



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

Issued by the Chief Inspector

Name of designated centre:	Cairdeas
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	27 May 2025
Centre ID:	OSV-0002651
Fieldwork ID:	MON-0038459

About the designated centre

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

This designated centre provides a respite service for persons with a physical or sensory disability. A maximum of six persons can be accommodated at any one time. The premises are purpose built on a campus operated by the provider where other unrelated services are provided. The centre is a relatively short commute from the city and transport is provided. Each resident has their own bedroom for the duration of the respite stay, bathrooms are shared between two residents. The service is funded to open 243 nights per year and the opening times and the duration of the respite stay can vary according to individual requirements. When open the service is staffed on a 24 hour basis and the staff team is comprised of the person in charge, team leader, care workers and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 May 2025	09:30hrs to 17:15hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was previously inspected in June 2022 as part of the current registration cycle. The inspector noted that the provider was found to have had adequately addressed the actions that were identified during that inspection.

There were five residents availing of short breaks in the designated centre at the time of this inspection. The person in charge was available on the day of the inspection and explained to the inspector that due to the assessed needs of one of the residents the staff team were better able to support the assessed needs of the group with just five residents being present. There was one vacancy on the day of the inspection.

On arrival the inspector was introduced to a resident who had recently commenced availing of short respite breaks in the designated centre. The resident spoke with the inspector in the kitchen and outlined how they were enjoying staying in the designated centre. They spoke about their plans for the day with a peer which included going out for lunch. The resident was observed to interact with staff in a jovial manner when they could not remember the staff member's name. On another occasion the resident was supported by a staff member to locate their bedroom as they had forgotten where it was located momentarily.

The inspector was informed one resident had already left to attend their day service and the other three residents were either being supported by staff to complete their morning routines or had chosen to have a rest that morning. The inspector introduced themselves to one of these residents after they had completed their morning routine. The resident had independently mobilised themselves in their wheelchair to the outside porch area and was engaging in conversation with another peer. Both residents explained that they knew each other as they attended another service where they could meet regularly and stated they enjoyed each others company. They had decided to have a social outing together after one of them attended a pre -arranged medical appointment.

Another resident spoke with the inspector after they had completed their breakfast later in the morning. This resident had been availing of short breaks in the designated centre since 2018 and spoke of the positive impact it had for them and their family. They outlined how the staff team supported the resident to go to purchase personal items and engage in social outings which they greatly enjoyed. The resident also spoke of how much they enjoyed meeting other peers in the designated centre. They spoke about how they looked forward to the music session on Wednesday nights that were held in the designated centre.

One resident did acknowledge the inspector but declined to engage in a lot of

conversation during the inspection. The resident was offered the opportunity to go on a social outing with two of their peers but they declined wishing to remain resting in the designated centre. This was facilitated by the staff on duty. The resident was supported by staff who were familiar with the resident's assessed needs and were aware of their preferences. While the resident was afforded opportunities to rest in a quiet space during the day the staff were also observed to encourage the resident to go to the dining room for their meals during the day.

The inspector met the fifth resident in the afternoon after they returned from their day service. Before being introduced to the inspector the resident was overheard chatting to the staff team about their day and their plans to go on holidays soon. The resident greeted the inspector with a broad smile and spoke about their day, meeting friends as well as providing more details about their planned holiday. The resident informed the inspector they were very happy to avail of short breaks in the designated centre. They enjoyed the variety of social activities and meeting new peers.

The inspector was given six completed questionnaires to review during the inspection. All the responses were positive with additional comments about the dedication and ongoing supports provided by the staff team, the ease of access to social activities, the ability to maintain independence in -line with expressed wishes and the homely atmosphere in the designated centre.

At the time of this inspection there were approximately 80 individuals known to the provider and staff team seeking to avail of short breaks in the designated centre. Of these 71 residents were being supported to avail of short breaks frequently with two assessments recently completed and the additional seven assessments yet to commence. The inspector was informed that due to the high levels of demand for the service being provided a review was being undertaken by the provider with the funder to seek to increase the number of nights each year the designated centre could remain open to provide short breaks to residents.

The inspector spoke with five members of staff during the inspection. This included the person participating in management, the person in charge, nursing and care support workers. In addition, the inspector was introduced to members of senior management team with the provider who were also visiting the campus during the day. All staff demonstrated their the awareness of their roles and responsibilities, with the focus being to provide person centred care while supporting individuals to remain independent. Staff working in the designated centre spoke of how they supported each resident to make choices and decisions while availing of respite breaks. The flexibility of the staff team was evident to ensure a good quality service and meaningful activities were being provided for each resident. This included supporting individual and group activities in line with residents preferences. For example, some residents liked to attend the cinema or complete personal shopping, others preferred outdoor spaces, while others liked to engage in social activities such as having refreshments.

Staff outlined how consideration was given during each respite break with the individuals present to ensure each resident was being supported in a person centred

way. Staff spoke of how some residents liked to spend time in the designated centre and this was evidenced as occurring on the day of the inspection. In addition, staff also outlined after having a busy day at their day service some residents liked to relax in the evening time either in their bedrooms or with peers in the large communal spaces. The inspector was informed that for the staff team there was an indicator that the service being provided was meeting the expectations of the residents. Seeing residents smiling on arrival and as they left at the end of their planned stay indicated that the staff team were providing a good service. Staff spoke with pride of the service being provided and outlined how they were open to constant learning and review trying to ensure where improvements were required these were addressed. The use of the admission template helped the staff team to organise activities, manage expectations and check -in with residents on how each individual was doing during their stay.

In summary, there was evidence of residents being supported to avail of respite breaks which supported their assessed needs. This included ongoing review of how well residents engaged with their peers while in the designated centre. Where residents indicated that they preferred to spend time alone or away from peers this was facilitated by the staff team. Reduced numbers of residents were supported where it was identified as being in-line with the specific assessed needs of individuals. A consistent core group of staff was available to ensure residents were being supported by staff who were familiar to them.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to the wishes they were expressing regarding how they wanted to spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective. The provider had adequately addressed the actions identified in the previous Health Information and Quality Authority (HIQA) inspection that took place in June 2022. This included ensuring issues identified relating to Regulation 31: Notifications and Regulation 34: Complaints had been addressed by the provider.

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of

staff, and to seek them out for support as required. For example, residents who had attended for a number of years were heard to call staff members by their name when they required assistance in the kitchen. A resident who had only recently commenced attending the designated centre was observed to be supported to locate their bedroom and reminded in a respectful manner of a staff member's name.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. The inspector reviewed the annual review for the designated centre which was completed for 2024 and the most recent internal six monthly provider led audit was completed in February 2025. Details of actions being taken to address issues were clearly documented with no actions re-occurring in subsequent audits. For example, the provider's auditors had identified that pre-mature archiving of the fire drills that had been completed during 2024 had occurred in January 2025. The provider and staff team had measures in place to ensure this did not occur in the future. The provider also had other ongoing monitoring systems in place which included a health and safety trend report, internal audit tracker reports, weekly and monthly audits. The staff team were delegated responsibilities for some audits such as weekly cleaning and the person in charge completed monthly audits

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements. Minor changes and clarifications were submitted in a timely manner by the provider.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre. They were available to the staff team by phone when not present in the designated centre.

Duties were delegated and shared among the staff team including audits, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in line with the statement of purpose. There was a consistent core group of staff working in the designated centre.

- The staff team was comprised of nurses and care support staff.
- There were no staff vacancies at the time of the inspection. Two new employees had commenced in April 2025. No agency staff were working in the designated centre.
- Regular relief staff were available to support the staff team as required.
- A selection of dates were reviewed on both actual and planned rosters since the 7 April 2025 until the 20 June 2025, 11 weeks. These reflected changes made due to unplanned events/leave. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each day time shift and scheduled training for all members of the staff team. The person in charge was informed that the hours of the night time shift should be documented somewhere on the rota so the reviewer is aware of the regular start and finish times if an abbreviation is being used.
- The flexibility of the staff team to ensure sufficient resources were consistently available was evident. For example, on 9 April 2025 due to unplanned leave of a staff member, the team leader completed the sleep over shift.
- The person in charge ensured familiar staff were rostered on duty to support specific assessed needs of some residents.
Staffing resources were reflective of the assessed needs of residents attending and the number of residents in the designated centre. For example, one resident who required additional supports with activities of daily living attended for short breaks when reduced numbers of peers were attending to ensure the staff team were able to effectively support the resident's assessed needs.
- Monthly staff team meetings were taking place and staff who were unable to attend were to sign the meeting notes to document that they had read them. This was observed to be occurring. The inspector reviewed meeting notes from May and April 2025. Items discussed included safeguarding, staff training, changes to templates such as cleaning checklists, rosters and the administration of medications.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 16 members which included the person in charge, four nurses and 11 care support workers.

- The person in charge was aware there were some gaps in the refresher training for some members of the staff team at the time of this inspection. Two staff required fire safety training, this was booked to take place on 6 June 2025. Three new staff were scheduled to attend crisis prevention intervention training in July 2025.
- All of the current staff team had up-to-date training in safeguarding, infection prevention and control, manual handling theory and practical. In addition, all staff had completed training in assisted decision making, first aid responder and childrens first.
- Due to extreme weather at the start of the year some planned refresher training had to be re-scheduled for members of the team, this included medication management. However, the person in charge ensured only staff with up-to-date training were administering medications with at least one trained person on duty on each shift. Members of the staff team including new staff were scheduled to attend such training in June and July 2025.
- The provider was also planning to provide face to face training in a number of areas including human rights to the staff team during 2025.
- The person in charge outlined how the rostering of staff was reflective of the assessed needs of the residents attending, the skill mix of the staff supporting and their training to ensure the team were consistently able to meet the assessed needs of the residents availing of short breaks.
- A schedule of staff supervisions had taken place during 2024 by the person in charge. For example, six of the core staff team had met with the person in charge on four occasions during 2024. If a scheduled supervision was unable to take place the person in charge documented the reason, such as left employment or sick leave. If a staff member was a new starter this was also reflected in the supervision matrix.
- A schedule of planned supervisions for the first six months of 2025 was also reviewed. This contained details of the supervisions that had been completed to date as well as those scheduled. This included details of supervisions for three new staff commencing since the start of the year. The second supervision for 2025 for the staff team were scheduled to take place between May and the end of June 2025.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. This documentation was submitted by the provider as part of their application to renew the registration of the designated centre. The current insurance certificate was valid until 30 June 2025 and the provider was made aware on the day of the inspection that an updated certificate was to be submitted as part of the renewal application once available.

Judgment: Compliant

Regulation 23: Governance and management

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

All actions identified in the provider's annual report and internal six monthly audits had been addressed/updated to the satisfaction of the provider. No issues were evidenced to have been re-occurring. For example, in an internal audit completed in January 2025 it was identified that pre-mature archiving of fire drill records that had taken place in 2024 had occurred. Control measures were put in place to avoid re-occurrence in the future.

The provider and the staff team were consistently seeking the input from residents who were availing of short breaks regarding the services being provided to ensure the service was meeting the needs of the residents.

There was also evidence of ongoing review and revision of documents and templates used within the designated centre to ensure staff were using templates which reflected the centre specific profile of residents. This included revised pre-admission/admission and discharge templates, personal emergency evacuation plans (PEEPs) and monthly cleaning schedules for the designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had taken steps to ensure all residents had a contract of care in place. A review of the admission process had been undertaken with evidence of residents

being consulted and their informed consent being obtained.
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. Minor changes were discussed during the inspection and the provider had evidence of these changes having being made on the day and a revised version was to be submitted following this inspection.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>The person in charge had ensured that a written report had been provided to the Chief Inspector at the end of each quarter as required by the regulations.</p> <p>The person in charge had ensured the Chief Inspector had been notified in writing within three working days of all adverse incidents. There was evidence of review and recommendations to reduce the risk of similar incidents occurring which included measures and controls in place to avoid medication errors occurring. These controls were observed to be in place by the inspector during the inspection and included an alarm and colour coding on a notice board in the medication board to indicate if a resident had received their prescribed medications. The inspector was informed this was working well for the staff team.</p> <p>It was discussed during the inspection that the Chief Inspector encourages the use of unique identifiers in order to avoid collecting unnecessary personal data about a resident when corresponding or interacting with HIQA. While there was a low level of notifications submitted for this designated centre and residents availing of short breaks are viewed as "guests" the use of a consistent unique identifier for each resident when submitting notifications to the Chief Inspector would be advisable for data protection reasons.</p>
Judgment: Compliant
Regulation 34: Complaints procedure

The provider had ensured a complaint and compliment policy was in place and subject to review by the provider. Details of who the local complaint officer in the designated centre and who was the organisation's complaint officer was were observed to be available within the designated centre.

Information relating to complaints and the processes available within the designated centre was available in easy -to read formats and in information leaflets.

There were no open complaints at the time of this inspection. There had been three complaints since the start of 2024. All had been addressed in a timely manner and closed out with the satisfaction of the complainant documented.

In the same period 14 compliments were logged regarding the enjoyment and positive experiences of residents who availed of short breaks in the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were being promoted, encouraged to build their confidence and independence, and to explore different activities and experiences in-line with their expressed wishes.

The residents attending for respite breaks on the day of the inspection, spoke of how they enjoyed their time in the designated centre. It was evident some residents enjoyed each others company and were observed chatting and engaging in playful banter. Staff outlined how ongoing review of the compatibility of groups attending was taking place to ensure a positive experience was had by all residents.

Effective measures had been implemented to support the assessed needs of a number of residents which included reduced number of residents attending to ensure specific assessed needs could be met. Specific bedrooms located away from the communal areas were identified to better support particular residents and a core consistent staff team worked together to provide a positive experience for all residents.

The staff team spoke about the constant learning, ongoing review and listening to the voice of each resident to ensure they were managing residents expectations. Staff spoke of spending time chatting to residents, checking in with them and how the team were evolving with new skills and team members to enhance the experience being provided to residents.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats and visual signage were available for a range of topics including safeguarding, advocacy and consent.

Residents also had access to telephone, television and Internet services.

Some residents spoken with during the inspection were aware of the process of how to make a complaint and who they would speak with if they had any concerns. There were information leaflets available in the designated centre which included who the complaints officer was.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured residents were supported to access their day services, if they wished to do so while attending for respite breaks. Consultation with residents and family members evidenced scheduled breaks occurred at times that best suited residents and their regular family routines.

Staff outlined to the inspector the staff resources that were available and the flexibility to support activities in particular if not all residents chose to engage in a group activity. For example, a resident could choose to remain at the designated centre with staff support while others engaged in social activities. Planning of activities at the start of a respite break assisted with residents to make decisions on what they would like to do and provide opportunities for them to change their mind if they chose to do so.

The inspector was also aware of ongoing supports being provided to residents if they requested to attend for a short break due to personal circumstances changing. The person in charge had linked with community services and social workers when required to ensure the general welfare of residents were being supported and assistance was offered by the person in charge.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. Communal areas were large and spacious. The building was 24 years old and there were signs in some areas of general wear and tear, damage to flooring and chipped /marked paintwork.

- Planned internal re-painting was scheduled to take place to upgrade the overall decor. This included some bedroom areas and communal areas. Maintenance issues were also identified to be address during planned closures of the designated centre in June and August 2025.
- The person in charge explained that due to unplanned /unforeseen expenditure during 2024 to replace the heating boiler and septic tank, repairs and painting had been delayed outside of the original planned time lines.
- Residents who required the use of wheelchairs to mobilise were able to access all communal areas and had adequate space in bedrooms that had been identified to support their assessed needs.
- The person in charge had ensured the maintenance log had been updated and reviewed on 29 May 2025 with a planned review scheduled to be completed by an external contractor to address the issues which included a light switch and call bell not working. Control measures were in place to support residents using these areas while awaiting the repairs to be completed.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. Minor changes were discussed during the inspection with the person in charge and a revised version of the document was to be re-submitted by the provider after the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which outlined the processes and procedures in place to identify, assess and ensure ongoing review of risk.

There were no escalated risks at the time of this inspection.

Centre specific risks had been reviewed by the person in charge in March 2025 with

measures in place to ensure the safety of residents and staff in the designated centre. The person in charge outlined the planned implementation/roll out in July 2025 of a new system by the provider to enhance the stream lining of risk management.

The person in charge had identified a risk in May 2025 relating to new staff commencing their roles without completing all mandatory training in advance. It was evident the control measures listed were being adhered to. This included no lone working for any new staff that had not completed all of the required training. Travel to other regions would be considered to complete the training required if spaces were available and a training plan was in progress and updated regularly.

Individual risk assessments had also been completed and subject to regular review by the staff team. Measures were in place to ensure the safety and well being of residents. For example, a resident new to attending for short breaks to the designated centre had an identified risk relating to a known medical condition. The resident expressed their wishes which included declining medication while conscious. The inspector noted two documents relating to the management plan for this resident. One was dated 14 January 2025 and the other was undated. The information contained in both differed. However, the inspector was updated by the staff nurse on duty that the undated one had not been accepted and the protocol for the 14 January 2025 was the correct protocol. The undated protocol was removed from the residents file. The resident's risk relating to the medical condition was also updated on the day of the inspection to reflect that they may choose to decline medication while conscious.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems which included weekly, monthly, quarterly and annual checks being completed. Dates of when the designated centre was closed were also clearly documented in the checklists that were reviewed by the inspector. The person in charge had ensured a fire fact file was present in the designated centre, this was in line with the provider's policy. This folder had been subject to regular and recent review in May 2025. A total of 16 staff had documented that they had read the fire folder contents since December 2024.

During a walk around of the designated centre all fire exits were observed to be free from obstruction. An annual fire risk assessment had been completed on 6 May 2025. An action following that assessment required the mobility status of each resident to be updated. This had been completed on the same day. In addition, an external contractor had completed regular scheduled checks including automatic door releases in February 2025.

The person in charge had scheduled two staff to attend refresher training at the start of June 2025 and the remainder of staff team working in the designated centre at the time of this inspection had up-to date training in fire safety.

The inspector reviewed the details of two fire drills that had taken place since the beginning of 2025. Both detailed a scenario, the exits being used and the time taken to evacuate the residents that were present. The inspector was informed a minimal staffing fire drill had taken place in September 2024 and the next was planned for September 2025.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to review on each admission or if required following a fire drill taking place while the resident was availing of a short break. These plans detailed if any staffing supports were required by the resident both by day and night and also contained details if additional aids may be required to ensure a safe and effective evacuation took place. Each day staff ensured the PEEPs for residents availing of short breaks were available to staff in a central location in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal profiles specific to the respite service of four of the residents availing of respite breaks at the time of the inspection. It was evident staff were contacting residents approximately one week before their planned stay to review with the resident their current well being and if there were any changes since their previous short break. In addition, details were documented if a resident required staff to collect them and if there were any planned appointments or preferred activities the resident wished to attend during their short break. This facilitated a review of the planned staff resources in advance to ensure sufficient staff resources and skill mix were available to support the assessed needs of those attending.

On the first day of each resident's short break a staff member reviewed the personal plan with the resident to ensure the details were correct and up-to -date. In addition, the residents were consulted on what activities they would like to do during their short break. For example, one resident stated they were looking forward to socialising and outlined where they would like to go. One of these locations was facilitated by the staff team on the day of the inspection.

The centre specific respite personal profiles that were reviewed were found to be comprehensive in nature. The profiles provided up-to date information on health issues, supports required with activities of daily living and likes and dislikes. Details of measures where required to support specific preferences or assessed needs such as with food choices and engaging with peers in activities were reflective of staff knowledge and supports being provided to each resident.

Residents health and attendance to allied health care professionals was being primarily supported by family members.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents were supported to positively manage challenging issues while attending for respite breaks. Staffing resources familiar with residents who experienced difficulties and environmental considerations were being provided to ensure effective supports were in place for residents who required such actions. For example, reducing the number of residents in receipt of respite breaks when specific residents with increased assessed needs were being supported.

None of the residents availing of short breaks in the designated centre required positive behaviour support plans at the time of this inspection. All core staff members had attended crisis prevention and intervention training and three new staff were booked to complete this training in July 2025.

The person in charge ensured the staff team had access to the provider's policy on the use of restrictions within the designated centre. Restrictive practices that were used were reflective of individual residents assessed needs and referred to as voluntary restrictions with the rationale for the use of such restrictions documented in the restrictive practice log. For example, the use of lap belts, recliner chairs, bed bumpers and bed rails were documented for specific residents who required such supports. The purpose for such restrictions being place and the consent of the resident was also recorded. The restrictive practice log had been subject to regular review with the most recent review taking place in October 2024 and the next review scheduled for June 2025.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There was one open safeguarding plan at the time of this inspection, which was being kept under review by the staff team. Measures were in place to provide support/ respite breaks as needed to the resident.
- One safeguarding plan was closed on 16 May 2025 and remained subject to monitoring. Additional control measures were in place to reduce the risk of a

similar incident occurring which included electronic alerts being used by staff members to ensure all residents were supported to receive their prescribed medications at the times for which they were prescribed.

- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. The plans demonstrated person centred care with the consultation with each resident regarding their plan documented.
- Following the receipt of a complaint by a resident in March 2025 there was documented evidence of a review taking place of that resident's intimate care plan to ensure staff consistently supported the resident in -line with their preferences and expressed wishes.
- The person in charge had also ensured a safeguarding folder was maintained in the designated centre, which included up to date information for staff. In addition, 15 staff members had signed they had read the provider's current safeguarding policy since January 2025.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre.

- Staff ensured residents were being provided with a person centred service in a relaxed environment.
- Residents were being supported to maintain their independence during their short break which included being supported with daily decision making, self-medication and managing their personal finances.
- Where residents expressed wishes and preferences to spend time in the designated centre this was respected. This was also reflective of residents returning in the evening after attending their day service.
- Staff were supporting residents to part take in community activities, such as personal shopping or social activities such as visiting scenic locations.
- Staff were also available to support residents attend scheduled appointments during their respite break if required. Some residents planned such appointments to coincide with their short break so that they would have the assistance of a staff member to attend the appointment.
- At the end of each short break residents were asked for their opinion on what worked well for them during their short break and was there any changes required to be made to enhance their experience for future short breaks.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant