Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ard na Greine
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	04 September 2025
Centre ID:	OSV-0001689
Fieldwork ID:	MON-0046563

About the designated centre

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

Ard Na Greine is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. The centre provides residential services to people who are fully ambulant, with moderate support needs. Residents are encouraged and supported to live as independently as possible within their local community. The designated centre can provide for a maximum of four adults with intellectual disabilities, of mixed gender who are over the age of 18 years. This designated centre was originally two houses that have been combined to become a large home with six bedrooms. The ground floor comprises a kitchen, sitting/dining room, a bedroom with en-suite bathroom and a utility room. Upstairs has four bedrooms, one sitting room, an office and two bathrooms. There is an enclosed garden space to the rear of the property. The staff team consists of social care workers and is managed by a full-time person in charge, with support of a deputy manager and senior manager. The person in charge, is also responsible for another designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 September 2025	09:30hrs to 16:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care and welfare, and support arrangements for residents living in the centre and assess compliance with the regulations. As part of the inspection, the inspector also assessed aspects of the provider's implementation of their organisation's compliance plan which was a response to an overview report published in February 2025.

The inspection was carried out over a single day and was facilitated by the person in charge. During the inspection, the inspector also met with the senior service manager and three staff members on duty. To assess the quality of life for residents the inspector relied on a combination of observations, discussions with residents, a review of relevant documentation, and conversations with key staff members. The inspector determined that, overall, residents received high-quality care provided by a familiar staff team who delivered it with kindness and respect.

The centre was registered to accommodate four adult residents. At the time of this inspection there were three residents living in the home and one resident vacancy. The inspector had the opportunity to meet and talk to two of the residents. According to the centre's Statement of Purpose, its aim was to "empower people with the necessary skill to live full and satisfactory lives as equal citizens of their local community". The centre strived to provide support in a safe, secure, and stimulating environment through the provision of competent, knowledgeable staff that are motivated and committed to providing the best possible service to each resident.

The designated centre was originally two houses that have been combined to become a large home with six bedrooms. The centre is comprised of a kitchen, a sitting/dining room, a bedroom with en-suite, bathroom, and a utility room. Upstairs has four bedrooms, a staff sleepover room, a staff office and two bathrooms. There is an enclosed garden space to the rear of the property. The staff team consists of community support workers and healthcare assistants and is managed by a full-time person in charge. The person in charge recently commenced in their role in May 2025 and had sole responsibility for the management of this centre.

The inspector conducted a walk-through of the premises accompanied by the person in charge. Overall, the inspector observed that the designated centre was clean and well-maintained. The inspector observed good fire safety systems. For instance, there was fire detection and firefighting equipment in the home, and individualised evacuation plans were available to guide staff on the supports required by residents. The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be in good structural and decorative condition.

Residents' bedrooms were thoughtfully personalised to reflect their individual

interests and preferences. During the inspection, two residents proudly showed the inspector their bedrooms. One resident, who had recently moved in, shared that they had chosen the paint colour for their bedroom and had decorated it with items they loved, such as pictures, family photographs and books about animals which they had a keen interest in. They also showed the inspector their recliner chair they had brought from their previous home and mentioned how staff had assisted them in purchasing new curtains. The resident expressed their satisfaction with their new home, noting that they had no concerns and got along very well with the other residents.

Another resident invited the inspector into their bedroom, where they were preparing for an online meeting on their Ipad, with the support of the person in charge and their keyworker. Their bedroom was decorated with personal touches, including stickers they liked on their wardrobe and locker. The resident conveyed their contentment with their living situation, telling the inspector they felt safe and liked the staff. This was evident from the strong rapport between them.

Following the online meeting, the resident accompanied by their keyworker, approached the inspector to share their positive experiences. They expressed a strong sense of happiness and safety in their home. The resident proudly recounted some personal milestones, including a memorable trip to London supported by their keyworker to see their favourite musical. They showed the inspector photographs from the trip and described how much they had enjoyed the experience. Additionally, they shared plans for an upcoming trip to a spa hotel, which they were currently organising with their keyworker. The resident also mentioned that they now enjoyed socialising with other residents, eating meals together, and chatting in the sitting room. The inspector observed a number of occasions during the inspection where residents were comfortably gathered together, enjoying each others company.

The person in charge discussed recent positive improvements with the inspector since the previous inspection in February 2025. For instance, a new resident who had recently moved in underwent a compatibility and a housing assessment prior moving in, which ensured that the provider and the designated centre were fully prepared to meet their assessed needs. Additionally, a comprehensive staff induction folder was introduced, which guided staff to essential information on residents' healthcare and support needs, as well as access to the provider's IT systems. A thorough review of incident records on the day of this inspection confirmed that incidents were documented accurately and reported to the appropriate personnel. The inspector also noted that the out-of-hours on-call arrangements were made accessible to staff and were kept in the staff induction folder, ensuring they were available for use if needed.

The senior service manager had implemented enhanced oversight measures for the designated centre, as per the provider's compliance plan. These measures included unannounced site visits, one-on-one business and support meetings, additional governance meetings, and regular supervision with the person in charge. Comprehensive records of all meetings were maintained and stored on the

provider's online system.

Staff members discussed the training they had received to better support residents' assessed needs. For instance, they had successfully completed training in safeguarding vulnerable adults, positive behaviour support, safe administration of medication, and keyworking skills. They elaborated to the inspector on how they applied this training into practice, such as assisting residents in setting and achieving meaningful, individualised goals, administering medicines safely, and safeguarding residents from potential abuse. The inspector noted that the staff demonstrated a strong grasp of the relevant policies and procedures, as well as a thorough understanding of each resident's needs.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. 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.

In summary, the inspector found that residents in the home were supported to engage in meaningful activities in line with their interests. They appeared to be comfortable in the company of the staff on duty, and interactions were noted to be kind. The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that residents were safe and received a high quality service in the centre, and that any risks were identified and progressed in a timely manner.

In February 2025, the Health Information and Quality Authority (HIQA) published an overview report of governance and safeguarding in designated centres operated by the provider. The report incorporated the findings of 34 inspections carried out in 2024 and focused on five regulations (Regulation 5: Individualised assessment and personal plans, Regulation 7: Positive behaviour support, Regulation 8: Protection, Regulation 15: Staffing, and Regulation 23: Governance and Management). The provider was found to be not-compliant under those regulations.

The report contained a compliance plan from the provider, which detailed a number

of actions intended to address the identified concerns and achieve compliance. This inspection was a component of the Chief Inspector of Social Service's comprehensive evaluation of the provider's plan and its effectiveness in driving improvements. There had been a number of quality improvements made at organisational level and in the designated centre which demonstrated effective progress on the provider's implementation of their improvement plan and how it was impacting positively on the quality of life for the residents living in this centre.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The person in charge met the requirements of Regulation 14.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. It was observed that the number and skill-mix of staff contributed to positive outcomes for residents living in the centre. For example, the inspector observed residents being supported to participate in a variety of home and community based activities of their own choosing.

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. The inspector spoke with a number of staff over the course of the inspection and found that staff were well informed regarding residents' individual needs and preferences in respect of their care.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a high standard in this centre. A six-monthly unannounced visit of the centre had taken place in May 2025 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.

There were contracts of care in place for all residents, which were signed by the residents. Contracts of care were written in plain language, and their terms and conditions were clear and transparent.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Regulation 14: Persons in charge

Since the previous inspection a new person in charge was recruited and they commenced in their role in May 2025. The person in charge was full-time and had sole responsibility for this designated centre. The inspector found that they had the required knowledge, skills and experience to meet the requirements for this regulation.

The person in charge was implementing the provider's systems to ensure oversight and monitoring in this centre. They were developing action plans and implementing the required actions to bring about improvements in relation to the residents' home and their care and support.

It was evident from interactions between the person in charge and residents on the day of the inspection that they knew them well. Through discussions and a review of documentation, the inspector found that the person in charge was motivated to ensure that each resident was in receipt of a good quality and safe service.

Judgment: Compliant

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.

The staff team comprised of the person in charge, community support workers, and healthcare assistants. The inspector reviewed planned and actual staff rosters, which were maintained in the designated centre for the months of July, August, and September 2025 and found that regular staff were employed, which ensured continuity of care for all residents. Furthermore, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

At the time of this inspection, there was one vacancy for a community support worker. The provider had already advertised the position and had put suitable arrangements in place in order to ensure the vacancy was covered. For example, a small panel of regular agency staff were used to back fill vacant shifts. Since the previous inspection, the person in charge had developed a comprehensive staff induction folder. A review of this found that all staff working in the designated centre were provided with important information pertaining to all residents, emergency contacts, on call systems in place, fire evacuation plans, and how to

access the provider's IT systems.

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

Judgment: Compliant

Regulation 16: Training and staff development

Robust systems were in place for recording and regularly monitoring staff training, demonstrating effectiveness. Review of the staff training matrix confirmed that all staff had completed a comprehensive range of training courses, ensuring they possessed the necessary knowledge and skills to effectively support residents. This included mandatory training in critical areas such as fire safety, and safeguarding vulnerable adults, indicating strong compliance with regulatory requirements. The inspector saw evidence that the majority of staff members had completed training in positive behavioural supports. Three staff members were booked to complete this in September 2025 and the final staff member had been booked to complete training in October 2025.

As part of the organisation’s escalation programme quality improvement plan, the provider had developed and was rolling out a number of training courses to better support management and staff carry out their roles to the best of their ability. The inspector found that there was good progress being made on the delivery of training programmes, which were due to be completed by December 2025. For example, staff members had completed eLearning training relating to updated safeguarding policy, and restrictive practice policy. Furthermore the majority of staff members had completed training in key working, with the remaining staff booked to complete this in October and December 2025.

In addition to the above and to enhance quality of care provided to residents, further training was completed, covering essential areas such as Children First, people handling, infection prevention control (IPC), and first aid.

Consistent with the provider's policy, all staff were in receipt of quality supervision. A comprehensive 2025 supervision schedule, created by the person in charge, was reviewed and found to ensure that all staff were in receipt of formal supervision and ongoing informal supports tailored to their roles. The person in charge maintained supervision records and schedules. The inspector noted that staff were scheduled to receive or had received their first appraisal at the time of this inspection. The inspector completed a review one staff member's appraisal record, which included a review of the staff member's personal development and provided an opportunity for them to raise any concerns.

Staff who spoke with the inspector noted that they found the supervision meetings

to be supportive and beneficial to their practice.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed needs and active multidisciplinary team participation in care planning. For instance, residents had access to and availed of the provider's behaviour support specialists, and healthcare teams.

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

A comprehensive suite of audits, covering medicine management, residents' support plans and finances, and maintenance, was conducted by the local management team. A review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement. An annual review of the quality and safety of care had been completed for 2024. The inspector completed a review of this and found that all residents, staff and family members were all consulted in the annual review. In addition, the inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in May 2025. The action plan documented a total of seven actions and the inspector noted that six actions had been completed, effectively contributing to service enhancement. The seventh action pertaining to a maintenance request was due to be completed by the end of October 2025.

The person in charge facilitated regular monthly team meetings with staff. A review of meeting minutes evidenced that team meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents. Agenda items included internal audits, safeguarding, risk, resident updates and outcomes, and discussions on the provider's compliance plan submitted to the Chief Inspector.

Following a review of the documentation and discussions with management, the

inspector found that several of the provider's initiatives to comply with Regulation 23: Governance and management across the organisation had been completed or were in progress, demonstrating satisfactory progress. For example, a manager's handbook was currently in development and was being finalised by the provider's Human Resource (HR) department at the time of this inspection, unannounced site visits were being completed by the senior service manager, and one to one business support and governance assurance meetings were taking place between the person in charge and senior service manager, as per the provider's compliance plan. Furthermore, all actions set out in the provider's compliance plan response following the previous inspection in February 2025 had all been completed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had a detailed referral, entry, transfer and discharge policy, which was due for review in May 2027. In addition, the admission criteria was clearly outlined in the designated centre's statement of purpose.

All three residents had contracts of care on file. These had recently been reviewed. and were signed by the residents. The inspector reviewed two contracts of care which were made available on the day of this inspection and found they each outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them, all of which aligned with residents' assessed needs, statement of purpose and the provider's established policy. In addition, both residents had on file up-to-date tenancy agreements, which clearly outlined the terms and conditions of renting their perspective property.

Since the previous inspection, a new resident had been admitted to the designated centre. To ensure the admission was appropriate, there was a clear planned approach to admissions, including appropriate consultation and assessments, and opportunities by the prospective resident to visit the centre before moving in. For instance, a compatibility assessment had been completed prior to the resident moving in, and a housing assessment had been completed in April 2025 to ensure that the layout and design of the designated centre met the resident's assessed needs.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure

notifications were submitted to the Chief Inspector, in line with the regulations.

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to each resident. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person-centred. Furthermore, it was found that several of the provider's escalation programme initiatives across the organisation had been completed or were in progress, demonstrating satisfactory progress.

Staff knew each residents' communication requirements and the inspector observed throughout the inspection that staff were flexible and adaptable with all communication strategies used. There was a culture of listening to and respecting residents' views in the service and residents were facilitated and supported to communicate with their families and friends in a way that suited them.

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

There were appropriate arrangements for the management of residents' medicines. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required. The provider and person in charge ensured that residents were in receipt of effective and safe support to manage their medicines when such assistance was required.

Furthermore, staff were competent to administer medicines through ongoing education and training in medicines management.

The person in charge had ensured that residents' health and social care needs had been assessed to inform the development of personal plans. The inspector reviewed a sample of the residents' assessments and plans, including plans on communication, intimate care, behaviour support, and healthcare. They were found to be up-to-date, multidisciplinary team informed, and readily available to guide staff practice.

Where required, positive behaviour support plans were developed for residents. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. The inspector found that staff spoken with were aware of the procedures for responding to safeguarding concerns, and residents reported to the inspector that they felt happy and safe living in their home.

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

Regulation 10: Communication

The provider demonstrated respect for core human rights principles by ensuring that each resident could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes. Throughout the duration of this inspection the inspector observed residents freely expressing themselves, and being communicated with in the best way that met their individual needs.

Residents were provided and received information in a way that they understood. Residents in this centre used verbal communication and where appropriate also used easy-to-read information. The inspector observed examples of easy-to-read format information in residents' personal plans as well as information that was of interest to residents on notice boards.

The inspector observed that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Residents had up-to-date communication and wellbeing support plans and communication passports on file. These included comprehensive information and support strategies pertaining to each resident. For example, information on the following was included in one resident's communication and wellbeing support plan:

- What worries me

- What makes me feel unsafe
- How often I feel good, relaxed, and content
- Actions to improve and maintain wellbeing.

The inspector saw that staff were familiar with residents' communication needs and care plans. Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in personal plans and all residents had access to appropriate media including; the Internet and television.

Judgment: Compliant

Regulation 17: Premises

The inspector found the atmosphere in the designated centre to be warm and calm, and residents met with informed the inspector they were very happy living in the centre and with the support they received.

The provider recognised the importance of residents' property and had created the feeling of homeliness to assist all residents with settling into the centre. For example, wall art, soft furnishings, photographs of residents and decorative accessories were displayed throughout the home, which created a pleasant and welcoming atmosphere. The living environment was stimulating and provided opportunities for rest and recreation. Residents participated in choosing equipment and furniture in order to make it their home. For example, one resident who recently moved in told the inspector they had chosen the colour to paint their new bedroom.

Residents had their own bedrooms, each considerately decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings and possessions, all in line with each residents' interests. This not only promoted their independence and dignity but also celebrated their uniqueness and personal taste. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

The provider and person in charge was proactive in continual quality improvement, and oversight and monitoring was carried out routinely. For example, housekeeping audits were completed, and issues relating to the premises were documented and escalated to the provider's maintenance department for completion.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the provider's medication management policy. All staff working in this designated centre were in receipt of up-to-date safe administration of medication training.

Residents received a comprehensive individualised service from their pharmacist who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the centre.

Assessments of capacity to self-administer medicines had been completed for residents as per the provider's policy. These assessments, and associated plans, detailed the level of support that residents required. On the day of this inspection all residents were self-medicating. The inspector found evidence to support that each resident's medicines were administered and monitored in line with best practice as individually and clinically indicated. For example, the inspector reviewed the practices and arrangements for one resident and spent time observing them self-administer lunchtime medicines. This was completed as per their medicine management plan, and singed off by a staff member on duty.

Following observation, it was evident to the inspector that staff were knowledgeable of the professional guidelines and professional code of practice that governed medicines management and adhered to these requirements.

The inspector observed that all residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. They also observed that residents' prescription sheets and medicine administration records contained all necessary information, and noted that residents received and took their medicines as prescribed. There were also effective arrangements for the oversight of medicine practices, including regular stock checks, audits, and checklists, to ensure that the provider's policy was adhered to and that any discrepancies were identified.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. The inspector reviewed two residents' assessments and plans. The plans included those on personal, health, and social care needs, were up to date, sufficiently detailed, readily available to staff in order to guide their practice, and had been reviewed on an annual basis.

Since the previous inspection, all staff had received or were booked to complete training in key working. All residents had an assigned key worker who they met with on a regular basis. Key workers were responsible for completing monthly key working checklists ensuring that important information pertaining to residents' personal plans, health and wellbeing, health and safety, communication, behavioural supports, risk assessments, rights, and contracts of care were kept accurate and up-to-date.

The inspector found that residents had up-to-date personal outcome plans on file which were continuously developed and reviewed in consultation with the resident, relevant key worker, and where appropriate, allied health care professionals and family members. The inspector saw that residents were supported to choose goals that encouraged their independence and personal development. Some of the residents goals included, completing a makeup class, visit London to see a musical, go on a spa break, find a job, and go on a holiday.

On speaking with staff, the inspector was informed that residents were supported to progress their goals and were involved and consulted through the process. The inspector saw that the progress of residents' goals was regularly updated by each residents' key worker in consultation with each resident and where goals were achieved these were acknowledged and celebrated. For example, one resident sat with the inspector and showed them photographs of a recent trip to London to see their favourite musical.

Judgment: Compliant

Regulation 6: Health care

This inspection found that the provider and person in charge had implemented actions to improve all residents' healthcare needs and supports, and bring the centre back into compliance under Regulation 6.

All residents had up-to-date "Patient Passports" on file which detailed critical information relating to medical conditions, allergies, current medications, capacity and support required for consent, communication, personal care, keeping safe, and likes and dislikes. Staff spoken with confirmed that these documents were used to support residents attend various medical and healthcare appointments. All residents had on file documentation to evidence that they had attended their annual medical review appointments.

The inspector noted that all residents had up-to-date healthcare plans on file. For instance, the inspector observed healthcare plans pertaining to asthma, hypothyroidism, hormone replacement, and skin integrity. Furthermore, the inspector noted that all residents were supported to attend recent national screening programmes and further heathcare checks relating to their underlying medical conditions. Detailed records were also kept on residents' appointments, which

confirmed that all residents were supported to attend appointments for bloods, endoscopy, flu vaccine, dentist, and chiropody.

Since the previous inspection the person in charge had ensured that one resident's outpatient healthcare communications and information was transferred to the designated centre. This had a positive impact on the residents' healthcare and also ensured that the staff team had access to the most accurate and up-to-date information in relation to the resident's healthcare needs.

Staff working in the designated centre were knowledgeable of residents' healthcare needs and had the necessary information to create, monitor and update their health support plans as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were now in place to provide positive behaviour support to residents with assessed needs in this area. Residents with an assessed need for positive behavioural supports now had positive behaviour support plans on file. Two positive behaviour support plans reviewed by the inspector were found to be detailed, comprehensive, and developed by appropriately qualified professionals. Each plan incorporated proactive and preventative strategies aimed at minimising the risk of behaviours that challenge from occurring.

Staff spoken with on the day of this inspection were knowledgeable of positive behaviour support plans in place and the inspector observed positive communications and interactions throughout this inspection between residents and staff. Staff had access to specialist advice and suitable support through the provider's behaviour support specialists.

As previously reported under Regulation 16: Training and staff development, and as per the provider's compliance plan the majority of staff had completed specialised person-centred positive behaviour supports training sessions with the remaining staff booked in to complete this in September and October 2025.

The provider's restrictive practice policy had recently been reviewed in September 2024. There was an eLearning programme in place to ensure staff had read and understood the policy. At the time of this inspection all staff had completed this. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. At the time of this inspection there were no restrictive practices in use.

Judgment: Compliant

Regulation 8: Protection

Since the previous inspection, following a review of documentation, and from speaking with management, the inspector found that actions set out in the provider's compliance plan for bringing Regulation 8 into compliance across their organisation had been completed in this designated centre.

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. This had been recently reviewed and updated in October 2024, and it clearly directed staff on what to do in the event of a safeguarding concern. All staff in this centre had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with throughout this inspection were knowledgeable about their safeguarding remit and regulatory responsibilities. For example, all safeguarding concerns had been reported to the Chief Inspector in line with the regulations.

At the time of this inspection there were no safeguarding concerns open. The inspector reviewed the records of previous safeguarding incidents identified during the previous inspection in February 2025.The provider and person in charge had ensured that these had been appropriately reported. Furthermore, and to mitigate the risk of recurrence a number of actions were implemented. For example, all residents had updated money management assessments completed, residents were supported to set up direct debits to pay rent, and manage their financial outgoings, and a visual financial plan to manage weekly expenses was created in consultation with another resident.

All residents had up-to-date individual safety plans and "Safeguarding Passports" on file. All residents spoken with on the day of this inspection informed the inspector they felt safe and happier living in their home.

Following a review of two residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with their personal plans and in a dignified manner.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant