



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

Issued by the Chief Inspector

Name of designated centre:	Cois Dara
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	21 January 2025
Centre ID:	OSV-0007698
Fieldwork ID:	MON-0045231

About the designated centre

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

Cois Dara is a designated centre operated by Autism Initiatives Ireland Company Limited by Guarantee. It provides a community residential services to up to four adults with a disability. The centre comprises of a main house which can accommodate two residents and there are two attached individual apartments which each accommodate one resident. The main house consists of a kitchen, dining room, utility room, living room, two bedrooms, bathroom, staff bedroom and office. The first apartment contains a living room, bedroom, office, bathroom and kitchen. The second apartment comprises a kitchen/living room and a bedroom with an en suite. The centre is situated close to a suburban area of County Wicklow. The centre is staffed by a person in charge, a senior social care worker, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 January 2025	18:05hrs to 21:15hrs	Kieran McCullagh	Lead
Wednesday 22 January 2025	09:55hrs to 16:25hrs	Kieran McCullagh	Lead
Tuesday 21 January 2025	18:05hrs to 21:15hrs	Jacqueline Joynt	Support
Wednesday 22 January 2025	09:55hrs to 16:25hrs	Jacqueline Joynt	Support

What residents told us and what inspectors observed

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

Following the previous inspection in April 2024 which found a number of not compliant findings, the provider was invited to attend a cautionary meeting with the Office of the Chief Inspector. The provider was requested to submit a service improvement plan outlining actions to assure the Office of the Chief Inspector of how they intended to bring the service back into compliance.

Information provided as part of this inspection demonstrated the provider had implemented a large number of actions set out in their service improvement plan, which was a positive and responsive initiative to improve the overarching governance arrangements for the organisation. At operational level within the centre, a number of actions the provider had committed to undertake had been achieved to improve the quality and safety of the service provided to residents, such as improved staffing and safeguarding of residents. This is discussed further in the main body of the report.

The inspection was completed over the course of one evening and one day by two inspectors and facilitated by the persons in charge and an area manager for the duration of the inspection. Inspectors used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life.

The designated centre's statement of purpose detailed that the service's aims included; increasing independence in skills for daily living, supporting integration and access to the community, developing skills with the individual to stay safe and prevent crisis and supporting residents' choice and decision making. Inspectors found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them. The provider was operating the designated centre in a manner that was reflective of the aims and objectives as set out in the centre's statement of purpose.

The centre comprised of a large two storey house with two adjoining single storey sole occupancy apartments. One resident lived in the main house and the other two residents lived in the apartments. Over the course of the inspection, inspectors spent time with and talked with all three residents.

Inspectors carried out a walk around of the designated centre in the presence of the

persons in charge and area manager. The three residents were each living in their own section of the premises. The main premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. The house consisted of a large sitting room with dining area, a kitchen and across the hall, a relaxation and sensory room where the resident also ate their meals. Since the previous inspection, the resident's bedroom had been repainted, new flooring had been laid and they were provided with a new bed. Not only did this improve the aesthetics of the bedroom it also ensured improved and effective infection prevention and control practices were now in place.

The three residents were each living in their own section of the premises and inspectors observed that each section was individualised in line with each of the residents' likes, needs and preferences. Overall, the premises ensured adequate private and communal accommodation for residents including adequate social, recreation, dining and private accommodation.

There was adequate space and suitable storage facilities in each of the residents' living spaces. There were suitably sized kitchens in each area that included suitable and sufficient cooking facilities, kitchen equipment and table wear. There was an adequate number of bathrooms, shower and toilet facilities provided for each resident and all areas of the house, observed on the evening and day of inspection were clean and tidy.

The area manager and persons in charge spoke about the high standard of care all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. They spoke to inspectors about the work that had been done since the previous inspection to bring the centre back into compliance. For example, improvements had been made to the staff rosters, additional training had been completed in relation to safeguarding and positive behaviour support and additional and enhanced infection, prevention and control measures were now in place for ongoing monitoring and reinforcing of good infection prevention and control measures and practice.

Furthermore, since the previous inspection funding and final planning permission for new accommodation had been secured which would have a positive impact for all residents and would improve the lived experience of both the resident relocating and the remaining residents in the centre and further mitigate safeguarding incidents from occurring.

Staff 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. Inspectors had an opportunity to look at some of the residents' personal plans, 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. Residents were observed to seek staff out should they require support and staff were observed to respond appropriately and to be familiar with residents' needs.

Staff spoke with inspectors regarding the residents' assessed needs and described

training that they had received to be able to support such needs, including safeguarding, safe administration of medication and managing behaviour that is challenging. Inspectors found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes and told inspectors they really enjoyed working in the centre and were happy with levels of support and supervision they received from management.

In summary, residents indicated and told inspectors they were happy living in the centre. Staff described meaningful opportunities for residents to engage in activities they enjoyed and inspectors 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 the important people in their lives and to make choices and decisions about their day-to-day lives. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

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

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

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by two persons in charge who job-shared the role. The persons in charge met the requirements of Regulation 14 and were supported in their roles by a senior manager. There was a regular core staff team in place and they were very knowledgeable of the needs of the residents and had a very good rapport with them. The staffing levels in place in the centre were suitable to meet

the assessed needs and number of residents living in the centre.

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

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. All staff were supported and given sufficient time to receive training in safeguarding in order to provide safe services and supports to residents. Orientation, induction and ongoing training programmes included safeguarding practices and training and development programmes also supported staff to understand their roles and responsibilities in reducing the risk of harm while promoting the rights, health, wellbeing and quality of life of residents.

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 good standard in this centre. The provider recognised that effective governance and management ensured good safeguarding practice in the centre. Good leadership and management systems in place promoted an open culture where safeguarding was embedded in the provider's practices, and feedback was sought on an ongoing basis to improve service provision.

A six-monthly unannounced visit of the centre had taken place in October 2024 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre. Residents, staff and family members were all consulted in the annual review.

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

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

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times in line with the statement of purpose and size and layout of the designated centre. Inspectors saw evidence that the staff were suitably qualified and trained, and were committed to providing care that promoted residents' rights and keep them safe.

The staff team comprised of the persons in charge (two staff were employed in a job sharing capacity to fill this role), senior social care workers, social care workers and support workers. Inspectors reviewed planned and actual staff rosters, which were maintained in the designated centre for the months of December 2024, January 2025 and February 2025. Inspectors found that regular staff were employed and rosters accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

On the day of the inspection there was one 0.5 Whole Time Equivalent (WTE) social care worker post open. Inspectors saw evidence that this post had been advertised and the provider was endeavouring to ensure continuity of care for residents through the use of a small panel of relief staff. For example, during the months of December 2024 and January 2025 three relief staff were used to cover vacant shifts. Staff were given appropriate time to get to know residents and establish relationships of respect and mutual trust. There were suitable and effective contingency arrangements in place to guard against shortfalls in staffing levels.

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

It was evident during the inspection that staff had developed and maintained therapeutic relationships with residents, and this enabled residents to feel safe and secure in their environment and protected from all forms of abuse. Staff demonstrated that they had the necessary competencies and skills to support residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

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

On review of the training schedule in place in the centre, inspectors saw that the

persons in charge had ensured that a schedule of ongoing training was in place, including safeguarding training, that ensured that staff knew how to:

- Promote residents' rights, health and wellbeing to reduce the risk of harm
- Identify and assess potential risks and put measure in place to address those risks
- Reduce the risk of safeguarding concerns arising
- Report safeguarding concerns, and
- Respond when safeguarding concerns arose.

Safeguarding was discussed and examples shared at team meetings. On review of staff meeting minutes for June 2024, inspectors saw that the designated officer attended the meeting and discussed the organisation's safeguarding policy and procedures. In addition, other matters such as reporting, screening and investigating safeguarding concerns was discussed as well as interactive discussions and shared learning through actual and potential safeguarding scenarios.

On review of a staff member's induction form, as well as staff induction pack, inspectors saw that the persons in charge had ensured that new staff members received appropriate safeguarding training. The area manager informed inspectors that, new staff only commenced working in the designated centre when their Garda vetting process was fully complete.

Inspectors found that staff were appropriately supervised in a manner that supported the safeguarding of residents. Each member of staff was provided four one to one practice support sessions with either the person in charge or the senior social care leader. Staff were also provided performance management meetings every six months. On review of a sample of five staff practice support record minutes for 2024, inspectors saw that matters relating to the safeguarding policy, training and reporting had been discussed, with goals set to enhance staff members skill, knowledge and understanding of safeguarding the residents.

In addition, to the practice support and performance management meetings, unannounced night time visits took place in the centre, and were conducted by the area manager. During these visits one to one discussion and learning took place to ensure staff knowledge in relation to safeguarding, positive behaviour supports and restrictive practices.

The person in charge had ensured that copies of the Act and any regulation made under it, was available to staff on a shared online space on the organisation's computer system. Inspectors were informed that a copy of the National Standards for Adult Safeguarding, set and published by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act, would be included on the shared space and that staff would be made aware of same.

Judgment: Compliant

Regulation 23: Governance and management

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

All reports or allegations of abuse were regarded as credible and taken seriously by all staff and management in the service. The recording and documentation of reports or allegations of abuse reviewed by inspectors were comprehensive and accessible. All screening and investigation of reports or allegations of abuse followed a clear procedure and were in line with national policy and guidelines on safeguarding.

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

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review. Examples of positive feedback included residents reporting that they were happy and felt supported to make decisions and choices, that they could choose their own activities daily and spend money on what they wanted and they felt safe, happy and enjoyed life in their home.

In addition to the annual review of the quality and safety of care, a number of local audits had been completed including of the safeguarding practices, to measure the service performance against the national standards, and to identify any areas for ongoing improvement. Additional audits carried out included infection prevention and control (IPC), fire safety, restrictive practices, health and safety, residents' finances and medication. These audits identified any areas for service improvement and action plans were derived from these. A review of monthly staff meetings showed regular discussions on all audit findings.

Inspectors reviewed the action plan created following the provider's most recent six-monthly unannounced visit carried out in October 2024. The action plan documented a number of actions across 20 regulations reviewed. Following review of the action plan, inspectors observed that the majority of actions had been completed and that they were being used to drive continuous service improvement. For example, the effectiveness of the implementation of safeguarding measures was

evaluated and informed the continual quality improvement cycle.

Judgment: Compliant

Quality and safety

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

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and persons in charge were endeavouring to ensure that residents living in the centre were safe at all times.

The provider recognised that the premises can have a significant impact on residents' quality of life, including their changing needs over time. Since the last inspection, inspectors saw evidence that the provider had made substantial progress to ensure that a planned alternative accommodation would meet the needs of the resident. Funding and planning permission for the new accommodation had been secured and inspectors were informed the building works were due to commence in April 2025. This would have a positive impact for all residents in the sense they could all enjoy living in a comfortable and engaging environment that would meet all of their assessed and changing needs.

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

Since the previous inspection, the provider had implemented an improved and effective range of infection prevention and control measures. There was an infection control policy available that was reviewed at planned intervals. This policy clearly outlined the roles and responsibilities of staff members and gave clear guidance with regard to the management of specific infection control risks. The policy also guided comprehensive cleaning and monitoring of housekeeping in the centre, and these

practices were observed throughout the duration of the inspection.

The provider recognised that risk management does not mean trying to eliminate risk; instead, it involves managing risks to maximise residents' choices and control over their own lives while still protecting their safety as appropriate. The provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfilling the provider's requirement to be responsive to risk. The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for residents, staff and visitors. Individualised specific risk assessments were also in place for each resident. It was seen by inspectors that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

Inspectors reviewed a sample of residents' files. It was found that residents had an up-to-date and comprehensive assessment of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Support plans included person and intimate care, positive behaviour support and healthcare plans.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The provider and persons in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

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

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

Regulation 17: Premises

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

prepared under Regulation 3.

Through speaking with the provider, area manager and persons in charge, as well as a review of one resident's personal plan, inspectors saw that where the centre was not fully meeting the needs of this resident, the provider had made traction since the last inspection to ensure that the planned alternative accommodation would meet the needs of the resident. For example, multidisciplinary and healthcare professional input had seen the completion of various assessments including sensory and visual to ensure the potential new living environment would meet the assessed needs of the resident and provide a safe home for them to live in. Funding and planning permission for the new accommodation had been secured and inspectors were informed the building works were due to commence in April 2025.

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

There were adequate laundry facilities in each of the living areas within the premises. Inspectors were informed by one of the residents and their staff member that they were currently learning to launder their own clothes. In addition to individualised laundry facilities, the centre included a separate sluice room which was attached to the garage. Inspectors observed that since the last inspection there had been improvements made to this area in relation to cleanliness, storage and availability of personal protection equipment. In addition, there had been improvements to the provision of on-site notices in this area. For example, there were notices in place that provided guidance and steps to support staff ensure appropriate protection control measures were in place when washing soiled laundry.

There had been a number of improvements made to the main house living space (where one resident lived). For example, their bedroom had been recently painted and decorated and they were provided with a new bed, flooring and surround. These changes meant that the infection prevention and control measures in place were now much more effective than what was found on the previous inspection of the centre. These changes also ensured that the resident's physical environment was now better promoting the resident's health, wellbeing and dignity.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors found that the provider had ensured that their risk management policy safeguarded residents living in the designated centre. The risk management policy was most recently reviewed and updated in May 2023. The policy recommended that it should be read in conjunction with the organisation's safeguarding of

vulnerable adults policy/flow chart, accident reporting procedures and manager guidelines, safety plan, safety statement, intimate care policy and resident's financial support policy.

The provider had ensured that the risk management policy had arrangements in place for the identification, recording, investigation and learning from safeguarding incidents. The policy clearly detailed five steps on how to identify risk in the workplace, which provided satisfactory assurances of appropriate arrangements in place.

Incident review and guidance on the process was laid out in the policy. The policy detailed measures to be taken where there was an unexplained absence of a person, accidental injury to person supported, visitor and staff member. Risk of abuse included measures such as following the safeguarding vulnerable adult policy/flowchart, the on-call policy, completion of notifications and appropriate documentation, inform designated officers and complete an action plan. Risks of self-harm included measures relating to risk assessment, positive behaviour support, following on-call policy and completion of all required documentation.

Safeguarding risks in the centre had been identified, assessed and necessary measures and actions had been put in place to control the risks. In line with the risk management policy there was a risk register in place which detailed the potential risks in the centre as well as the measures in place to reduce or eliminate them.

Inspectors reviewed three residents' personal plans and within each reviewed the risk assessment section. Inspectors found that each residents' safety, health and wellbeing was supported through individualised risk assessments. Assessments included appropriate measures and actions in an attempt to control the risk. For example, where risks were identified for a resident relating to behaviours that challenge, the provider had put a number of appropriate controls in place some of which included the provision of staff training in positive behavioural supports as well as training in low arousal approaches. In addition, the resident was provided with positive behaviour support plan and a behaviour that challenges analysis had been carried out.

Where risks were identified for a resident during times of dining out in the community, the provider had put in place a number of measures to control the risk. For example, two to one ratio of staffing support for the resident, staff were required to follow the resident's support care plans and management and on-call staff were to be informed in advance of the resident participating in the activity.

Where there were risks relating to a resident walking on public roads, measures in place to control the risk and included, staff always accompanying the resident, staff to support the resident to have a better understanding of road safety (through discussion) and for the staff and resident to wear high visual clothing when walking the roads.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, inspectors found that the provider, in so far as reasonably practicable, had arranged to meet the safeguarding needs of each resident. The persons in charge had ensured that safeguarding needs were part of the residents' assessments of need and of their review thereafter.

Inspectors reviewed three of the residents' personal plans on the day of inspection. Residents' personal plans were titled 'The Working File' and contained all relevant information pertaining to the resident. Keyworkers were responsible for ensuring that information with the residents' plans was up-to-date and appropriate to the assessed needs of the resident.

In addition, keyworkers supported and empowered residents to identify goals that were meaningful and individual to them. The keyworker supported the resident implement and evaluate the progress of their goals through monthly consultation sessions, which were recorded in each residents' personal plan. On review of the three residents' plans, inspectors saw records of consultation meetings that included a coloured photograph of the resident enjoying a recent activity as well as details on activities the resident enjoyed in the previous months as well as an overall review of the residents' safety, health and wellbeing.

Multidisciplinary Team meetings (and review meetings) in consultation with residents and where appropriate, families, advocates and the organisation's practice support team were taking place to ensure residents were provided with supports that were in line with assessed and/or changing needs.

Inspectors observed that there had been an improvement in the engagement with multidisciplinary and allied healthcare professionals for one resident in particular which had resulted in positive outcomes for the resident and in particular in relation to their current health and wellbeing. Through review of documentation in the resident's plan, through observation and through speaking with staff inspectors saw that the resident had increased their bodily weight to a healthy level, they appeared happier in life, (decrease in self-injurious type behaviours), were enjoying a lot more community activities and having a better quality night's sleep.

There were plans in place to support this resident move to an environment that better met their assessed needs. On review of documentation within the resident's personal plan inspectors saw that sensory and visual assessments had been completed to ensure that the newly planned environment the resident was moving to, provided the supports they required to enjoy the optimal living environment.

The provider and persons in charge had ensured that the service had identified and clearly documented potential safeguarding risks and how to manage them as part of the ongoing assessment and care planning and process for residents. Each residents' personal plan included a safety plan that was used in conjunction in developing each residents' about me section of their plan, risk assessment, positive

behaviour support and safeguarding sections.

Residents were supported to make their own decisions in relation to their care plans development and review. On a walk around of the centre, inspectors observed that each resident was provided with an accessible form of their personal plan. This meant that they could better understand the individual supports, plans and goals in place to ensure they lived a healthy, happy and meaningful life. In addition to this, residents were supported to communicate, engage and understand better the care and supports provided to them through the use of pictures, social stories and learning videos.

Staff who spoke with inspectors demonstrated full awareness of residents' personal plans and the care support plans that were in place to empower the residents to live as independently as they possibly could.

Judgment: Compliant

Regulation 7: Positive behavioural support

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

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

Inspectors completed a review of incidents that had occurred in the designated centre across a three month period and found evidence that there had been a dramatic decrease in incidents occurring, which in turn had a positive impact on all residents living in the home and for the staff team who supported them.

Although there were a high volume of restrictive practices in use in the designated centre, inspectors observed that processes were in place to manage all restrictive practices in use. For example, the provider had put in place good recording and documentation systems of restrictive practices in line with regulatory requirements, which allowed for the analysing of data to identify patterns or trends. In addition, restrictive practices in place were consented to by residents, subject to regular review by the provider's restrictive practice committee, clearly documented, and appropriate multidisciplinary professionals were involved in the assessment and

development of the evidence-based interventions in conjunction with the resident and their support network.

Inspectors saw that oversight and monitoring was carried out routinely and included a review and analysis of data on the use of any restrictive practices and safeguarding concerns to monitor trends and inform reduction strategies. Since the previous inspection, inspectors found that improvements had been made regarding the use of restrictive practices and the provider and person in charge were promoting residents' rights to independence and a restraints free environment.

Judgment: Compliant

Regulation 8: Protection

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

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

At the time of this inspection there were no safeguarding concerns open. However, inspectors found that previous safeguarding concerns had been reported and responded to as required. For example, interim and formal safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. Inspectors reviewed 12 preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Inspectors found that learning from investigations were used to inform changes in practice. In addition to staff safeguarding training, (safeguarding and protection of vulnerable adults), the provider, person participating in management and person in charge put in place a number of other learning strategies to enhance the staff teams' knowledge and skill in safeguarding and better promote best practice in this area. For example, during the past twelve months, staff underwent one to one comprehension assessments relating to safeguarding, medicine and infection prevention and control. In addition, in December 2023 and March 2024 the majority of staff attended workshops in promoting a positive safeguarding culture workshop, with three further staff scheduled to complete workshops in February 2025.

Following a review of three residents' care plans inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate

care to residents who required such assistance in line with residents' personal plans and in a dignified manner. Residents experienced a service where they were protected and kept safe. They were empowered to express choices and preferences and were involved in all aspects of decision-making in relation to safeguarding. For example, easy-to-read safeguarding plans had been created in consultation with all residents and keyworking sessions had been facilitated with residents on staying safe from abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant