



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

## Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group Q
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	18 February 2025
Centre ID:	OSV-0003091
Fieldwork ID:	MON-0045915

## About the designated centre

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

St. Anne's Residential Services Group Q is a residential service located in Co. Offaly. The designated centre is registered to provide support to five residents over the age of eighteen years with an intellectual disability. The centre operates on a full-time basis and residents are supported by staff on a 24 hour 7 day a week basis. Residents are supported to participate in a range of meaningful activities within the centre and in the local and wider community. The property is a bungalow on its own spacious site on the outskirts of a large town. Each resident has their own bedroom; four of the bedrooms have an ensuite shower room. There is an additional main bathroom provided. Residents share the communal spaces of the living room and the kitchen-dining area. There is a garden to the rear of the property and a hard surfaced area directly accessed from the house.

**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 18 February 2025	10:15hrs to 16:45hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was completed on behalf of the Chief Inspector of Social Services to monitor the provider's level of compliance with the regulations. The observations of this inspection reflected a centre that was consistently well-managed and where residents received the support and care that they needed to enjoy good health and a good quality of life. The provider had sustained the compliance evidenced at the time of the last inspection completed in 2023 and was judged to be fully compliant with the regulations reviewed.

In this designated centre a full-time residential service is provided to five residents. The needs and the abilities of the residents are different but overall the residents living in the centre have higher support needs in the context of their disabilities.

While not purpose built the premises has been adapted and modified in response to those needs. For example, three residents have their own accessible ensuite shower room. Two residents share the main bathroom which is conveniently located to their bedrooms. There is a ramp at the main front door and internal trip hazards such as door saddles have been removed. While there were some minor maintenance issues residents were provided with a safe and comfortable home.

This inspection was unannounced. On arrival at the designated centre the person in charge and one other staff member were on duty. Two residents were in the designated centre, one resident had left to attend their off-site day service and two residents had left to visit a sensory facility as part of their personal goals and objectives. The inspector did meet with all of the five residents as they had returned to the designated centre prior to the conclusion of this inspection. Residents' needs include limitations to their verbal communication skills and this was reflected in how residents engaged with the inspector.

The inspection was facilitated by the person in charge. A senior clinical nurse manager (CNM3) also called to the designated centre to meet with the inspector and to offer support if needed to the person in charge. The director of services also phoned to confirm their availability. However, while relatively recently appointed to their role and to this designated centre, the person in charge could clearly describe and demonstrate to the inspector how the service was planned, managed and overseen. Any minor issues that arose on inspection such as amendments to the statement of purpose and function were readily addressed by the person in charge. Overall, it was easy for the inspector to find the evidence to support these positive inspection findings and there was very good consistency between what the inspector was told, read and observed. For example, in relation to a residents nutritional needs and their social plans.

One of the residents present when the inspector arrived was having a cup of tea at the kitchen table, greeted the inspector and asked the inspector their name. While feeling a little unwell, the resident looked very well and smiled when the inspector

admired their fashionable clothing and accessories. The person in charge and the staff member on duty were attentive to the resident's needs throughout the day, provided pain relief and monitored its effectiveness. The resident was quite content to sit and watch the inspector but not, the inspector noted, to engage in active conversation or questioning. This was mutually agreed between the inspector and the resident and the resident spoke when they wished to the inspector. The resident did tell the inspector that they liked living in the house and the inspector heard the resident tell the staff member on duty "I like you". The resident was clearly able to tell staff what their choices and preferences were. For example, in relation to their lunch and going out into the community with staff. The resident said no to this and this choice was respected. The person in charge described how the staff team sought to support all of the residents to make good choices and not unreasonably restrict their choices. For example, the inspector saw how residents expressed a preference for drinking coffee and a range of coffees including decaffeinated coffee were available.

As the day progressed the resident said that they were feeling better. The provider had in place the arrangements needed to ensure each resident was referred to and had access to the clinicians and services that they needed for their health and wellbeing.

The staff member on duty described to the inspector how the second resident liked to spend time in their bedroom listening to their favoured country and western music. The resident had sensory needs but was very attuned to different voices and movement around them. The resident did not engage directly with the inspector but followed the inspector's voice when spoken with and rocked gently in their rocking chair while listening to their music.

While the inspector did not meet with any resident representatives the person in charge described how residents were supported to have ongoing contact with family including family visits to the designated centre. Family were also invited to provide feedback on the service so as to inform the providers own internal quality and safety reviews.

The house was busy in the afternoon when two residents and their two support staff returned to the house following the trip to the sensory facility. Staff reported that one resident had enjoyed this new experience very much but the other resident had not engaged as well. Both residents were reported to have enjoyed their lunch afterwards. One of these residents clearly communicated by facial expression and gesture their lack of familiarity with the inspector. However, as the evening progressed the resident relaxed and even gave the inspector a smile. The inspector noted the ease with which the resident approached the staff team including the person in charge as the resident took staff members by the hand and directed them to what it was they wanted.

When the fifth resident returned from their day service they greeted the inspector with a smile, introduced themselves and asked the inspector their name. The resident said that everything was good, smiled and said that they had enjoyed their day. The resident greeted the person in charge by name and asked another staff

member how their dog was. The resident knew and was happy that the staff member was on duty to support them for the night.

As the inspector was getting ready to leave the centre the house had calmed and residents had settled into their own routines and their respective chairs in the sitting room. The inspector saw that the resident who had spent much of the day in their bedroom was supported by staff to come up to the sitting room and was relaxing with a sensory item under their feet. Another resident was relaxing in their rocking chair happily touching the soft blanket covering their knees. The person in charge was providing direct staff support in response to an unexpected staff absence and was getting ready to prepare the evening meal of chicken curry which was reported to be a favourite of the residents. Overall, while the house was a busy house it presented as a happy house and staff spoken with said they enjoyed working with the residents. A warm invite was issued to inspector to stay if they wished for the evening meal. The person in charge said that while the residents were all very different they lived well together and generally enjoyed the evening meal sitting together at the kitchen table.

In summary, this was a person centred service where the individuality and rights of the residents were recognised and respected. The provider ensured it had the arrangements in place that residents needed so that they continued to enjoy good health and a good quality of life not restricted by their disability or their needs.

The next two sections of this report will discuss the governance and management arrangements of the designated centre and how these ensured and assured the quality and safety of the service provided for the residents.

## Capacity and capability

There was a clear management structure in place that operated as intended by the provider. There was clarity on roles and responsibilities and the centre presented as adequately resourced.

The day-to-day management and oversight of the service was delegated to the person in charge. The person in charge told the inspector they had received good support since their appointment to the role in October 2024 from the clinical nurse management team. As discussed in the opening section of this report that support was evident on inspection.

Duties such as the preparation of the staff duty rota and personal planning with residents were delegated to the staff team. However, it was evident from speaking with the person in charge and from records seen that the person in charge was actively and consistently engaged in the management and oversight of the service. For example, while there were nominated keyworkers the person in charge had sound knowledge of each residents' health and social care plans.

The person in charge had responsibility for another designated. The person in charge described how they divided their working week between the centres, maintained an active presence in each centre and completed their work and duties in the designated centres.

In addition to the formal and informal oversight provided by the person in charge the wider organisational and governance structures consistently inputted into the providers systems of quality assurance. For example, the inspector saw that the director of services and other senior clinical nurse managers completed the provider led quality and safety reviews required to be completed annually and at least every six-months. Additional internal reviews ensured oversight of areas such as fire safety, the management of resident's personal finances and, the centres medication management practices. Overall, internal reviews reported good practice and a high level of compliance. These positive Health Information and Quality Authority (HIQA) inspection findings would validate those internal findings.

Some quality improvement plans did issue. Those quality improvement plans were, based on these inspection findings, generally progressed and implemented.

For example, the inspector reviewed the visual staff duty rota provided for residents and saw that consistency and continuity of staffing was provided for. This had been an action from the last annual quality and safety review.

#### Regulation 14: Persons in charge

The person in charge worked fulltime and had the required experience, skills and qualifications. The person in charge worked from the offices in the designated centres they had responsibility for and was noted by the inspector to be readily accessible to the residents and the staff team. The person in charge could describe and demonstrate to the inspector how they managed and maintained oversight of the service. Based on the ready knowledge the person in charge had, the inspector was assured that the person in charge was consistently engaged in the governance and general operation of the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

Based on what the inspector observed and discussed staffing levels, staffing arrangements and skill-mix were suited to the assessed needs of the residents. The staffing arrangements of the centre were based on a combination of resources provided by the providers day services and the residential staff team. The person in charge said that these arrangements worked well and both services worked together to ensure the adequacy of the staffing levels and arrangements. The person in



charge described staffing levels that were flexible and changed in response to for example, a social activity or the progression of a personal goal for a resident. There were vacant shifts due to staff leave. Relief staff were available from the providers own resources or staff who worked reduced hours were offered additional shifts. This ensured continuity for the residents. A day service staff member spoken with was knowledgeable and informed with regard to residents' health and social care plans and told the inspector they were always updated in relation to any changes in residents' needs and plans.

The person in charge could explain how they assured themselves as to the adequacy of the staffing levels and arrangements. For example, the monitoring of any sleep disturbance logged by the staff on sleepover duty. The inspector was advised that there was no pattern of such disturbances. The staff duty rota prepared for the residents and displayed in the main kitchen reflected the consistency and continuity of staffing needed by the residents. If nursing advice or input was needed this was available for the providers own resources such as the clinical nurse managers and specialists (CNM) and (CNS).

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to ensure the consistent management and oversight of the service. This ensured the provision of a good quality and safe service to residents. The inspector found clarity on roles, responsibilities and reporting relationships and, arrangements that supported staff development and performance. For example, the person in charge confirmed that they were in receipt of support and supervision from their line manager and the person in charge had a schedule for the completion of staff supervisions. The person in charge also had a schedule planned for monthly staff team meetings and these had taken place on a monthly basis. The inspector read the minutes of the most recent meeting convened in February and saw that the CNM3 had also attended the meeting. Good discussion of residents needs and plans and other matters such as safeguarding and the progression of residents goals had taken place. Staff not present at the meeting were in the process of reading and signing the minutes.

The centre presented as adequately resourced. For example, the staffing levels reported and observed. Senior managers and the wider governance structure inputted into the oversight of the service meaning they were directly informed about and observed the quality and safety of the service. The systems of quality assurance also ensured that lines of enquiry were evidenced based. For example, the external pharmacy reviewed the medicines management practices in the centre and the centralised financial department completed audits of how residents personal finances were managed and safeguarded. Based on these HIQA inspection findings the provider was effectively monitoring and using the findings of these internal reviews to assure itself that residents were in receipt of a safe and good quality

service. The provider also identified how it could improve the service such as ensuring continuity of staffing and maintaining and improving the general environment and facilities.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

In the personal plan reviewed by the inspector there was a contract for the provision of services. The contract set out the service to be provided, advised the resident of arrangements such as how to make a complaint and details of the insurance that was in place. The contract also set out what fees the resident had to pay and how these fees were calculated. The contract had been signed by the residents representative on the resident's behalf and as provided for in the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was available in the designated centre. The inspector read the statement of purpose and saw that it had been updated to reflect the change to the management structure following the appointment of the person in charge. All of the required information was in the statement of purpose such as the number of residents who could be accommodated and the range of needs that could be met in the designated centre. Some minor amendments were needed such as the information set out in the certificate of registration. These were addressed during this inspection by the person in charge.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector saw that the provider had a policy and procedures for the receipt and management of complaints. Those procedures were available to residents in an accessible format. The inspector saw from meeting records that during the weekly resident meetings the staff team sought to support residents to understand what a complaint was and how to complain. The person in charge said that two residents could clearly verbally articulate if they were not happy while the remaining three residents would use gestures, facial expressions or vocalisations to communicate their dissatisfaction. Records seen including the 2023-2024 annual service review

and the most recent provider led review monitored the receipt of any complaints and reported that none had been received.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The inspector saw that staff had access to a large range of policies and procedures. This included the policies and procedures specified in Schedule 5 of the regulations. For example, policies on the admission, transfer and discharge of residents, the procedure to be followed if a resident was missing, the provision of information to residents and the provision of behavioural supports. The inspector noted the review dates of a sample of 14 of these policies and saw that they had all been reviewed within the past three years.

Judgment: Compliant

#### Quality and safety

This was a well managed service where the care and support provided was person centred, evidence based and individualised to the assessed needs of each resident. Residents received the care and support that they needed to stay well and healthy and to have a good quality of life. Residents were visible in their local community, were supported to have experiences that they enjoyed and remained connected to home and family.

The inspector discussed the care and support needs of all of the residents with the person in charge and reviewed one personal plan. The plan was completed to a high standard and clearly set out the process of assessment, planning and review. The care and support provided was informed and reviewed at regular intervals by the wider multi-disciplinary team (MDT) including an annual MDT.

The personal plan included the assessment of the resident's healthcare needs and the care to be provided so that the resident enjoyed the best possible health. Staff maintained records of clinical reviews and appointments.

There were times when the resident could exhibit behaviours that impacted on themselves and on staff. There was a recently reviewed positive behaviour support plan in the personal plan. The inspector noted that supportive strategies such as providing the resident with quiet time and space to listen to their favoured music were integrated into the resident's daily routine. Overall, there was a low reported incidence of responsive behaviours.

The personal plan also included the personal goals and objectives to be achieved with and for the resident. Based on what the inspector discussed and observed, while it was considered, disability did not limit the opportunities residents had to enjoy new experiences and activities that they enjoyed.

The provider had arrangements in place for safeguarding residents from harm and abuse. These arrangements included measures to safeguard residents personal finances, oversight of the centres fire safety arrangements and, the implementation of MDT safeguarding plans where appropriate. Based on these inspection findings these arrangements were consistently and effectively implemented.

### Regulation 10: Communication

The assessed needs of the residents included communication differences. The personal plan included the support that was needed to ensure effective communication. The positive behaviour support plan also referenced the role of behaviour as a form of communication. For example, communicating needs such as pain or emotional discomfort in an environment that was too noisy. The person in charge described the different ways each resident communicated their wishes and needs including words, learned expressions, gestures or guiding and directing staff to a particular item. On the day of inspection the inspector saw how residents could clearly communicate their needs, wishes and expressed preferences. The inspector saw how staff respected those choices and preferences and also responded to being guided and directed by a resident to what it was the resident wanted. Residents had ready access to a range of media.

Judgment: Compliant

### Regulation 11: Visits

The person in charge described for the inspector how ongoing access to family was supported dependent on the individual circumstances of each resident. The person in charge could rationalise the requirement for any controls and visiting plans in place as advised by the MDT. Staff maintained a log of family visits and any contact staff had with family. One resident was looking forward to an upcoming family celebration and would be supported by the staff team to attend.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector discussed with the person in charge and reviewed records to establish how residents were supported to access, enjoy and benefit from their personal monies and how these monies were safeguarded. Each resident had their own account but required support from staff to manage their monies. The person in charge maintained a financial folder for each resident. The records were well maintained. Balances, deposits and transactions were logged. Cash balances were checked twice each day by two staff members. The inspector followed three specific expenditures and saw that a receipt was in place for each of these. Each receipt was signed by two staff members and a receipt book was in place that was signed by two staff members where a transaction occurred but no receipt was available. For example where an ATM (automated teller machine) was used but no receipt was issued.

Records seen confirmed that the person in charge had since their appointment completed regular reviews and reconciliations of residents accounts. In addition, reviews and reconciliations were completed by the centralised financial department. For example, there was a financial review scheduled for the day after this inspection. The reports seen by the inspector of completed reviews indicated compliance with the providers policy and procedures and no detected financial anomalies or deficits.

Residents paid for a number of therapeutic activities. The person in charge and a staff member spoken with confirmed each resident participated in, enjoyed and benefited from these programmes.

Judgment: Compliant

### Regulation 13: General welfare and development

The arrangements in place such as the regular access to the MDT ensured the evidence base of the care and support provided. Other arrangements such as the staffing arrangements and good systems of personal planning supported resident general welfare and development. Each resident had personal goals and objectives and were supported by the staff team to progress and achieve them. Residents could access programmes in nearby day services operated by the provider and received support each day in the designated centre from residential and day service staff. Residents had opportunities to enjoy activities that they liked and to have new opportunities; this was not limited by their disability. For example, one resident was reported to have thoroughly enjoyed attending a local spa and a concert including having their photograph taken with their favoured musician. Transport was available but the location of the house also meant that residents could access local services such as the hairdresser or to have a manicure. A number of therapeutic programmes were delivered in the house by external persons including mindfulness, reflexology and personal training programmes.

Judgment: Compliant

### Regulation 17: Premises

Residents were provided with a safe and comfortable home. The premises was not purpose built and consequently there were some limitations. For example, one ensuite bathroom was very compact and not accessible or suited to the needs of the resident. However, there was a main bathroom that was accessed and used by the resident and another peer. The other three residents had accessible ensuite shower rooms. The house was generally found to well maintained, visibly clean, furnished and decorated in a homely style. For example, residents bedrooms were personalised to reflect their taste and interests and residents were provided with storage for their personal belongings. Residents presented as happy to share the main communal space and sufficient space was available for residents to dine together if they wished. Facilities were in place for attending to the laundry needs of the service.

Residents were seen to be provided with the equipment they needed or enjoyed such as mobility aids, wheelchairs for use in the community and chairs with a gliding mechanism for relaxing on. The external grounds were spacious but not ideally suited to the needs of the resident as there was an incline down to the grassed area. Residents had access to a hard surface area to the rear of the house where two residents had swings that they liked to use weather permitting. This area would benefit from some general tidying and maintenance in preparation for its use by residents. For example, the inspector discussed with the person in charge the location of the waste bins which were in view of and near to the residents swings.

The provider did have a programme of maintenance. Internal provider reviews had identified issues. Plans were in place to address these issues such as the replacement of the kitchen worktop that was damaged and refurbishment of the main bathroom. The person in charge reported that the current bathroom functioned well as two residents liked to have, enjoyed and relaxed after a bath. The benefit of the bath should be considered by the provider in relation to any planned refurbishment.

Judgment: Compliant

### Regulation 18: Food and nutrition

There was a menu on display based on residents expressed and know meal preferences. The menu was discussed with residents each week and provided for good variety. This inspection was unannounced and a good quantity and variety of foods were in stock. The inspector saw that a resident was offered choice and made their own choice as to what they wanted for lunch. The resident also accessed with

minimal support from staff, refreshments as they wanted them during the day.

Residents did have particular meal requirements and dietary plans in response to healthcare needs and risks such as for choking. The practice observed confirmed that staff were aware of these active risks and plans including a resident's safe eating and drinking plan. The plans seen were current and were devised following SLT review. The inspector saw that the meal prepared by a staff member was properly and safely prepared in line with the guidance of a plan.

Nutritional support was also informed following input from a dietitian. The nutritional plan reviewed by the inspector set out clear goals for staff such as the body weight to be achieved and maintained by the resident. This meant that staff knew they should have concerns if the residents weight was below the body weight recommended. Staff had access to the equipment needed ( a seated weighing scales) and the records seen confirmed that the care and support provided by staff supported the resident to maintain their recommended body weight.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety management systems were in place. These included the provision of fire safety equipment such as a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and protect escape routes. Documentary evidence was in place that these systems were inspected and tested at the required intervals. Support and oversight was available from the fire safety manager. A new addressable fire panel had recently been installed. The person in charge had sought and received confirmation that the floor plan displayed alongside the panel was consistent with the information on the panel so that staff could accurately locate the location of a fire or false alarm. Evacuation drills tested the fire evacuation procedure and each resident had a personal emergency evacuation plan (PEEP). Records on file confirmed that the effectiveness of the fire drills was overseen and the drills were convened to reflect different scenarios such as the night time staffing level. The five drill records seen confirmed that residents could be safely evacuated by day and by night. The inspector did note that in the event of an emergency there was no external access to keys to gain entry to the house if needed (management did have their own key). The person in charge immediately submitted a maintenance request for the fitting of an external secure emergency key box.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan



A comprehensive assessment of the health, personal and social care needs of residents was completed and individualised personal plans were developed based on the assessed needs of each resident. Each resident had a nominated key-worker. The inspector reviewed one resident's personal plan. The plan was maintained to a high standard and clearly set the processes of assessment, planning and review. Family had been invited to participate in the development of the plan and staff recorded how they sought to maximise the participation of the resident in their plan. There was good consistency between the personal plan, the care and support discussed with and observed by the inspector. There was documentary evidence of regular MDT input. A comprehensive record of the annual MDT review of the effectiveness of the plan was also in place. A good process was in place for supporting residents to progress their personal goals and objectives. Timescales and the staff members responsible were specified and staff recorded whether goals were achieved or not. Personal plan reviews for 2025 were ongoing at the time of this inspection and where these were complete the new goals to be achieved had been agreed.

Judgment: Compliant

### Regulation 6: Health care

Residents did have healthcare needs. There were arrangements in place for consistently assessing these needs and ensuring residents maintained and enjoyed good health. Healthcare plans were in place in response to identified needs. The person in charge described the clinicians and services that residents had access to and records of referrals and reviews were maintained. This included consultations and reviews as needed by the general practitioner (GP), out-of hours medical services, neurology, psychiatry, speech and language therapy, occupational therapy, physiotherapy, dental care and chiropody. Residents attended their GP for seasonal vaccination and blood sampling for monitoring needs such as low iron levels. The person in charge said that there was no evidence that residents did not consent to these interventions and if there was such as emotional upset or distress this would be respected.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents could be challenged at times by particular events and could exhibit behaviour in response. This behaviour could impact on the resident themselves and on staff. In general however, there was a low reported incidence of behaviours that challenged. This was evident for example from the internal reviews completed by



the provider. These reviews monitored the number and type of incidents that had occurred.

In the personal plan reviewed by the inspector there was a positive behaviour support plan devised in consultation with the staff team by the positive behaviour support team. The person in charge and a staff member spoken with were very familiar with possible triggers for behaviour such as pain and environments that were too busy. Arrangements were in place that sought to reduce these triggers such as the planning of community activities and social events and ensuring the resident had quiet space in their home. The positive behaviour support plan set out simple strategies for staff such as ensuring the resident was seated in their own wheelchair so that they could be discreetly and quickly taken away from an event or an environment that was upsetting them.

Overall, the inspector noted that residents had minimal restrictions in their home. For example, three residents who were mobile moved freely about the house. The person in charge could describe the need for the restrictions in place. For example, the security of the rear garden. There was no evidence that these restrictions impacted on resident choice or quality of life.

Judgment: Compliant

## Regulation 8: Protection

The provider had measures in place to safeguard residents from harm and abuse. These measures included an up-to-date safeguarding policy to guide staff and intimate and personal care plans for residents. The person in charge worked from the office in the centre, was present in the designated centre at different times such as late evenings and also worked alongside staff providing direct support as needed. The person in charge was assured by what they heard and observed, described the staff team as invested and committed and had no staff related safeguarding concerns.

In the context of their disability there were limitations to the degree to which some residents could develop the skills needed for self-care and protection. This was recognised and the person in charge described the importance of monitoring resident mood, mapping any unexplained injuries and being attuned to any changes in general in resident presentation. The provider implemented as required its safeguarding policy and procedures and there was an active safeguarding plan. The person in charge clearly described how this plan was implemented and monitored with support from the MDT.

Judgment: Compliant

## Regulation 9: Residents' rights

The findings of this inspection reflected a centre where the individuality, rights and circumstances of each resident were respected and promoted. This was evident from the way in which staff spoke of residents, interacted with the residents, the support and routines observed and records seen such as the detailed personal plan. Residents were consulted with each week at a house meeting where matters such as the menu for the week and events that residents might like to attend were discussed. It was understood that there were limitations to the extent to which all residents could engage with these meetings but they were all included. Staff used tools such as social stories to discuss different topics and recorded how residents responded. For example, the inspector saw that social stories had been developed and used to support residents during the recent snow and storm.

Staff described how expressing their faith was important to one resident and the resident was supported to go to mass and to visit a well known religious site. The person in charge described and the inspector saw that residents were given choice and made their choices such as where they wished to spend time in the house and what meals and snacks they wished to have.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant