Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Gables
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	21 April 2026
Centre ID:	OSV-0005289
Fieldwork ID:	MON-0045478

About the designated centre

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

The Gables is a designated centre operated by St John of God Community Services CLG. This centre provides long-term residential care to four adult residents. The centre comprises of a four bedroom detached bungalow located in County Louth, just outside a small busy town. Each resident has their own bedroom which are decorated to their individual style and preference. Communal facilities include a shower room, a bathroom, a kitchen/dining room and a suitably furnished sitting room. There are also well maintained garden facilities to the front and rear of the property with adequate private and on street parking. Systems are in place to meet the assessed needs of the residents and their health, social and emotional care needs are comprehensively provided for. The service is managed by a full-time person in charge who supervises a team of staff nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 21 April 2026	09:00hrs to 17:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care and welfare, and support arrangements for residents living in the centre and assess compliance with the regulations. From what residents told us and the inspector observed, it was evident that residents living in this centre were treated with dignity and respect, were happy, and felt safe living in their home. The inspection had positive findings, however, improvements were required regarding the designated centre's statement of purpose, directory of residents, and restrictive practices.

The inspection was conducted over a single day and was facilitated by the staff nurse on duty. At the time of the inspection the person in charge was on planned leave. The inspector also met with the person participating in management. To form judgments on the residents' quality of life, the inspector used observations, discussions with residents, a review of documentation, and conversations with key staff. The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care completed for 2025, evidenced that they were happy with the care and support that the residents received.

The designated centre was registered to accommodate four residents, and the inspector had the opportunity to meet and talk to all residents over the course of this inspection. The inspector found that the designated centre was reflective of the aims and objectives as set out in their statement of purpose. The residential service aimed to "provide a high quality and safe service to all residents", "to develop the service around the needs of the residents", and "to enable and empower residents with an intellectual disability to live and integrate into their local community". The inspector found that the service not only ensured residents received the care and support they needed but also provided them with a meaningful, person-centred experience.

The designated centre was comprised of a bungalow situated on the outskirts of a scenic seaside village in County Louth. The premises comprised of four single occupancy bedrooms, each decorated and personalised in line with residents' personal interests, likes, and preferences, two bathrooms, a utility room, a fully equipped kitchen, and a sitting room. To the rear of the premises was a well maintained garden with a garden table and chairs, swing chair, and a purpose built cabin, which was used by one resident to relax and spend time in.

The inspector observed that the designated centre was clean, tidy, and decorated with residents' personal items, including family photographs and memorabilia. Photographs of residents spending time with each other were displayed throughout the premises, and artwork, and plants added to the welcoming, and homely feel of the designated centre. The inspector noted that furniture was free from any

damage, and overall the designated centre was in good structural and decorative condition.

The inspector spent time with all four residents in the sitting room on the morning of the inspection. Residents spoke to the inspector about plans they had made for the day which included going to get a haircut, go out for tea, and go for a drive to the sea. The designated centre had its own dedicated vehicle which was used to transport residents to appointments and activities of their own choosing. Residents were happy and content to chat with the inspector, and the inspector noted that they had a good rapport with each other. Residents were observed to laugh and joke with each other, and were very comfortable in the presence of the staff supporting them.

Residents told the inspector about different activities they enjoyed. For instance, one resident enjoyed visiting family, going out for coffee, watching football on television, watering flowers in the garden, listening to music, and watching television. One resident was supported by a staff member to watch their favourite singer in concert on the television. The inspector observed the resident singing along to songs, smiling, and laughing. Another resident enjoyed playing on and using their laptop. They were also observed engaging in this activity in the afternoon.

In addition to the residents, the inspector had the opportunity to meet with three members of staff on duty - one staff nurse, and two healthcare assistants. Staff spoke about residents warmly, and with respect. The staff members were knowledgeable on the needs of residents, and the supports that the residents required to meet their needs. They gave specific examples of how they supported residents with their nutritional needs, medicines, and community activities. They knew the steps that should be taken should any safeguarding incident occur, and spoke about the systems to report any incidents that might occur.

Staff throughout this inspection were observed to interact with residents in a respectful and supportive manner, and residents were supported to engage in meaningful activities on an individual basis. The inspector had an opportunity to look at the residents' individual personal plans (IPPs), which included photos of activities residents had engaged in during the year to date. Staff members on duty were observed and overheard to be pleasant, and respectful with residents throughout the inspection.

In summary, residents told the inspector they felt safe, and were happy living in the designated centre. Staff described meaningful opportunities for residents to engage in activities they enjoyed, and the inspector observed residents taking part in activities they enjoyed at home, and to leave the centre to engage in activities in the community. 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.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how

these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the designated centre was well governed and that there were systems in place to ensure that the resident was safe, and received a high quality service. However, improvements were required pertaining to Regulation 3: Statement of purpose, and Regulation 19: Directory of residents. This is discussed further in the main body of this report.

The provider ensured that there were suitably qualified, competent, and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents residing in the designated centre. For example, the inspector 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 the residents and staff members supporting them. Staff were observed to be available to residents should they require any support, and to make informed choices.

The staff team had access to regular refresher training, and there was a high level of compliance with mandatory training. All staff were supported and given sufficient time to receive training in safeguarding, positive behavioural support, and fire safety in order to provide safe services and supports to residents. The inspector spoke with three staff members over the course of the inspection, and found that they were well informed regarding residents' individual needs and preferences in respect of their care.

A directory of residents was maintained in the designated centre. However, improvements were required to ensure the registered provider maintained an accurate and up-to-date resident directory for all residents living in the designated centre.

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 designated centre. A registered provider led six-monthly unannounced visit of the centre had taken place in January 2026 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 for 2025, which evidenced key stakeholder contribution and consultation.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for, and information about how and where the service is delivered. However, improvements were required to accurately represent the most current footprint of the designated centre.

There was an effective complaints procedure in place that was accessible, and in a format that residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern. The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns, and the making of suggestions and complaints.

Overall, it was found that the designated 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 this inspection, the registered provider ensured there were sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose, and the size and layout of the designated centre.

The staff team was comprised of the person in charge. nurses, and healthcare assistants. The person in charge was full-time and they also had responsibility for another designated centre. The inspector reviewed planned and actual staff rosters, which were maintained in the designated centre for the months of March and April 2026, and found that regular staff were employed, which ensured continuity of care for all residents. Furthermore, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector saw evidence that staff were suitably qualified and trained, and were committed to providing care that promoted residents' rights, and kept them safe. During the inspection, the designated centre demonstrated adequate staffing levels with three staff members present during the day, and one staff member on at night in a waking capacity.

During the inspection, the inspector spoke with three members on duty, and found that all were highly knowledgeable about the residents' support needs, and their responsibilities in providing care and support.

Information and documents pertaining to schedule 2 was not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received appropriate training and education, ensuring they had the necessary knowledge and skills to effectively meet the residents' assessed and changing needs.

The inspector reviewed the staff training records maintained by the person in charge, and found that it was effective in regularly monitoring staff training. All staff had completed a variety of training courses, ensuring they had the necessary knowledge and skills to support residents effectively. This included mandatory training in areas such as fire safety, managing behaviour that challenges, and safeguarding vulnerable adults.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, epilepsy, food safety, manual handling, infection prevention and control (IPC), and Children First.

Information and documents regarding staff supervision was not reviewed as part of this inspection.

Judgment: Compliant

Regulation 19: Directory of residents

Improvements were required to ensure the provider maintained an accurate and up-to-date resident directory for all residents living in the designated centre.

The inspector reviewed the directory of residents, which contained information regarding the name, address, date of birth, next of kin, and date residents first came to reside in the designated centre.

However, other information as set out under Schedule 3 had not been recorded or maintained for all residents living in the designated centre. Specifically, information regarding residents' general practitioner (GP), and the name and address of the

authority, organisation or other body who arranged the residents' admission to the designated centre was not recorded as required by the regulation. This required review and improvement to ensure ongoing accuracy.

Judgment: Substantially compliant

Regulation 23: Governance and management

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed and changing needs, and active multidisciplinary team participation in care planning. For instance, residents had access to and availed of the registered provider's speech and language therapy (SALT), psychology, and healthcare teams.

The designated centre operated with a well-defined management structure, ensuring staff clarity regarding roles and responsibilities. The service was effectively managed by a capable person in charge, who possessed a thorough understanding of residents' and service needs, and had established structures in place to fulfill regulatory obligations. Furthermore, all residents benefited from a knowledgeable and supportive staff team.

Effective management systems ensured the centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering infection prevention and control (IPC), medicine management, fire safety, housekeeping, and residents' finances was conducted by the registered provider and local management team. The inspector's review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2025. The inspector completed a review of this and found that all residents, staff and family members were all consulted in the annual review. Questionnaires completed by residents evidenced they were happy in their home, and felt safe. Positive feedback from residents' families included ''staff are wonderful and so helpful'', and ''the level of care and courtesy he receives is of a totally higher class''.

In addition, the inspector reviewed the action plan created following the registered provider's most recent six-monthly unannounced visit, which was carried out in January 2026. Following review of the action plan, the inspector observed that all actions had been completed, and that they were being used to drive continuous service development and improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

Improvements were required to ensure the registered provider had systems and processes in place to ensure the statement of purpose was reviewed on an ongoing basis, and in response to any changes in the service.

The statement of purpose is one of the most important documents that a registered provider is required to have in relation to its services. It is where the provider clearly sets out what the services does, who the services is for and information about how and where the service is delivered. The inspector reviewed the statement of purpose, and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to the resident and their representatives in a format appropriate to their communication needs and preferences.

However, a review of the floor plans included in the statement of purpose was required as they did not accurately represent the most current footprint of the designated centre. Specifically, changes to the footprint of the designated centre was not accurately depicted on floor plans included in the statement of purpose. This required consideration and review by the registered provider.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had implemented an effective complaints procedure for residents, which was underpinned by a feedback and complaints policy. The policy outlined the processes for managing complaints including the stages of resolution, the associated roles and responsibilities, the appeals process, and how residents could access advocacy services.

The procedure had been prepared in an easy-to-read format for residents and their representatives. There were no recent or open complaints on file on the day of this inspection.

Throughout this inspection the inspector observed residents living in this designated centre were actively supported to express their thoughts, feelings, needs, and preferences in a respectful and empowering manner.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. Overall, the findings of this inspection were that residents reported that they were happy and felt safe. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a human rights-based and person-centred manner. However, improvements were required regarding Regulation 7: Positive behavioural support.

The inspector found the atmosphere in the designated centre to be warm and relaxed, and residents informed the inspector that they were very happy living in the designated centre, and with the support they received. After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. There was a good balance of private and communal spaces, and each resident had their own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected. They were supported by a coordinated multidisciplinary team, including medical professionals, speech and language therapists (SALT) and dietitians. During this inspection, staff were observed following the guidance and expert recommendations provided by these specialist services.

The registered provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

The person in charge had ensured that residents' health and social care needs had been assessed to inform the development of individual personal plans (IPPs). The inspector reviewed four residents' assessments and care and support plans, including plans on personal intimate care, positive behavioural support, and general healthcare. They were found to be up-to-date, multidisciplinary team informed, and readily available to guide staff practice. Staff working in the designated centre were knowledgeable of residents' healthcare needs, and had the necessary information to create, monitor, and update their healthcare plans as required.

Residents with an assessed need pertaining to positive behavioural support had comprehensive support plans in place. These plans effectively guided staff in delivering the necessary support, and during the inspection, staff demonstrated a strong understanding of these plans. However, enhancements and improvements

were required in the documentation and recording of restrictive practices used within the designated centre.

Robust safeguarding practices were established within the designated centre. The inspector observed that comprehensive procedures were in place, which included mandatory safeguarding training for all staff, the development of personalised intimate care plans to support staff in providing respectful care, and the involvement of designated safeguarding officers within the organisation to ensure effective oversight and protection.

Regulation 17: Premises

The inspector observed that the premises conformed to the standards outlined in Schedule 6 of the regulations.

The inspector observed a warm and calm atmosphere within the designated centre. The designated centre was observed to be clean and appropriately decorated. Residents spoken with expressed high levels of satisfaction with their living environment, and the support they received. 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, one resident had recently set and achieved a goal of buying a new television and sensory light for their bedroom.

Residents had their own bedrooms, each considerately decorated to reflect their individual style and preferences. For example, bedrooms were personalised with family photographs, artworks, soft furnishings, and possessions, all in line with each residents' unique taste and interests. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

The equipment used by residents was both easily accessible and stored securely. Records reviewed by the inspector evidenced that the equipment was regularly serviced, with items such as shower chairs undergoing annual servicing.

Overall, the designated centre was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living in the designated centre. Residents told the inspector that they were very happy with their home.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with identified needs related to feeding, eating, drinking and swallowing (FEDS) had up-to-date care and support plans in place. The inspector reviewed three of these care plans and found they provided clear guidance on mealtime requirements, including food consistency, as well as the residents' preferences and dislikes.

Staff demonstrated a strong understanding of FEDS care plans, and consistently followed guidance from specialist services, including speech and language therapy (SALT), and dietitian services. For example, staff were observed throughout the inspection to adhere to therapeutic and modified consistency dietary requirements as set out in FEDS care plans. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

The inspector observed a diverse range of food and drinks, including fresh and perishable items, stored in the kitchen for residents to select from. All items were stored in a hygienic manner. The kitchen was also well-equipped with high-quality cooking appliances and utensils, providing residents with everything needed to prepare their own meals, if they so wished.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken appropriate steps to mitigate the risk of fire by implementing effective fire prevention and oversight measures. During this inspection, the inspector observed that the designated centre was equipped with fire and smoke detection systems, emergency lighting, and firefighting equipment. In addition, a review of maintenance records maintained by the person in charge confirmed that these systems and equipment were subject to regular checks by staff, and inspections and servicing by a specialist fire safety company.

The inspector noted that the fire panel was addressable and easily accessible in the entrance hallway of the designated centre. Additionally, information pertaining to fire zones were readily available and accessible to the staff team in the event of an emergency. It was observed that all fire doors, including bedroom doors, closed properly when the fire alarm was activated.

All fire exits were equipped with thumb lock mechanisms, and the inspector noted that emergency evacuation routes were unobstructed, with assembly point signage in place to the front of the home. Measures taken ensured a smooth and orderly evacuation for all occupants in the event of an emergency.

The registered provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed four personal emergency evacuation plans for residents living in the designated centre. Each plan detailed the supports each resident required when evacuating in the event of an emergency. In addition, all staff members had

completed mandatory fire safety training, and staff spoken with were knowledgeable about the individual support each resident required to facilitate their timely evacuation.

The inspector reviewed the fire safety records, including fire drill documentation, which verified that regular fire drills were conducted as per the registered provider's established policy. The registered provider demonstrated that they were capable of safely evacuating residents under both day-time and nighttime conditions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents' files, and saw that all files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative, and the multidisciplinary team as appropriate.

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 instance, the inspector observed plans on file relating to feeding, eating drinking, and swallowing (FEDS), communication, dental health, emotional wellbeing, positive behaviour support, and general healthcare. All care and support plans had been recently reviewed and updated to reflect residents' current assessed needs and required supports.

Each resident was assigned a keyworker, and they supported and encouraged residents to engage with and participate in decisions about their own lives, and the running of their home. Residents were actively engaged in the person centred planning process, and had easy-to-read individual personal plans (IPPs) on file, which outlined individual goals for 2026 that were important to each resident. Examples of goals set for 2026 included a visit to a sensory garden, visit a museum, visit the airport to watch planes and have tea out, and purchase a new television and sensory light for a bedroom.

The registered provider also had in place systems to track goal progress. For instance, goals were discussed with residents during key working, and recorded in goal progress documentation stored in residents' individual personal plans (IPPs).

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this designated centre. This meant that residents had access to healthcare services as needed, there was up-to-date information to guide staff, and that residents' rights relating to their healthcare needs was respected.

Residents were supported to live a healthy lifestyle. The registered provider had implemented a proactive model of care delivery that was centred on the needs of individual residents, and delivered personalised care and support. The health and wellbeing of each resident was promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise, and physical activities.

Notes reviewed by the inspector recorded in residents' individual personal plans (IPPs) evidenced that management and staff were proactive in referring residents to healthcare professionals where their needs had changed, and supported residents to implement their recommendations. For instance, residents had been recently referred to and availed of services through the registered provider's multidisciplinary team. Furthermore, residents received support at times of illness, which met their assessed needs, and respected their dignity and autonomy.

The inspector's review of four residents' files showed that residents had access to a wide variety of healthcare professionals. Residents attended annual health checkups with their general practitioner (GP). Where there was a change in a resident's health condition, there was evidence to show that staff contacted relevant health services to arrange appointments as required. Following appointments, information relating to the residents' healthcare needs was recorded and care and support plans were appropriately reviewed and updated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support to residents with assessed needs in this area. However, improvements were necessary pertaining to the oversight, and monitoring of restrictive practises used within the designated centre.

Residents had up-to-date positive behaviour support plans on file. The inspector reviewed three residents' positive behaviour support plans and found that they were detailed, comprehensive, and developed by an appropriately qualified person. The positive behaviour support plans incorporated proactive and preventative strategies aimed at minimising the risk of behaviours that challenge from occurring.

The registered provider ensured that staff received thorough training, equipping them with the necessary knowledge and skills to effectively support residents. Staff demonstrated a strong understanding of the support plans in place, and the

inspector observed positive communication and interactions between residents and staff throughout the inspection.

Prior to and during this inspection, a comprehensive review of all restrictive practices notified to the Chief Inspector of Social Services on a quarterly basis was undertaken. The inspector noted that the person in charge had notified the Chief Inspector of two restrictive practices in use in the designated centre as required. However, during the inspection the inspector identified two further restrictive practices in use, which had not been identified by the registered provider, risk assessed, approved by the registered provider's human rights committee, or notified to the Chief Inspector. Specifically, restrictive practices, encompassing financial, and chemical restraints had not been notified. This required consideration and review.

Judgment: Substantially 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, which clearly directed staff on what to do in the event of a safeguarding concern, and 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.

At the time of this inspection there were no safeguarding concerns open. The inspector reviewed the records of five previous safeguarding incidents notified to the Chief Inspector in 2025, and found that they had been appropriately reported and managed to promote the residents' safety. Staff spoken with on the day of inspection reported they had no current safeguarding concerns.

Following a review of four residents' individual personal plans, the inspector 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 living in this designated centre experienced a service where they were protected and kept safe. They were empowered to make choices and preferences, and were involved in all aspects of decision-making in relation to safeguarding.

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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Gables OSV-0005289

Inspection ID: MON-0045478

Date of inspection: 21/04/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: • All residents' details have been updated in line with the requirements for the Directory of Residents.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • An application to vary will be submitted to the regulator • New floor plans will be devised to reflect the footprint of the designated center and the statement of purpose will be updated.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The PIC completed Quarterly notification for chemical restraint in Q1. • The resident has been reviewed by the Psychiatrist.	

• The positive behaviour support plan is scheduled for review.
• Capacity building will be carried out with the residents regarding the safe keeping of their money in the safe.
• Social stories will be developed for residents regarding the safe storage of their finances to support capacity building.
• Consent for the safe storage of money will be reviewed with each resident.
• A referral has been sent to the Equality and Human Rights Committee regarding the two residents' storage of money.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	28/04/2026
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	08/05/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/05/2026
Regulation 07(5)(b)	The person in charge shall ensure that, where	Substantially Compliant	Yellow	31/05/2026

	a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			