with any needs or goals they would like to achieve. For example, the resident told the inspector they had raised a complaint about the heating, and it had been fixed. The resident also said they spend their own money and liked to do their own food shopping for specific items. Another resident told the inspector about the local bank they went to, to withdraw money, and that they made their own choices on how to spend their money.

Residents in this unit attended day services on a part-time or full-time basis, and on their days off were free to choose how they wanted to spend their time. Some residents went to the Arch club once a week, while another resident preferred not to go to the club, and instead went to the pub and played pool.

In the afternoon, the inspector met five residents from the second unit. One resident was at work, and two residents had just returned from their day service. One resident was retired, and staff supported this resident with community activities. This resident, with the support of staff, told the inspector about how they enjoyed weekly visits from their family, and liked to have tea and cakes or biscuits with their family when they visited. The resident also told the inspector they had wanted to move their bedroom downstairs, and a fellow resident had kindly swapped. The staff explained that both residents were very happy with this move, and had chosen how their rooms were laid out and decorated.

The inspector spent time with the resident who had moved to a bedroom upstairs, and they showed the inspector the work they had done in redecorating their room. This included picking paint colours, revamping a chest of drawers, and hanging pictures and photos, and the resident said they preferred this new room. It was

important for this resident to know what was happening each day, and they showed the inspector their picture schedule indicating their plans for the week. For example, the resident pointed out they attended a local hub day service two days a week, worked in a pharmacy one day a week, went to aqua aerobics, swimming, the Arch club, and they went out for coffee during the week, and at weekends they went home to visit their family. They also told the inspector about their goals and future plans and they were pursuing a goal to get a second job in a hairdresser this year.

The inspector was shown around both premises by the person in charge and residents living in the centre, and all areas of the centre were clean, well maintained, and were comfortable and homely. There were plans for further maintenance works in a bathroom, a kitchen, and painting in one unit to be completed, and this is discussed further later in the report. Each resident had their own bedroom, and these were decorated in the style they preferred.

Staff were observed at all times to be respectful, and actively listen to, and respond both kindly and sensitively to residents. There was a relaxed and positive atmosphere in the centre, and socialising between residents, visitors and staff was a key feature in the centre. Visitors were welcomed to the centre, and the inspector observed that staff were kind and engaging in an interaction with a family member. Residents' relationships with their families, partners and friends were supported through visits in the centre, visits home, meeting friends for meals or coffees, going on holidays and through clubs.

Overall the inspector found this centre was led by residents' decisions and choices, and staff helped residents to fulfil these choices in a positive and supportive way.

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

Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of this centre, to accommodate 10 residents, and a full application was received. High levels of compliance were found on this inspection reflecting a service providing person centred, rights-based care and support.

The provider had systems and resources in place to ensure residents were receiving a good standard of care and support. There was a focus on ensuring the specific interests of residents were supported and pursued, as well as ensuring they received support in the manner that they preferred.

There were sufficient resources in the centre, for example, well maintained premises, sufficient staff numbers, individualised equipment, transport, and a range of allied healthcare supports. Staff had been provided with mandatory and additional

training, and the staff team were knowledgeable and skilled, in how best to meet the needs of residents.

The person in charge worked directly with staff in the centre, and therefore provided day-to-day supervision. The services in the centre were monitored on an ongoing basis through team and management reviews, auditing processes, and provider reviews, and issues were responded to appropriately.

Residents were encouraged to raise issues affecting them, and knew who to speak with if they had any concerns. Complaints had been appropriately responded to.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there were sufficient numbers of staff employed, and staff had the skills and knowledge to meet the needs of residents.

The staff team comprised of the person in charge, nurses, social care workers, and health care assistants, and the staffing arrangements were in line with the details in the statement of purpose. There were two staff on duty during the day in both units, and one staff in a waking capacity for each unit. The inspector reviewed a sample of rosters for a four month period, and consistent staff had been provided. Where staff were on leave, regular relief staff were provided from a service on-call relief panel of staff. Consistent staff had been provided meaning that residents were provided with continuity of care and support.

Staff files had been reviewed at a previous date in February 2025 and most required documentation was available in staff records. The inspector followed up on one staff file on the day of inspection, and the outstanding records were available on that day. This meant that the provider had effective recruitment procedures in place including obtaining required documentation in respect of staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with the required training, meaning they had the knowledge and competencies to provide safe and effective services, based on residents' needs and wishes.

The provider had outlined in their statement of purpose the training staff required in the centre including fire safety, managing behaviours of concern, safeguarding, basic life support, safe administration of medicines, dysphagia and a range of infection prevention and control (IPC) training. The inspector reviewed staff training records and all staff had completed mandatory training as outlined by the provider. Staff had also been provided with training in the administration of rescue medicines crisis prevention, assisted decision-making, and human rights training that had been delivered by the assisted decision-making coordinator.

The person in charge outlined the arrangements for supervision of staff including two supervision meetings, as well as an annual performance development review meeting for each staff member. Supervision records were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance and an up-to-date certificate had been submitted to the Chief Inspector as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that resources and management systems were in place to support a person-centred rights based model of care, meaning residents were supported with their needs and wants in the way they preferred. There was ongoing monitoring of the services and facilities provided in the centre, and actions had been taken to address issues identified through reviews, complaints and audit processes.

There was a clearly defined management structure and staff reported to the person in charge. One staff was identified as a shift lead daily on the roster. In the evenings, at weekends, and at night, an on-call management service was provided. The person in charge reported to the director of nursing care and support, who was also nominated as a person participating in management. The director of nursing care and support reported to the regional director and onwards to the Chief

Executive Officer.

The person in charge was responsible for this centre only, and directly supervised the care and support provided to residents. A staff member told the inspector they had very good support from the person in charge.

There was appropriate resources in the centre, and included for example; sufficient staffing, staff training, assistive equipment, and suitable premises. Where heating issues had been identified in one premises, this had been rectified, and a plan to renovate the kitchen of the second unit were in progress on the day of inspection.

The management systems were ensuring the service provided was safe and effective for residents. This included identifying and managing risks in the centre, responding to adverse incidents, effective and timely personal planning processes, and safe practices relating to medicines management, fire safety, and IPC.

There was an annual review of the quality and safety of care and support completed in March 2025 for 2024. The views of residents and their families were sought as part of this review, and positive feedback was received. This review considered how residents participated in the running of the centre, trends of incidents, risks, complaints and compliments, and safeguarding concerns. The review also acknowledged the achievements of residents during the year, as well as their plans for the upcoming year.

Six monthly unannounced visits had been completed in May and November 2024, and the inspector reviewed actions from the most recent review. Some actions were completed including documentation of goals in personal plans, and actions relating to upgrade of a fire door, and plans for the refurbishment of a kitchen were in progress on the day of inspection. The person in charge informed the inspector these works were due to go out to tender in the coming weeks, and the inspector observed architect drawings were complete and there was ongoing engagement with the funder.

The person in charge maintained a quality enhancement plan, and outcomes from audits and reviews were documented on this. Ongoing actions related to maintenance works included, the completion of internal painting in one unit following the heating system upgrade, and this was observed to be in progress on the day of inspection. The inspector reviewed a sample of scheduled audits completed including fire safety, medicine management and hygiene audits, and some minor documentary and cleaning issues were identified, and actions found to be completed.

Staff meetings were held every six weeks and included a review of residents' needs and support plans, safeguarding, reviewing incidents and trends, human rights and assisted decision-making, the quality enhancement plan and maintenance requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre, and the statement of purpose had recently been reviewed. The statement of purpose was reflective of the facilities and services observed to be provided in the centre, for example, the arrangements for, staffing, review of residents' personal plans, and the organisational structure of the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a procedure for the management of complaints, and where residents had voiced their concerns, actions had been taken resolve this issue.

The person in charge was the nominated complaints officer, and the service had nominated three accountable persons, to ensure complaints were appropriately responded to, and to maintain complaints records.

Residents in one unit had made a complaint regarding the heating in their home last year. Since that time the heating system had been replaced, with the complainants satisfied with the outcome. One resident told the inspector about this complaint and said they were happy this issue had been sorted out.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, employing a rights-based model of support, and this meant that residents lived a life of their choosing, and were central in decisions about the support they received, and their future plans.

Residents had their health, social, communication and personal needs assessed by the staff team and the relevant healthcare professionals, where required, and in conjunction with each resident, plans were implemented to meet identified needs. There was ongoing consultation with residents about their day-to-day plans, as well as their goals and aspirations, and the outcome of these consultations were the foundations of how the centre was organised on a daily basis.

Residents enjoyed a variety of leisure and occupational activities, and were active members of their local community.

Both premises of this centre were well maintained, and there were ongoing works in progress and planned for 2025, to upgrade aspects of the centre. There were safe procedures for the protection of residents, medicines management, fire safety and risk management.

Regulation 10: Communication

Residents were supported to communicate in the way they preferred, and their communication needs were assessed and the identified supports implemented.

Residents' communication needs had been assessed by the staff team, and where additional assessments were needed, these had been completed by a speech and language therapist. Communication passports were available in personal plans, and these passports outlined how residents prefer to communicate, how residents express emotions, as well as outlining residents understanding or receptive language skills. Speech and language therapy recommendations also outlined how best to support some residents, in particular with non-verbal modes of communication including, using objects of reference, photo books, and visual schedules, and most were found to be implemented. The person in charge explained one resident was due to commence using of objects of reference.

The inspector observed that easy-to-read documents, visual schedules, and social stories were used to help residents understand policies and procedures, their plans for the day, choices in activities and meals, and new developments in the service, for example, assisted decision-making.

The inspector observed that staff communicated with residents in the way they preferred, and there was flow of communication between residents and staff. The communication systems meant that residents were facilitated to make choices, talk about how their day was going, and make decisions for their future.

Residents had their own phones, and could also use the house phone if they wanted to. Some residents used iPads, and all residents had access to media such a radio, television and the internet.

Judgment: Compliant

Regulation 13: General welfare and development

Appropriate care and support was provided to residents, and residents enjoyed a lifestyle that promoted social and occupational opportunities, in accordance with

their wishes.

Most residents attended day services, and some residents also had jobs in the community. One resident worked three days a week, and another residents had a job one day a week, and was pursuing a goal to also to work in a hairdresser. One resident was retired, and when residents were not attending day services they were supported by staff in the centre, to plan their days, and do the activities they preferred. For example, one resident was supported by staff to tell the inspector about weekly family visits they received, as well as visiting a family member in a nearby town. On the day of inspection, three residents were at home in one unit, and a resident told the inspector they had gone shopping with other residents for a new watch, and to get samples of wallpaper for their room, and to get coffee out. This resident was also planning a holiday in London later in the year, and had priced the trip in the local travel agents earlier in the day.

Days were planned around the individual interests of residents. For example, a resident told the inspector they help out in the local chapel once a week, and they enjoy weekly mindful movement sessions in the local centre, and going swimming one evening a week. The resident talked about some of the activities they do in day services, and had recently started pottery classes in conjunction with the local education and training board, and was looking forward to taking part in a drama production later in the year. Another resident said they preferred not go to an evening social club, and instead, likes to go and play pool in the local pub.

Residents were supported to visit their families as they wished, and families regularly visited the centre.

Judgment: Compliant

Regulation 17: Premises

The premises were clean and overall well maintained. There was ongoing maintenance of the premises, as required, and works in both premises were progressing as planned.

Maintenance work had been completed in one unit over the past few months, and the heating system had been replaced. As a result, some painting work was required to be completed, and on the day of inspection, this work was being priced for tender submissions. In the second unit, there was a plan to refurbish the kitchen and utility room, and the person in charge showed the inspector the plans for this remodelling, and said works were due to be completed in 2025. Some planned upgrades to fire doors were to be completed, within this time frame. An assessment by an occupational therapist had been completed on a bathroom for one resident, and funding had been requested from the local council to pay for these required renovations.

The inspector was shown around the premises by the person in charge, as well as

some residents showing the inspector their individual rooms. All residents had their own rooms, and these were spacious, well maintained and had plenty of storage for residents personal items. Most residents had their own ensuite bathrooms, and there were separate bathrooms available in the upstairs of both units, for residents' use. Where needed, aids and appliances were provided, for example, handrails, a comfort chair, shower chairs, and ramps.

In one unit there was large kitchen dining room, with adjoining sitting area. This unit had a separate utility room, as well as a comfortable sittingroom. In the second unit, there was a small kitchen area, with a larger dining area, and as mentioned, the provider had identified the need to upgrade this room, along with the adjoining utility room. This unit also had a large sittingroom, and a comfortable conservatory. Both units had back gardens; however the person in charge said residents in one unit tended not to use the back garden, but preferred to spend time on the nearby seafront.

There were suitable arrangements for general waste disposal, and for residents to launder their own clothes if they so wished.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available in an accessible format for each unit of the centre. The residents' guide included all the required information, for example, the services and facilities provided, the arrangements for residents to be involved in the running of the centre, and how residents can access inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were supported to take positive risks, while taking reasonable measures to ensure their safety. As a result, the safety and quality of life of residents was promoted through proportionate risk assessment, reporting and learning from incidents, as well as implementing service policies and procedures.

There was a local risk management policy and standard operating procedures that had been reviewed in February 2025, and these included the assessment and management of the risks of self-harm, accidental injury to residents, visitors or staff, unexpected absence of a resident, and aggression and violence.

The person in charge maintained a risk register, and this outlined the identified risks in the centre, as well as the control measures to reduce the risk of harm. Moderate

risks were identified related to falls, and the inspector reviewed samples of control measures and found these were implemented. These included providing orthotic footwear, maintaining clear floor surfaces, wearing glasses, ensuring a resident charged their phone before leaving the centre, and providing an easy-to-read information on getting up from a fall. Control measures were observed to be implemented for other identified needs, including providing a modified texture of food as per speech and language recommendations, providing staff training in basic life support, and the person in charge outlined the response plan for a resident in the event of a specific medical emergency.

The person in charge outlined the procedure for incident management and the inspector reviewed records of incidents since the last inspection in January 2024.

Some minor safeguarding incidents had occurred and these are discussed under regulation 8. Where a resident had experienced falls, an up-to-date risk management plan was in place, and implemented. More recently, a serious incident had occurred involving a staff member, and the clinical incident had been reviewed with a clinical nurse specialist, and a change of practice recommended in the future.

The person in charge reviewed all incidents on an online system, and monthly statistics were reviewed by senior management, as well as reviewing all incidents, and learning from those incidents were discussed at staff meetings.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable arrangements were in place for IPC, and these procedures had been applied during an outbreak of an infectious disease in the centre.

The person in charge had reported one incident of an outbreak of COVID-19 in 2024, and the person in charge outlined how residents were supported to self-isolate in the centre during this period. The contingency plan was implemented, and a review was completed post-outbreak, to ascertain the effectiveness of the contingency plan, which was found to have worked well.

There was ample supply of personal protective equipment (PPE) in the centre including disposable gloves and masks, and extra supplies were available from a central store in the event enhanced PPE was required. PPE was satisfactorily stored in the centre.

There were suitable arrangements for the disposal of waste, and pedal bins were observed throughout the centre. Colour-coded mops were provided and were hygienically stored. Suitable handwashing facilities were available, for example, hand soap and disposable towels at sinks, and wall-mounted hand sanitiser at various locations throughout the centre.

Residents' needs had been assessed, and there were plans of care developed in the event residents contracted COVID-19 or a respiratory illness. Residents had been provided with the opportunity to avail of COVID-19 booster vaccinations and annual flu vaccinations.

The centre was clean and well maintained throughout, and the areas for food storage and food preparation were observed to be clean and well organised.

Staff had been provided with a range of IPC training including:

- PPE
- Hand Hygiene
- Respiratory hygiene and cough etiquette
- Basics of IPC
- Standard and transmission – based precautions
- Managing blood and body substance spills
- Routine management of the physical environment
- Outbreak – prevention and management.

The IPC systems in the centre meant that the team had the knowledge, equipment, and procedures in place to prevent the spread of infection, and to manage an outbreak in the event this should occur, thereby protecting residents.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the specific arrangements for one resident to evacuate the centre due to an identified risk, and some other aspects of fire safety in both units.

The inspector observed that both units were fitted with self-closing fire doors throughout, and all exits were observed to be clear. A fire evacuation plan was available and observed in one unit, and both units were fitted with emergency lighting, fire extinguishers, a fire alarm and panel, and fire blankets.

The inspector reviewed fire drill records for one unit in 2024, and all residents had been supported to evacuate during the day in a timely and safe way. Where a known issue at night time had arisen, the needs and risks for this resident had been assessed, and additional control measures were in place, to help safely evacuate the resident if they declined to do so. Contact had been made with the local fire service also, and they were aware of the risk, and the location for evacuation of this resident was clearly marked for the fire service.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable arrangements in place for medicines management, and residents had been assessed as to their preference and capacity to self-medicate.

The inspector met a resident in the afternoon who told the inspector that, following a skills training programme and the support of staff, they had recently resumed self-medicating. The resident showed the inspector where they kept their medicines, and the medicines they took in the morning.

The inspector reviewed two other residents' medicines management files, and residents' wishes and their capacity to self-medicate had been assessed. Residents were encouraged to take responsibility for their medicines if they wished, and visited the local pharmacy to collect their medicines, or, for example, locked their medicines away on return from day services. Residents had been given information on their medicines in easy-to-read documents.

As mentioned, medicines were supplied by a local pharmacist, and were stored in locked individual presses in the centre. Most medicines were supplied in monitored dosage systems, and all storage presses were observed to be clean and well organised. Medicines were documented as reviewed by the prescriber and regular reviews had been completed. Stock records were maintained of all medicines received into the centre, and well as weekly stock records of regular and PRN (as needed) medicines, and medicines sent home with families.

The inspector reviewed prescription and administration records for two residents and all records related to regular medicines were observed to be complete. While PRN prescription records stated the maximum dosage in 24 hours, and accompanying protocols stated the circumstances for use of these medicines, one protocol relating to rescue medicine had not been signed by a registered prescriber. This was pointed out to the person in charge, and this issue was rectified by the end of the inspection.

There were suitable arrangements in place for the disposal of medicines, to be returned to the dispensing pharmacy.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing was promoted by providing accessible information on their health care needs and plans, timely access to health care supports, and ongoing monitoring of their health care needs. As a result, residents were making decisions about their own health, and were empowered to take responsibility for

their health.

Each of the residents attended their own general practitioner (GP) in the community, and regular reviews with their GP were completed. Residents also attended a range of healthcare professional including a physiotherapist, a psychiatrist, a dietician, a speech and language therapist, and hospital consultants, and recommendations arising from healthcare reviews were integrated into health care plans. The inspector reviewed healthcare plans for three residents, and these sufficiently guided practice. Recommended interventions were found to be implemented, for example, residents had attended national screening programmes, prescribed medicines were administered, and monitoring interventions such as blood tests, electrocardiogram and dexoscans were completed.

Residents had accessible personal plans, and easy-to-read documents on their healthcare needs and medicines were available in plans. A resident had attended a programme on women's health with the clinical nurse specialist, and was planning on repeating this programme in the near future.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and where incidents had occurred these had been managed and reported appropriately.

The person in charge had submitted five notifications to the Office of the Chief Inspector since the last inspection, reporting safeguarding concerns, all of which related to minor conflict issues. Incidents reported to the person in charge, had been investigated. Timely and appropriate actions were taken at the time to reduce any potential risks, and to resolve issues, so as to protect residents. Incidents had also been reported to the designated officer and the safeguarding and protection team.

From a review of all incidents in the centre, the inspector found there were no ongoing safeguarding issues in the centre. Three residents told the inspector they felt safe in the centre, and they could talk to the staff or the person in charge if they had any concerns.

There was a policy on safeguarding, and accessible information on display on the designated officer.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to fulfil their choices and to take positive risks, which meant that their day to day life, and their future plans were based on their wishes and aspirations.

Residents' preferences had been identified through personal planning, and by ongoing engagement on a day-to-day basis, for example, on how they wanted to spend their day, the people they wanted to spend time with, as well as putting plans in place for future events such as holidays, or saving for special occasions. It was evident that residents made their own decisions, for example, a resident told the inspector they spent their money as they wished and it was their own decision.

There were guides in all personal plans on how residents consent to support, how best to support residents with decision-making, and assessments of their will and preference, and these guides were individualised to each resident and each support need. The inspector observed these practices were implemented, for example, a resident told staff what their plans for the morning were, and staff offered to support the resident where needed. Another resident with the support of staff told the inspector about how they had identified a person to help them with healthcare decisions in the future.

Residents were well informed of their rights, and there was ongoing engagement with residents about these rights, as well as assisted decision-making. There was an assistant decision-making co-ordinator appointed in the service, who provided monthly information on rights, for example, the right to vote, to be listened to, and to access their own money, and these topics were discussed at residents' meetings. Residents were supported to take positive risks, for example, travelling independently, community employment, and personal relationships, and where specific risks had been identified, the team supported resident to take reasonable precautions for their safety.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	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 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant