



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

Issued by the Chief Inspector

Name of designated centre:	Liffey 7
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	01 April 2025
Centre ID:	OSV-0002972
Fieldwork ID:	MON-0042716

About the designated centre

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

Liffey 7 Designated Centre is made up of two houses in a South Dublin housing estate. The two houses are supervised by one person in charge who is the social care leader. There is capacity for nine adults with an intellectual disability between the two houses. The first property is a semi-detached house which is adjacent to the second property. The first premises is comprised of six bedrooms (one with an en-suite), one communal sitting/dining area/kitchen and three bathrooms. The second property is a four bedroom semi-detached house. This house also has a kitchen, dining room/sitting room, and a bathroom. Both houses are connected through an inner door. Residents are supported by social care workers and healthcare assistants and have access to the local community using public transport and a centre based vehicle.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 1 April 2025	08:55hrs to 16:00hrs	Kieran McCullagh	Lead

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 the inspector 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.

The inspection was conducted over a single day and was facilitated by the person in charge. The inspector also met with the residential coordinator and the programme manager. To form judgements on the residents' quality of life, the inspector used observations, discussions with residents, a review of documentation, and conversations with key staff. The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "support residents to live as independently as they can in their community and to enable them to plan for and achieve their goals they set in their lives. This includes goals in all aspects of their lives including social, health and work related ambitions". The inspector found that the service not only ensured residents received the care and support they needed but also provided them with a meaningful, person-centred experience.

The designated centre consists of two houses located in a South Dublin housing estate, both managed by one person in charge. The centre has the capacity to accommodate eight adults with intellectual disabilities. The first home is a semi-detached property adjacent to the second. It features five bedrooms, a staff office, a combined sitting and dining room, a kitchen, and three bathrooms. The second house is a four-bedroom semi-detached property with a kitchen, a combined sitting and dining room, and a bathroom. Both homes are connected by an internal door. Residents are supported by a team of social care workers and have access to their local community through public transport and a centre-based vehicle.

The inspector noted that the designated centre was clean, tidy and decorated with residents' personal items, including family photographs and memorabilia. Additionally, photographs of residents participating in various activities were displayed throughout the home. For instance, the inspector observed photographs of residents enjoying boat trips, visits to the beach, barbecues, and attending musicals and shows. The inspector noted that the fire panel was addressable and easily accessed in the entrance hallway of each house and all fire doors, including bedroom doors closed properly when the fire alarm was activated. Emergency exits

were thumb-lock operated, which ensured prompt evacuation in the event of an emergency.

Residents' bedrooms were arranged to reflect their personal tastes and included items of interest to them. One resident happily showed the inspector their bedroom, which featured artwork on the walls and photographs of family and friends. The resident also proudly shared a letter they had received from the President of Ireland thanking them for making a personalised card.

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.

The inspector had the opportunity to meet with six residents and three staff members during the inspection and also took time to observe interactions and planned activities. In summary, residents expressed to the inspector that they were very happy living in the centre and felt safe in their home. They shared that they appreciated the support of the staff, all of whom they knew by name. Staff described meaningful opportunities for residents to participate in activities they enjoyed, and the inspector observed residents engaging in these activities both at home and within their local community. For instance, activities included part-time paid employment and participation in day service programmes.

Residents were supported to stay connected with important people in their lives and to make choices and decisions about their day-to-day activities. For instance, one resident shared with the inspector that they visited their family on weekends and talked about plans they were making to celebrate Easter in the coming weeks. Throughout the inspection, residents were observed getting along very well with one another. It was evident to the inspector that they had formed strong bonds of friendship.

The person in charge spoke highly of the standard of care provided to all residents and had no concerns regarding the safeguarding or wellbeing of anyone living in the designated centre. They also took time to discuss one resident's changing medical needs and the support plans that had been implemented as a result. Staff spoke with the inspector 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. It was 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 the inspector 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 the inspector they were very happy living in the centre. 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 a critical responsibility for providers in designated centres. All residents have the right to safety and to live free from harm, which is essential for delivering high-quality health and social care. Residents should be able to trust the provider, person in charge, and the staff to help them feel secure. Therefore, effective safeguarding depends on collaboration among individuals and services to ensure that residents are treated with dignity and respect, and are empowered to make decisions about their own lives.

This inspection found that the management systems in place were effective in overseeing risks within the service. It ensured that residents were safeguarded and were in receipt of a high-quality, 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 a full-time person in charge who had sole responsibility for this designated centre. The person in charge met the requirements of Regulation 14 and were supported in their role by a residential coordinator and a programme manager. There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a 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. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing. Warm, kind and caring interactions were observed between 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. 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. The provider recognised that effective governance and management ensured good safeguarding practices in the centre. A six-monthly unannounced visit of the centre had taken place in September 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.

Overall, it was 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 this inspection, the provider ensured there were sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose and the size and layout of the designated centre. The inspector noted that the staff team were well qualified, properly trained, and dedicated to delivering care that upheld residents' rights and ensured their safety.

The staff was comprised of the person in charge and social care workers. The inspector examined the planned and actual staff rosters for February and March 2025. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

On the day of the inspection, one full-time social care worker position was vacant. The inspector noted that the position had been advertised, and the provider was actively working to maintain continuity of care for residents by utilising a small panel of regular relief and agency staff. This approach ensured that, despite staffing vacancies and both planned and unplanned absences, residents continued to receive care from skilled staff who were familiar with their individual needs and preferences.

During the inspection, the inspector spoke with a number of staff members on duty and found that all were highly knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff and felt comfortable interacting and receiving care. The inspector also observed staff engaging with residents, both socially and in activities inside and outside the centre. It was clear that staff had developed and maintained therapeutic relationships with

residents, helping them feel safe, secure, and protected from all forms of abuse.

Judgment: Compliant

Regulation 16: Training and staff development

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

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

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, diabetes, food safety and manual handling.

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 quarterly formal supervision and ongoing informal supports tailored to their roles.

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. Both the provider and the person in charge had implemented comprehensive management structures that effectively promoted safeguarding across the service. 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.

There was clear evidence of consistent oversight and monitoring of the care and support provided within the designated centre, with regular management presence on-site. Adequate arrangements were in place to ensure effective oversight and operational management during periods when the person in charge was off duty or absent. Additionally, clear and well-communicated on-call arrangements provided

staff with access to managerial advice at all times, as needed.

An annual review of the quality and safety of care was completed for 2023, and the person in charge informed the inspector that the 2024 review was currently in progress. The inspector noted that all key stakeholders had been actively consulted as part of the review process, as per the regulatory requirement. Feedback received was overwhelmingly positive, with stakeholders praising the warm, welcoming atmosphere and the homely environment within the centre. Many expressed a high level of satisfaction, highlighting the excellent care and support provided, along with the consistently safe and reassuring setting.

The inspector reviewed the action plan developed following the provider's most recent six-monthly unannounced visit, conducted in September 2024. This visit resulted in a detailed report that identified key areas for service improvement, from which a comprehensive action plan was formulated. The plan outlined 12 specific actions spanning eight different regulatory areas. Upon review, the inspector found that the majority of these actions had been successfully completed and were being effectively utilised to support and sustain continuous service improvement.

Additionally, several local audits and a Quality Enhancement Plan (QEP) specific to the designated centre were underway. The QEP outlined areas requiring regulatory improvement, specifying timeframes for completion, responsible individuals, and evidence of progress. Upon reviewing the plan, the inspector noted that nine actions were currently in progress, all of which were actively contributing to driving further service development.

Judgment: Compliant

Quality and safety

This section of the report provides an evaluation of the quality of services delivered and the effectiveness of measures implemented to ensure the safety of residents. Regulations pertaining to safeguarding were specifically assessed as a part of this inspection.

Safeguarding extends beyond the prevention of abuse, exploitation, and neglect. It involves a proactive approach, recognising safeguarding concerns, and implementing measures to protect individuals from harm. It is also about promoting the human rights of residents and empowering them to exercise control over their own lives.

The inspection confirmed that effective systems and procedures were established to provide residents with care and support that was safe, person-centred, and of high quality. Care was tailored to each resident's individual needs, ensuring it was appropriate and responsive. The provider and person in charge were committed to

maintaining a safe environment for all residents at all times.

Staff were well informed about each resident's individual communication needs. Throughout the inspection, the inspector observed that staff demonstrated flexibility and adaptability in their use of various communication strategies. A strong culture of listening to and respecting residents' views was evident within the service. Residents were actively supported and encouraged to communicate with their families and friends in ways that suited their preferences. Additionally, residents had access to safeguarding information presented in formats appropriate to their communication styles and abilities.

Residents were supported to make decisions about how their home was decorated and residents' personal possessions were respected and protected. The inspector 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. A walk around of the centre confirmed that 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 personal tastes and preferences.

The inspector found evidence that the provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfill 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. Individualised specific risk assessments were also in place for each resident. It was noted that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

It was found that residents had an up to date and comprehensive assessments 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 personal intimate care, personal safety, positive behaviour support and healthcare. Residents were in receipt of appropriate care and support that was individualised and focused on their needs. Residents were seen to be supported to access relevant healthcare appointments and to live busy and active lives in line with their assessed needs and preferences.

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 behaviours of concern. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment.

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. 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. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

The inspector saw that staff practices in the centre were upholding residents' dignity and were supporting residents to have control over their lives. Residents were continually consulted about and made decisions regarding the ongoing services and supports they received, and their views were actively and regularly sought. Information was made available to residents in a way that they could understand in order to support them to make informed choices and decisions.

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 residents could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes. Throughout the duration of the inspection the inspector observed residents freely expressing themselves, receiving information and being communicated with in the best way that met their assessed needs. For instance, a number of residents had communication challenges. Staff supporting these residents acted as communication partners and were observed to be familiar with the residents' communication support plans.

During the inspection, the inspector reviewed communication support plans of four residents and found the information to be accurate and current. The plans were thorough, detailed, and created by a qualified professional.

The service fostered a culture of listening to and respecting residents' opinions. For instance, all residents were given the chance to take part in monthly meetings where key topics related to the residents and service were discussed. The inspector examined the minutes from the latest resident meeting and found that the agenda covered important topics such as new concerns, activities, housekeeping, privacy and dignity, health and safety, and maintenance issues.

The inspector found that residents were supported by staff who understood their communication needs and could respond appropriately. Residents had access to information about safeguarding measures tailored to their communication preferences. Additionally, the inspector noted that easy-to-read materials on safeguarding, the complaints process, and advocacy services were available to

residents on the day of the inspection.

Judgment: Compliant

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. The inspector observed that the premises conformed to the standards outlined in Schedule 6 of the regulations, with consideration given to the safeguarding needs of the residents living in the centre.

Residents were able to freely access and use the available spaces within the centre and its gardens. All facilities were well maintained and in good working order. There was sufficient private and communal space for residents, along with appropriate storage facilities. Since the previous inspection the provider had renovated the kitchen, which had a positive impact on residents living in the home and provided them all with a better standard of care. Overall, the centre was found to be in good structural condition, and well-presented decoratively.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, every bedroom was provided with ample and secure storage for residents' personal belongings.

Equipment used by residents was easily accessible and stored safely and records reviewed by the inspector evidenced that this equipment was serviced regularly. All residents spoken with during the inspection shared that they were happy and felt safe living in their home.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the provider had embedded safeguarding as a core component of the centre's safeguarding practices. The provider had a risk management policy and standard operating procedure in place, which was reviewed by the inspector. The provider had ensured that the policy included all necessary information in accordance with regulatory requirements. For instance, it contained detailed information on managing the unexpected absence of a resident, accidental

injuries, self-harm, and outlined the systems in place within the designated centre for the assessment, management, and ongoing review of risk.

The risk management policy had arrangements for the identification, recording, investigation and learning from safeguarding incidents. Safeguarding risks were identified, assessed, and necessary measures and actions were in place to control and mitigate risks. In line with the risk management policy, there was a risk register in place which detailed potential risks in the centre as well as the measures in place to reduce or eliminate them.

On the day of this inspection, the inspector found that each residents' safety, health and wellbeing was supported through "Service user risk assessment" forms. Risk assessment forms included appropriate measures and actions in an attempt to control and mitigate identified risks. 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. In addition, the resident was provided with a positive behaviour support plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had arranged to meet the safeguarding needs of each resident and the person in charge had ensured that safeguarding needs were part of all residents' assessments of need and of their review thereafter. Comprehensive care plans were created in a person-centred way, outlining residents' preferences and needs for their care and support. For instance, the inspector reviewed plans on file for four residents related to eating and drinking, dental care, mobility, and medication.

In the creation of accessible, person-centred plans, the inspector noted that some residents had chosen not to participate, and this decision was clearly documented in their files. During personal planning meetings, residents set individual goals for 2025. The inspector observed goals related to maintaining a stable and healthy weight, staying active and eating healthily, and increasing social outings with friends. Staff who spoke with the inspector 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.

The inspector saw evidence that residents were able to take part in activities of their own choosing. This included certain activities that involved an element of positive risk-taking. Residents were not unduly dissuaded or discouraged from exploring different activities and staff and management were observed to make every effort to facilitate residents' requests.

Judgment: Compliant

Regulation 7: Positive behavioural support

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

Staff received training in managing behaviour that is challenging and participated in regular refresher courses based on best practices. Staff members were knowledgeable about support plans in place, and the inspector observed positive communication and interactions between residents and staff throughout the inspection. Additionally, systems were in place to regularly monitor the behavioural support approach, and staff avoided practices that could be seen as institutional abuse.

There were no restrictive practices used in this centre and the inspector found that 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 established systems to safeguard residents from abuse. For instance, a clear policy was in place, providing staff with explicit guidance on the appropriate actions to take in the event of a safeguarding concern. Furthermore, all staff had completed safeguarding training equipping them with the skills necessary for the prevention, detection, and response to safeguarding issues.

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 the inspector that staff took all safeguarding concerns seriously.

At the time of this inspection there were no safeguarding concerns open. However, the inspector found that previous safeguarding concerns had been reported and responded to as required. For example, interim safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed three preliminary screening forms and found that any incident,

allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of four 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 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.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner that respected residents' rights, needs, and choices, thereby supporting their welfare and promoting self-development.

The provider had fostered a culture where a human rights-based approach to care was central to how residents were supported. Throughout the inspection, the use of this approach was evident, empowering residents to live lives of their choosing, guided by human rights principles. For example, residents had control over their daily routines, making choices based on their personal values, beliefs, and preferences. The inspector saw that staff interactions with residents were in a manner which upheld residents' dignity and provided residents with choice and control. Staff were seen offering residents choices, responding to residents needs and requests by providing direct assistance in a manner which respected residents' right to dignity and privacy.

Residents attended monthly resident meetings where they discussed activities, menus, and the premises. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection.

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 10: Communication	Compliant
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
Regulation 9: Residents' rights	Compliant