



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

Issued by the Chief Inspector

Name of designated centre:	Ardeen Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	27 February 2025
Centre ID:	OSV-0003456
Fieldwork ID:	MON-0042138

About the designated centre

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

The designated centre comprises of fifteen self-contained bungalows, each have a sitting room, kitchen, bathroom and bedroom. Two of the bungalows have two bedrooms. There is a three bedroom bungalow which has three large en-suite bedrooms and provides respite service. There is accommodation for a maximum of 22 residents, and the provider describes the service as being offered to people who have a physical disability or neurological condition, and sometimes secondary disabilities which could include a learning disability, mental health difficulties or medical complications like diabetes. Ardeen Cheshire staff aim to support people in different areas of their lives including assistance with personal care and grooming, health support, social supports and liaising with relevant health professionals. Support offered may also include assistance with activities such as home maintenance, preparation and eating of meals, assisting with cleaning duties and grocery shopping, and the paying of bills. The centre employs one full-time person in charge, a CMN2, staff nurses, social care workers, care support staff, catering, housekeeping/cleaning, drivers, laundry and maintenance staff including a community employment (CE) supervisor and CE participants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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
Thursday 27 February 2025	10:20hrs to 16:40hrs	Kieran McCullagh	Lead
Thursday 27 February 2025	10:20hrs to 16:40hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the centre. The inspection focused on how residents were being safeguarded in the centre. From what residents told us and what inspectors observed, it was evident that residents living in this centre were treated with dignity and respect and that they were empowered to make decisions about their own lives. The inspection had positive findings, with high levels of compliance across all regulations inspected.

Inspectors used observations of care and support, conversations with key stakeholders and a review of documentation to inform judgments on the quality and safety of care.

The inspection was completed over the course of one day by two inspectors and facilitated by the person in charge for the duration of the inspection. The person in charge spoke about the high standard of care that all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. They spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

The designated centre is comprised of one large building and 15 bungalows located on the provider's campus in a picturesque village in Wicklow. The centre was home to 14 residents, all of whom had high support needs and required nursing inputs in respect of their assessed needs. The centre provides full-time support to adults with primarily physical disabilities and/or neurological conditions 24 hours per day seven days per week. In addition, a respite service is also provided on campus for a maximum of three individuals. The person in charge informed inspectors that the respite service closed in the last quarter of 2024 due to staffing issues. The provider has since submitted a business proposal to their funder for additional staffing and plans are in place to reopen the respite service in the coming months.

Inspectors carried out a walk around of the designated centre in the presence of the person in charge. Each resident had their own accommodation which included a bedroom, a living space, a kitchen and a bathroom. Each bungalow had its own front door. One resident told inspectors 'I think its wonderful here, I get to live by myself and I have company when I want it so I am not alone'. There were two shared bathrooms and six toilets in the main building. There was also a large dining room, a dayroom, a laundry facility, a large kitchen, and office spaces. The second floor of the main building was the living area for European volunteers if and when the service was hosting them. On the day of the inspection there were no volunteers.

Since the previous inspection improvements had been made to the designated centre, which had positively impacted on both the visual environment and the

residents' lived experience. For example, the dayroom had been refurbished, chimney repaired and a new stove had been put in at the residents' request. In addition, new fire doors had been installed. Inspectors observed the centre to be clean and tidy and was decorated with residents' personal items such as photographs and artwork.

Residents were observed throughout the course of the inspection receiving a good quality, person-centred service that was meeting their needs. Observations carried out by inspectors, feedback from residents and documentation reviewed provided suitable evidence to support this.

Inspectors had the opportunity to meet residents and staff and observe interactions and planned activities carrying on throughout the day. In summary, residents indicated and told inspectors they were happy living in the centre. Staff described meaningful opportunities for residents to engage in activities they enjoyed. Inspectors observed residents taking part in activities at home and leaving the centre to engage in activities in their local community. For example, activities included going to the hairdressers, for a massage, bingo and live music.

One resident was in supported employment and another attend a day service in the locality. Residents were supported to stay in touch with important people in their lives and to make choices and decisions about their day-to-day lives. One resident told inspectors how she talked to her sibling every day and spoke about a holiday to Italy they went on together with the support of staff.

The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were observed to be relaxed and happy in their home. It was clear during the inspection that there was a good rapport between residents and staff.

The inspection found that, overall, residents were in receipt of good quality care which was delivered by a familiar staff team in a kind and respectful manner. The atmosphere of the centre was noted to be calm and relaxed. Staff communicated with residents in a gentle manner and clearly knew residents' individual preferences in respect of their care and support.

The next two sections of the report will describe the governance and management arrangements in the centre and how these were effective in ensuring there were appropriate safeguarding practices in the centre, as well as a description of the quality and safety of care of residents, with a particular focus on safeguarding.

Capacity and capability

Safeguarding is one of the most important responsibilities of a provider within a

designated centre. All residents have the right to be safe and to live a life free from harm. It is fundamental to high-quality health and social care. Every resident living in a designated centre places their trust in the provider, person in charge and staff to support them to feel and be safe. Safeguarding, therefore, relies on people and services working together to ensure that people using services are treated with dignity and respect and that they are empowered to make decisions about their own lives.

This inspection found that the provider had implemented management systems which were effective in providing oversight of risks in the service and in ensuring that residents were safeguarded and were in receipt of a good quality and person-centred service.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The person in charge met the requirements of Regulation 14 and were supported in their role by a regional manager. There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a good rapport with them. The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents living in the centre.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. Inspectors observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, inspectors saw residents being supported to participate in a variety of home and community based activities of their own choosing. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. All staff were supported and given sufficient time to receive training in safeguarding in order to provide safe services and supports to residents. Inspectors spoke with a number of staff over the course of the inspection and found that staff were well-informed regarding residents' individual needs and preferences in respect of their care.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a high standard in this centre. The provider recognised that effective governance and management ensured good safeguarding practice in the centre. A six-monthly unannounced visit of the centre had taken place in August 2024 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and

support in the designated centre.

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

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times in line with the statement of purpose and size and layout of the designated centre.

Inspectors saw evidence that staff were suitably qualified and trained, and were committed to providing care that promoted residents' rights and kept them safe.

The staff team comprised of the person in charge, operations coordinator, nursing staff, senior healthcare assistants, healthcare assistants, cleaning staff, maintenance, catering staff and administration staff. Inspectors reviewed planned and actual staff rosters, which were maintained in the designated centre for the months of November, December 2024 and January 2025. Inspectors found that regular staff were employed and rosters accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

On the day of the inspection there was one Whole Time Equivalent (WTE) Clinical Nurse Manager 2 (CNM2) post open. Inspectors saw evidence that this post had been advertised and the provider was endeavouring to ensure continuity of care for residents through the use of a small panel of agency and relief staff. These processes were ensuring that, even with vacancies, including planned and unplanned leave, the residents were in receipt of care from suitably skilled staff who were familiar with residents' individual assessed needs and preferences.

Inspectors had the opportunity to speak to three staff members on duty over the course of the inspection. Inspectors found that they were all very knowledgeable about the support needs of residents and about their responsibilities in the care and support of the individuals who lived in the designated centre. Residents knew the names of staff members and were comfortable speaking with them and receiving care from them. Inspectors observed that staff were available to spend time with residents to chat or engage in social activities in and out of the centre.

It was evident during the inspection that staff had developed and maintained therapeutic relationships with residents, and this enabled residents to feel safe and

secure in their environment and protected from all forms of abuse. Staff demonstrated that they had the necessary competencies and skills to support residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, inspectors found that staff had been provided with training and education to ensure that they had the required knowledge and skills to best meet residents' assessed needs.

Systems to record and regularly monitor staff training were in place and were effective. Inspectors reviewed the staff training matrix maintained by the person in charge in the designated centre and found that all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. This included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding.

Furthermore, training was made available at regular intervals in accordance with regulatory requirements. The person in charge tailored the type of available training to meet the assessed needs and profile of residents living in the centre and had ensured that the work duties of staff did not conflict with attending such training. For example, inspectors saw evidence that staff had attended and completed additional training in the following areas:

- Medication management
- Epilepsy
- Food safety
- First aid responder
- Children's first.

The provider and person in charge had appropriate supervision arrangements in place for all staff. All staff received support and supervision relevant to their roles from appropriately qualified and experienced personnel. In addition, those who supervised staff were provided with clear guidance on their role as a supervisor, as well as training in performance management and other training relevant to their role. For example, staff members had completed team building training, which provided them with guidance on dealing with difficult situations and managing conflict.

On review of a sample of four staff supervision records, inspectors saw that matters relating to the safeguarding, training and reporting had been discussed, with goals set to enhance staff members' skill, knowledge and understanding of safeguarding the residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented. The provider and person in charge had comprehensive and effective management systems in place that facilitated effective safeguarding in the service. For example, there were clear lines of accountability at individual, team and organisational level so all people working in the centre were aware of their responsibilities and their reporting structures.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was off-duty or absent. In addition, there were effective on-call arrangements, which were clear and had been communicated to staff, and these arrangements supported access to managerial advice at all times as appropriate.

An annual review of the quality and safety of care had been completed for 2023 and all key stakeholders were all consulted in the annual review. For example, the provider sent out questionnaires to all residents living in the designated centre. Positive feedback returned included "I have full control over my daily life", "I am happy with all aspects of my healthcare supports", "The way I am supported makes me think and feel better and positive about myself" and "The staff supporting me know me well and understand my needs". Positive feedback returned from staff members working in the designated centre included "I love discussing and planning with the people to ensure their social interests, their outcomes and their goals are met" and "Each week I learn more about the people's interests and what better way than to share this with all the Ardeen staff by ensuring their social plans and people's outcomes are followed up and kept up-to-date".

In addition to the annual review of the quality and safety of care, a number of local audits had been completed including of the safeguarding practices, to measure the service performance against the national standards, and to identify any areas for ongoing improvement. Additional audits carried out included fire safety, infection prevention and control (IPC), restrictive practices, housekeeping, residents' finances and medication.

Inspectors reviewed the action plan created following the provider's most recent six-monthly unannounced visit carried out in August 2024. This report identified any areas for service improvement and an action plan were derived from this. The action plan documented a total of four actions to be completed. Following review of the action plan, inspectors observed that the majority of actions had been completed and that they were being used to drive continuous service improvement.

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 there. Regulations which relate to safeguarding were specifically assessed as part of this thematic inspection.

Safeguarding is more than just the prevention of abuse, exploitation and neglect. It is about being proactive, recognising safeguarding concerns, and having measures in place to protect people from harm. Safeguarding is about promoting residents' human rights, empowering them to exercise choice and control over their lives, and giving them the tools to protect themselves from harm.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents.

Staff knew residents' communication requirements and inspectors observed throughout the inspection that staff were flexible and adaptable with all communication strategies used. There was a culture of listening to and respecting residents' views in the service and residents were facilitated and supported to communicate with their families and friends in a way that suited them. Residents had access to information about safeguarding interventions that was appropriate to their communication style and ability.

Residents were supported to make decisions about how their home was decorated and residents' personal possessions were respected and protected. Inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. Inspectors completed a walk around of the centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally was of sound construction and kept in good condition. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their personal taste and preferences.

The provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfilling the provider's requirement to be responsive to risk. The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individualised specific risk assessments were also in place for each resident. It was seen by inspectors that these risk assessments were regularly

reviewed and gave clear guidance to staff on how best to manage identified risks.

Inspectors reviewed a sample of residents' files. It was found that residents had an up-to-date and comprehensive assessment of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Support plans included personal intimate care, personal safety, positive behaviour support and healthcare. Residents were in receipt of appropriate care and support that was individualised and focused on their needs. Residents were seen to be supported to access relevant healthcare appointments and to live busy and active lives in line with their assessed needs and preferences.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviours of concern. There were some restrictive practices in the centre. The rationale for the restrictions was clear, and the provider had prepared a written policy to govern their use. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by the provider's restrictive practice lead.

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. Inspectors found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

All reports or allegations of abuse were regarded as credible and taken seriously by all staff and management in the service. The recording and documentation of reports or allegations of abuse reviewed by inspectors were comprehensive and accessible. All screening and investigation of reports or allegations of abuse followed a clear procedure and were in line with national policy and guidelines on safeguarding. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Inspectors saw that staff practices in the centre were upholding residents' dignity and were supporting residents to have control over their lives. Residents were continually consulted about and made decisions regarding the ongoing services and supports they received, and their views were actively and regularly sought. Information was made available to residents in a way that they could understand in order to support them to make informed choices and decisions.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual

and collective needs.

Regulation 10: Communication

The provider demonstrated respect for core human rights principles by ensuring that residents could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes.

Throughout the duration of the inspection inspectors observed residents freely expressing themselves, receiving information and being communicated with in the best way that met their assessed needs. For example, a number of residents presented with communication difficulties. Staff supporting residents acted as communication partners and were observed by inspectors to be familiar with residents' communication support plans.

Inspectors reviewed two residents' communication support plans and found that information recorded within them was accurate and up-to-date. Communication support plans were detailed, comprehensive and developed by an appropriately qualified person.

There was a culture of listening to and respecting residents' views in the service. For example, all residents had the opportunity to participate in resident meetings in which important topics relating to the residents and service were discussed. For example, agenda items included menu planning, activities, staffing and service improvement and development actions. Furthermore, residents were encouraged to provide feedback and suggestions by use of a suggestion box located in the corridor of the main house.

Staff also advocated for residents, and residents were facilitated and supported to access external advocates when requested or when required. Residents were facilitated and supported to communicate with their families and friends in a way that suited them.

Overall, inspectors found that residents were cared for by staff who understood their communication needs and could respond accordingly. Residents had access to information about safeguarding interventions that was appropriate to their communication needs. For example, inspectors observed easy-to-read information relating to safeguarding, complaints process and advocacy services displayed on a number of notice boards throughout the designated centre.

Judgment: Compliant

Regulation 17: Premises

The provider had considered safeguarding in ensuring that the premises of the designated centre was appropriate to the number and assessed needs of the residents living in the centre and in accordance with the statement of purpose prepared under Regulation 3.

Inspectors observed that the premises conformed to the matters set up in schedule 6 of the regulations having regard to the safeguarding needs of residents living in the centre. During different times throughout the inspection, inspectors walked around the centre with the person in charge, staff members and residents, and found the premises to present as a bright, clean and homely.

Since the previous inspection improvements had been made to the designated centre, which had positively impacted on both the visual environment and the residents' lived experience. For example, funding secured in 2024 was used to replace all outstanding wooden doors in all residents' bungalows and to replace three main exit doors within the main house and respite service. All external lighting was replaced throughout the entire designated centre, external painting of all resident bungalows had been completed and visual enhancement to the backs of all resident homes was completed. For example, raised flower beds and additional planting improved the overall aesthetics of the designated centre. Furthermore, the provider had secured additional funding for the replacement of the driveway fencing leading up to the designated centre with works scheduled to be complete in quarter one of 2025.

The living environment was stimulating and provided opportunities for rest and recreation. Each resident participated in choosing equipment and furniture in order to make it their home. For example, all were involved in choosing equipment and furniture for their bungalow in order to make it homely. Each bungalow visited by inspectors was decorated to residents' individual style and preference. For example, residents' homes included family photographs, pictures, soft furnishings and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

Inspectors observed that residents could access and use available spaces both within the centre and gardens without restrictions. Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors found that the provider had embedded safeguarding as a core

component of the centre's safeguarding practices. The provider had developed and implemented a risk management policy that safeguarded residents. In addition, the policy recommended that it should be read in conjunction with the provider's safeguarding of vulnerable adults policy, health and safety policy, serious incident policy, fire safety and clinical waste policies.

The risk management policy had arrangements for the identification, recording, investigation and learning from safeguarding incidents. Safeguarding risks were identified, assessed, and necessary measures and actions were in place to control and mitigate risks. In line with the risk management policy there was a risk register in place which detailed potential risks in the centre as well as the measures in place to reduce or eliminate them.

Inspectors reviewed five residents' personal plans and within each reviewed the risk assessment section. Inspectors found that each residents' safety, health and wellbeing was supported through individualised risk management plans. Risk management plans included appropriate measures and actions in an attempt to control and mitigate identified risks. For example, where risks were identified for a resident relating to behaviours that challenge, the provider had put a number of appropriate controls in place some of which included the provision of staff training in positive behavioural supports. In addition, the resident was provided with a positive behaviour support plan.

Inspectors found evidence that the provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfill the provider's requirement to be responsive to risk.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors found that the provider had arranged to meet the safeguarding needs of each resident and the person in charge had ensured that safeguarding needs were part of all residents' assessments of need and of their review thereafter.

Since the previous inspection the provider had moved to an electronic care management system. All residents had a holistic assessment of need completed in the last quarter of 2024 when this system went live. Inspectors reviewed five of the residents' assessments of need on the day of inspection and found that assessments and care plans were reviewed regularly to identify changing needs and circumstances and to evaluate their effectiveness.

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

- My home
- My relationships and connections
- My finances
- My personal safety
- Personal intimate care.

Keyworkers and nursing staff were responsible for ensuring that information with the residents' plans was up-to-date and appropriate to the assessed needs of the resident. In addition, keyworkers supported and empowered residents to identify goals that were meaningful and individual to them. The keyworker supported residents implement and evaluate the progress of their goals through monthly consultation sessions, which were recorded in each residents' personal plan. For example, goals for 2025 included the following:

- To go on a short break
- Attend more concerts, cinemas and garden centres.

Inspectors saw evidence that keyworkers were actively supporting residents with the goals. For example, the resident who set the goal to go on a short break had booked a hotel stay for 08 March 2025. Inspectors saw evidence that residents were able to take part in activities of their own choosing. This included certain activities that involved an element of positive risk-taking. Residents were not unduly dissuaded or discouraged from exploring different activities and staff and management were observed to make every effort to facilitate residents' requests. Staff who spoke with inspectors demonstrated full awareness of residents' personal plans and the care support plans that were in place to empower the residents to live as independently as they possibly could.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, two positive behaviour support plans reviewed by inspectors were detailed and comprehensive. In addition, each plan included antecedent events, proactive and preventive strategies in order to reduce the risk of behaviours that challenge from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and inspectors observed positive communications and interactions throughout the inspection between residents and staff. Furthermore, systems were in place to ensure regular monitoring of the approach taken to behavioural support, and staff did not engage in practices that may constitute institutional abuse.

There were a small number of restrictive practices used in this centre. Inspectors completed a review of these and found they were the least restrictive possible and used for the least duration possible. The provider had put in place good recording and documentation systems of restrictive practices in line with regulatory requirements, which allowed for the analysing of data to identify patterns or trends. In addition, restrictive practices in place were consented to by residents, subject to regular review by the provider's restrictive practice lead, clearly documented, and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions in conjunction with the resident and their support network. All restrictive practices in use had been notified to the Chief Inspector of Social Services on a quarterly basis in line with the regulations.

Oversight and monitoring was carried out routinely and included a review and analysis of data on the use of any restrictive practices and safeguarding concerns to monitor trends and inform reduction strategies. Inspectors found that the provider and person in charge were promoting respite users' rights to independence and a restraints free environment.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident to inspectors that staff took all safeguarding concerns seriously.

At the time of this inspection there were no safeguarding concerns open. However, inspectors found that previous safeguarding concerns had been reported and responded to as required. For example, interim and formal safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. Inspectors reviewed four preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of five residents' care plans inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner. Residents experienced a service where they were

protected and kept safe. They were empowered to express choices and preferences and were involved in all aspects of decision-making in relation to safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self development.

The provider had fostered a culture where a human rights-based approach to care was central to how residents were supported. Inspectors observed throughout the duration of the inspection the use of a human rights based approach to support residents to live lives of their choosing informed by human rights. For example, residents directed how they lived on a day-to-day basis according to their personal values, beliefs and preferences. Two residents expressed to inspectors that they felt like they had freedom to exercise control and choice in their daily lives.

Inspectors saw that staff interactions with residents were in a manner which upheld residents' dignity and provided residents with choice and control. Staff were seen offering residents choices, responding to residents needs and requests by providing direct assistance in a manner which respected residents' right to dignity and privacy.

Residents attended regular meetings where they discussed activities, menus, the premises, and aspects of the national standards including some of the rights referred to in the standards. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection.

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	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant