

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

Issued by the Chief Inspector

Name of designated centre:	Valley View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	03 July 2024
Centre ID:	OSV-0005399
Fieldwork ID:	MON-0038769

About the designated centre

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

The designated centre is based in a rural setting and is comprised of one dormer bungalow style building. This centre provides residential services seven days a week to five adult male residents with an intellectual disability, mental health diagnosis or an acquired brain injury. Residents each have their own daily plan of activities and are facilitated to attend leisure, education and social activities. The staff team consists of assistant support workers, social care workers, team leaders and a full-time person in charge. A clinical team is employed by the provider to support residents and the staff team. Each resident has their own bedroom. Four of the bedrooms have an en-suite facility. The designated centre also has two sitting rooms, a bathroom, a kitchen and dining room, a laundry / utility room, a staff office and a relaxation room. There were well maintained outdoor gardens to the front and rear of the property.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 3 July 2024	09:00hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the provider's compliance with the regulations. This centre had previously been inspected in July 2022. The provider had addressed the actions identified in that inspection which included documenting guidelines for staff regarding medication refusals and ensuring all documentation contained within a resident's personal plan was relevant to that resident.

Throughout the inspection, the inspector met with the four residents present in the designated centre. One resident was on holiday with a family member for the week so the inspector did not get to meet this resident but staff outlined how this resident liked to cook for their peers and enjoyed some social activities such as going to cafes and other community settings. The resident was also a member of a local tidy towns group and described by staff members as a very sociable person.

On arrival at the designated centre, the inspector met with the two staff members who were completing their night shift. This was a busy time in the morning and the inspector was introduced to two residents in the kitchen who were preparing their breakfast at that time. A staff member was providing verbal assistance to one resident, while the other resident continued to listen to their music through their ear phones as they prepared their breakfast independently. The staff present was observed to remind one of the residents to refer back to their white board that had their specific menu planner detailed on it when the resident questioned what they were going to have for their breakfast. During the inspection, the inspector was informed of an increase in this resident's health care needs and the ongoing monitoring required to support their well being and dietary intake. It was evident that the resident and supporting staff had been aware of these considerations when preparing the breakfast.

The inspector noted these two residents were supported by the staff team to attend to their personal care before going out for the day together with two staff supporting them. The staff explained later in the afternoon before the inspector left the centre how they had prepared a packed lunch and outlined a number of activities that both residents had participated in either individually or together. This included going bowling, attending a medical appointment, shopping and visiting the barbers. The staff explained that the two residents had similar interests and liked to spend time together but also staff ensured they had their own individual time with staff when out in the community. This was to ensure each resident could participate in their preferred activities regularly. During the inspection both residents were observed communicating effectively with the staff team, engaging in conversation or indicating to staff what assistance they were looking for. Neither of these two residents chose to engage in much conversation with the inspector but were observed to be comfortable responding to staff questions and engaged in activities such as meal preparation when asked by staff if they would like to assist.

The inspector spoke with the other two residents present in the designated centre on multiple occasions during the day. At the beginning of the inspection both of the residents were outside in the garden and the inspector introduced themselves while the staff team completed their daily handover. Both of the residents spoke passionately about their animals and how they cared for them daily. The inspector learnt a lot about caring for sheep, lambs and chickens. It was evident during the conversation that both residents took these responsibilities very seriously. The inspector was also shown where the chickens were kept safe from harm in secure areas that had been built by the residents themselves and areas where lambs who needed additional support and hand rearing would be kept. Both residents were observed to attend to their animals throughout the day. Their daily routine centred around their animals.

During the initial conversation with both residents the inspector was informed of some concerns that both residents had. The inspector listened to these concerns and asked what actions had the residents and the staff team taken to address their concerns. The inspector was informed by the residents that they had made complaints regarding some of the concerns that they had mentioned. One of these complaints remained open at the time of this inspection. Another had been closed out documenting the satisfaction of the complainant. However, they stated they still had concerns. The inspector asked for permission from both residents to discuss the concerns raised with the person in charge during the inspection. This will be further discussed in the quality and safety section of this report.

During the morning, one of the residents, went on a social drive to the airport which they had planned with a staff member. They later told the inspector they had enjoyed this and continued with their planned repairs to a garden machine that they owned. Again the inspector learnt a lot about engine parts and how the resident was going to repair the issue. They also spoke about the cost to complete the repairs which they planned on doing themselves. The resident also liked to go to car boot sales and enjoyed bartering when purchasing items. They also spoke of how staff supported them to manage their money. The resident demonstrated during the conversation that they had insight into the reasons staff were supporting them with their financial affairs.

One resident asked to speak with the inspector during the morning. This was facilitated immediately and the inspector and resident walked outside in the garden area. The resident spoke about a number of different topics which included their achievements, business related and personally, the supports provided to them from a local farmer in the area and how they enjoyed going to farmers markets. They described the positive impact for them of the regular contact with their family. They outlined the personal progress they had made in the last five years. They also spoke of their aspirations to live elsewhere and grow their livestock herd. These were all positive outcomes and the inspector acknowledged these achievements with the resident.

The resident spoke of some concerns they had. The inspector listened to these concerns and the resident outlined how they perceived the issues they spoke about. The resident acknowledged that they had coped well with recent difficulties and

were engaging with allied health care professionals to support their well being. However, among other issues the resident spoke of their wish to be able to have less restrictions impacting their daily life. This will be further discussed in the quality and safety section of this report.

The inspector completed a walk around of the designated centre during the morning when three of the residents had left. The residents were asked by staff members for their permission for the inspector to visit their bedrooms before they left the designated centre. The layout and design of the building facilitated residents to have multiple communal areas to relax and engage in activities of their choice. This included a sun room, two sitting rooms as well as outdoor seating. Each resident had their own bedroom, decorated to reflect their own personal preferences. In addition one resident had a "chill out " area upstairs where they had decorated with extensive artwork to create a relaxing space for them to spend time on their own if they wished to do so. Residents also had large outdoor areas where they could participate in their preferred activities. For example, one resident was observed fixing the engine of a garden machine, another resident fed their chickens which were located nearby and another resident was observing helping a peer collecting eggs.

Residents were supported to maintain their own personal space and attend to their laundry independently. Staff outlined how each resident had their own routine and preferences while ensuring they respected other residents routines. All staff had completed training in human rights and the consideration given to each resident to ensure their rights were supported was evident in the documentation reviewed during the inspection and the engagement with the residents by the staff team on an ongoing basis. For example, restrictions in place for residents were subject to regular review and reduced where residents did not require the same level of restriction to remain in place. One resident had been supported by the staff team to have access to their mobile phone with some control measures in place. This was achieved with education and training supported by the residents day service, informing them of cyber security with ongoing therapeutic interventions which resulted in positive outcomes for the resident. While residents informed the inspector they would like to see a greater reduction and removal of some restrictions, it was evident regular reviews were taking place with residents being updated and informed of the restrictions that remained in place for their safety and well being.

The inspector observed many interactions between the staff team and the residents throughout the inspection that were respectful. All staff were observed to converse and complete activities in a professional manner while effectively communicating with the residents. For example, a staff member ensured a resident was aware of their planned activities for the day ahead by taking time to speak with the resident and provide re-assurance of what staff would be supporting them during the day. In addition, 15 compliments had been received during 2023. These were made by allied health care professionals, family representatives/friends and the residents themselves regarding the service and support being provided to the residents in the designated centre. The positive impact on the lives of the residents was a common

theme throughout the large number of compliments reviewed by the inspector.

The inspector was informed there was a temporary planned closure of the regular day services building which the residents frequently attended. The provider plans to make changes to the type of day service being provided to better support residents. Re-modelling of the actual building was taking place at the time of this inspection with residents being supported with more community activities during the two month closure period. The service was expected to open up again by September 2024, with a change in the model of day service also planned by the provider. The inspector was informed that the new programme was a Continuous Learning and Development programme, (CLaD). The staff team were confident some of the programmes offered by this new service would assist the residents in this designated centre to attain greater independence and confidence in skills learning such as numeracy, literacy and digital literacy, independent living skills health and well being and physical exercise.

In summary, there was evidence that the residents were supported to received services in a person centred manner. The design, the layout and location was found to support the current assessed needs of the residents. Through observations and a review of documentation during the inspection staff consistently included residents in decision making ranging from daily tasks and household chores to arrangements for managing their finances and medications, attending social events and engaging with the wider community. Residents acknowledged that there had been positive outcomes for them in recent years. They had been supported to gain more independence, successfully manage property and animals among other achievements. However, some residents also expressed frustrations during the inspection relating to how they perceived some interactions negatively and felt their voice was not always heard by the staff team and management supporting them.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. Residents were supported to engage in regular surveys pertaining to their service provision. There was evidence of strong oversight and monitoring, with management systems that were effective in ensuring the residents received a good quality and safe service. The provider had also ensured all actions from the previous HIQA inspection in July 2022 had been addressed.

The provider had effective systems through which staff were recruited and trained,

to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident was observed engaging and participating in household chores with a member of staff. Another resident was provided with private space and time to talk to the person in charge when they needed it during the day.

The provider ensured ongoing monitoring and oversight within the designated centre with a number of systems in place. This included on site visiting each week by an administrator from the quality department who assisted the staff team with centre specific administration duties as well as completing reviews of the premises. In addition, weekly audits were completed in the designated centre. Any actions identified were followed up by the staff team and person in charge. Members of the provider's senior management team ensured review of all of the audits completed. The inspector was informed of the process if a trend in non compliance within the audit was identified, senior management would complete a review to identify the possible cause to address the issue. The inspector reviewed the most recent of these audits from 17 June - 23 June 2024. Two actions had been identified by the auditor which had been addressed immediately. Compliance had been recorded by the auditor in 32 areas reviewed in the same audit.

The provider had also ensured an annual review had been completed in December 2023. A detailed action plan with progress on completion of actions outlined timely closure and ongoing monitoring to ensure an effective, quality service was being provided to all the residents. The provider had also ensured internal six monthly audits as required by the regulations had been completed in September 2023 and March 2024. Some gaps in completion of documentation relating to residents' daily planners and some health records were actioned in the March 2024 audit. These issues had been discussed with the staff team and addressed following the audit.

There was also evidence of regular staff meetings where analysis of audit findings and up-to-date information relating to the service provision was shared with the staff team. This included a review of documentation errors that had been made and actions taken to reduce the risk of similar errors occurring.

Due to time constraints on the day of the inspection, the inspector did not review Regulation 31: Notification of incidents. However, from a review of the multiple audits completed by the staff team and the provider, it was evident that there was ongoing review and trending of data relating to incidents occurring within the designated centre. A number of actions outlined following incidents were evident to be in place, this included adequate staffing levels, safeguarding plans and increased awareness of residents living together while respecting the boundaries of others. While a total of 92 three day monitoring notifications were submitted to the chief inspector since the July 2022 inspection, the frequency and rate of adverse incidents occurring in the designated centre had reduced significantly during 2024. With one

such notification submitted in Jun 2024 prior to this inspection taking place.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. At the time of this inspection the remit of the person in charge was over this designated centre only. Their remit had reduced in June 2024 from two designated centres to one centre.

They were supported in their role by a team leader and shift lead manager. Duties were delegated and shared including the staff rota, audits, supervision of staff, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. The inspector reviewed staff rotas for the five weeks prior to this inspection from 27 May 2024. Staffing resources were found to be in line with the statement of purpose. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. In addition, staff demonstrated their flexibility in changes to their planned shifts, sometimes at short notice, to support the assessed needs of the residents. This included the person in charge who also worked on the front line when required including sleep over shifts to ensure familiar staff were available to support the residents at all times. Staff attending team meetings were also reflected on the rota when these took place.

At the time of this inspection there were three whole time equivalent staff vacancies. There was a core group of consistent staff supporting the residents to deliver person-centred, effective and safe care. Regular relief staff were also available to support residents when required. On the day of the inspection one new staff member was completing their induction to the designated centre. The person was known to the residents and staff team as they had held another role with the provider and would have visited the designated centre frequently in the past. The inspector was informed that the provider was actively recruiting staff to ensure residents were being consistently supported in-line with their assessed needs.

Staff attended regular team meetings which discussed a number of topics including, staff training, safeguarding, restrictive practices, fire safety, safe driving and

infection prevention and control measures. These meetings also reviewed/discussed the findings of audits and data trends completed in the designated centre to ensure shared learning, consistent approaches and addressing actions identified in a timely manner.

The inspector met with 11 members of the staff team over the course of the day. This included the person in charge, team leaders and members of the social care team. All staff were observed to interact in a professional manner with the residents they were supporting. In addition, all demonstrated that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection 20 staff members including the person in charge worked regularly in the designated centre. The inspector reviewed a detailed training matrix which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, infection prevention and control.

The provider had ensured that staff had access to training that was identified as important for this centre and in line with residents' assessed needs including medication management.

The staff team had completed training modules in human rights as requested by the provider.

Staff supervision was occurring in-line with the provider's policy and scheduled in advance.

There was also evidence of review and shared learning within the staff team through the auditing systems place.

Mentoring and delegation of duties was also taking place within the staff team to ensure on going development of the team to effectively support the residents in this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in

place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of a team leader and shift lead manager working in the designated centre. The person in charge was also supported in their role by a senior managers. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.

These reviews included weekly and monthly data trending that was reviewed both by the person in charge at local level and by senior management to ensure actions where required were identified quickly and responded to in a timely manner. The provider ensured a root cause analysis was conducted when required to reduce the risk of similar incidents occurring in the future.

The provider ensured site specific environmental health and safety audits were completed in-line with the provider's own procedures. There was also as schedule of audits which included medications and finances.

The provider had also ensured an annual review and six monthly internal audits had been completed in the designated centre as required by the regulations. Actions identified had been completed or updates on their progress to date documented by the person in charge. Time lines for completion and the person responsible were also clearly documented.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. A minor change was made on the day of the inspection by the person in charge regarding their remit which had changed in June 2024.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log since January 2023 for the designated centre. Details of eight complaints were documented which included an outline of the issue being made by the complainant, the actions taken to resolve the issue and

the satisfaction of the complainant.

Residents were supported to make a complaint in the event of an issue arising if they wished. For example, one resident made a complaint regarding the administration of their morning medications after they had been woken by a staff member in January 2023. An action plan was agreed with the resident who was afforded time each morning up to a pre-determined time to request their morning medications from staff. If the resident had not requested their medications by this pre-agreed time staff would inform the resident that they were getting the medications ready. This facilitated the resident to have greater independence with their morning routine and was reported to be working well. It was also clearly documented in the resident's medication management plan for all staff to be aware of.

There was one open complaint at the time of this inspection. A resident had identified a number of issues at the end of June 2024 which the person in charge had acknowledged and documented that they were waiting for the resident to engage with them further at a time that suited the resident to discuss and resolve the issues.

The inspector noted that actions had been taken to address issues that had been identified in the complaints made. For example, ensuring all required medications were prescribed for residents to ensure a timely administration when needed by the resident, this included the administration of pain relieving medication.

Residents and staff were aware of the provider complaint's policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The inspector reviewed the personal plans of all five residents. These were found to be well organised, with evidence of ongoing review by the key worker and person in charge as well as input for the resident themselves. Residents had been involved in the annual review of their personal plan, with input where required from members of the multi-disciplinary team. Information contained within the plans were found to

be current and up-to-date. There were monthly progress updates on the progression of goals and details of additional supports where required to encourage a resident to actively participate. For example, one resident was provided with their own chef's hat and apron which they used when cooking. This was described as being a positive addition to the activity.

Residents had various different aspirations for their futures. This included living independently, gaining meaningful employment in areas of interest and growing their business. To progress towards these long term goals the residents were supported to attain greater independence and skills in their everyday lives with the staff team. Residents were being supported to manage their finances and the administration of their medications, in line with their expressed wishes, attain skills such as cooking and meal preparation as well as engaging in household chores. In addition, residents were supported to frequently engage in their preferred social activities such as attending concerts or music events, browse and barter at car boot sales, join a gym and attend swimming lessons. Residents also had plans to participate in a range of activities such as hiking, clay pigeon shooting and photography.

During the inspection, the staff team were observed to be familiar with particular preferences and routines for each of the residents. There was ample space for each resident to have time away from others if they wished to do so. However, some residents voiced their concerns to the inspector regarding the ongoing level of staff supervision that was being provided to them and felt further discussion with the staff was required regarding a number of issues including some restrictions that remained in place at the time of this inspection. While residents were consistently encouraged to speak with staff members regularly if they had any concerns or make a complaint, they chose to raise these issues also during the inspection. As previously mentioned in this report the inspector sought permission to discuss the issues raised with the person in charge and management during the inspection. It was evident the person in charge was aware of the concerns but did acknowledge further actions could be taken to re-assure the residents that they were being listened too. This included providing additional information during resident and key worker meetings. In addition, to ensure staff were mindful how they communicated, including their tone of voice when interacting with residents as at times this may have been misinterpreted by other peers.

It is acknowledged by the inspector following engagement with the residents during the inspection, review of documentation and discussion with members of the staff team during this inspection that positive outcomes for all residents were evident. Each resident had been supported to deal with individual issues in a person centred way, was being supported to gain the skills and independence they wished to achieve while ensuring their ongoing safety at all times. Some concerns voiced by the residents during the inspection required additional and improved communication from the staff team. However, from the response received during the inspection and the assurances provided of planned actions and review it was evident that the staff team were committed to supporting the residents to have a good quality of life and be active members in their family and local communities while remaining safe.

Regulation 12: Personal possessions

The person in charge had ensured residents were supported to have access to and retain control of their property and possessions.

Residents bedrooms had adequate space to store personal belongings, were decorated to reflect the individual preferences and could be locked by the resident if they wished to do so.

Residents were supported to purchase items including furniture if they wished to do so such as a television in their bedroom.

Residents were supported to manage their own laundry.

The person in charge ensured all residents personal property was accounted for; this included ensuring bank accounts held were in the name of the resident to which the money belonged.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured residents were being supported to access facilities for occupation and recreation. The provider was seeking to enhance the training and up-skilling opportunities with the re-modelling of their day service due to re-open in September 2024.

Residents were supported to develop and maintain positive personal relationships and links with the wider community. In addition, when required residents were supported/advised to take a break from contacting individuals for a period of time if it was having an adverse effect on their well-being. This included blocking someone on their mobile phone. This would be done by the resident themselves and could be unblocked when they felt ready to re-engage with the person.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and assessed needs of residents living in the centre. Communal areas were found to be warm, clean and comfortable. Areas were decorated to reflect the individual preferences and interests of the residents.

The designated centre was found to be in a good state of repair both internally and externally. The provider had ensured effective reporting systems were in place. There was evidence of ongoing monitoring by the staff team daily. In addition, there was weekly monitoring by person in charge and a process to escalate any unresolved issues to senior management to address actions identified in a timely manner, if required.

There were no actions open regarding the premises at the time of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety checks were consistently completed which included daily, weekly and monthly checks. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. Residents who chose to sign their own PEEP were encouraged to do so. All of the residents were able to mobilise and evacuate independently from the building. Residents were also able to raise the alarm if required to do so in the event of an emergency.

All staff had attended training in fire safety. This included fire marshal training which was completed in April 2024 by all staff members. Staff spoken to during the inspection were aware of the fire evacuation plan and had participated in fire drills.

All of the residents participated in regular fire drills and demonstrated consistently quick response and evacuation times. For example, during one drill a resident was preparing some food in the kitchen. They were observed by staff to turn off the electrical hob and move the hot pan to a safe location before continuing to evacuate through the nearest exit in approximately one minute.

The inspector noted the last minimal staff fire drill had taken place in May 2023. This was discussed with the person in charge during the inspection and the inspector was informed the next drill scheduled to take place in the designated centre would be a minimal staffing drill.

The information provided in the fire drills that had taken place included how many

residents and staff had participated, the time of day, the location of the residents at the time the alarm was activated and the exits used. However, it was discussed during the inspection the benefit of including a scenario of where a potential fire might be located to ensure residents and staff used the exit closest to them without crossing the path of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which the inspector reviewed. These plans were found to be well organised which clearly documented residents' needs and abilities. Each of the residents had actively participated and was consulted in the development of their personal plans. Residents had also been consulted and included in decisions being made when reviews had taken place.

Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All residents' goals and the progress made in achieving these were subject to monthly review with residents and their keyworkers.

Residents were supported to set goals that had meaning for them. For instance, one resident would like to attain a part time job, go on a holiday and increase their use of public transport independently. The resident's keyworker was supporting small progressive steps to attain these goals to ensure success for the resident. Another resident had successfully completed their course of driving lessons and planned to apply for their driving test which would enable them to become more independent in managing the required chores on their land.

Residents had their favourite activities included in their weekly plan such as going into the local community and visiting cafes, restaurants, and going to the cinema. All residents had copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to maintain best possible health. They had access to GP

and to specialist medical services as required. The person in charge and staff team supported the residents in accessing these services if required or requested by residents to do so.

Residents could independently make appointments to visit their own GP. Residents visited their GP regularly, three of whom were located in a nearby town and had confidence in the ongoing health care support provided to them.

One resident had experienced a decline in their health during 2023. They had required increased medical input and a period of hospitalisation but was reported by staff to be coping well and managing their chronic illness with staff support and education. For example, the resident was observed to prepare a cooked breakfast for themselves on the morning of the inspection while ensuring it met their specific dietary requirements.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed.

Residents also had access to emergency supports from allied health care professionals if they required this input.

Residents were supported to live their lives with some restrictions in place. These were subject to regular review and residents were consulted frequently regarding these being in place for their own safety.

Some restrictions had been reduced over time which reflected the progress being made by individual residents. For example, one resident had increased access to their mobile phone, another was engaging in un-supervised walks and a key code had been removed from the sun room exit to the garden area. These were all positive outcomes for the residents involved.

Each resident had up-to-date plans to inform staff of effective pro-active and re-active strategies to implement to best support a resident at times of increased anxiety.

During the inspection, some residents expressed that they perceived some restrictions that remained in place to adversely impact them or were no longer required. This included the secure garden space around the designated centre. Residents expressed how they had made progress in some areas of their lives and felt further progress could be made. The inspector encouraged the residents to express their views to the person in charge or their keyworker so that additional

progress which all parties were agreeable too could be found while ensuring each residents safety and well being. This was also discussed during the feedback meeting at the end of the inspection outlining the residents perspective on this matter as it had been presented to the inspector.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre.

There were no open safeguarding plans at the time of this inspection. There were effective measures in place to reduce the risk of safeguarding concerns that had previously occurred. This included weekly checks of all residents finance records.

The provider had systems to complete safeguarding audits to ensure an open and transparent approach to safeguarding was maintained in the designated centre. This included the person in charge completing monthly reviews and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

The staff team ensured all residents were provided with education and information regarding safeguarding in particular during meetings with their keyworker.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff.

The provider had resources in place to support each resident to have one to one staffing support to attend their preferred activities regularly. In addition, residents were also supported to part take in group activities such as going to a cafe, or attending a movie night. There were photographs throughout the designated centre

which showed the residents smiling while visiting different locations or part taking in preferred activities.

Residents were being supported to attain skills to increase their independence such as money management and travelling on public transport. One resident had successfully completed driving lessons to enable them to apply to do their driving test in the coming months to attain their driving licence.

Residents were supported to effectively manage their livestock and business interests.

Residents were also supported to identify long term goals for their future which included independent living, holidays abroad and successfully gaining paid employment.

There was evidence of ongoing work within the designated centre to ensure each resident was aware of personal boundaries and living together. This included discussions during sessions with residents and their keyworker as well as during resident meetings.

Residents were encouraged to talk about issues of concern, make complaints and actively work to seek a solution to an issue. For example, one resident being afforded the time each morning to self-request their morning medications after they had made a complaint about how their morning medications routine was adversely impacting their sleep at times. The change that was made was described as working well for the resident.

Over the course of the inspection, the inspector observed that residents were treated with consideration and respect. Staff practices were observed to be respectful of residents' privacy. For example, keeping residents' personal information private, and to only share it on a need-to-know basis.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, safeguarding, and advocacy supports

Residents were also supported to manage their financial affairs. This included supporting residents to make decisions about their bank accounts, assisting residents to review their monthly bank statements and address any issues that may arise to the satisfaction of the resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant