



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 F
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	22 July 2025
Centre ID:	OSV-0003949
Fieldwork ID:	MON-0042824

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 F consists of two homes, located in a large town, a few minutes drive from each other. Each resident has their own bedroom and four bedrooms have en-suite facilities. A full-time residential service is provided to a maximum of 10 adults; however, ordinarily no more than nine residents are accommodated in the two houses that make up Group F. In its stated objectives, the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. The model of care is social and the staff team is comprised of care assistant staff under the guidance and direction of the person in charge. There is at least two staff on duty during the day in each house. Both houses have a sleeping-night staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 22 July 2025	10:00hrs to 16:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was undertaken to monitor the provider's compliance with the regulations. The inspector found that the provider had sustained the high level of compliance evidenced on previous inspections. The provider itself had good arrangements in place for ensuring residents received a good quality safe service that was appropriate to their needs and wishes.

The designated centre is comprised of two houses a short commute from each other in residential areas of the busy town. Both houses are residential two storey properties that were adapted and modified so as to operate as designated centres. The inspector spent time in both houses and found that residents were provided with safe and comfortable homes. Both houses were visibly clean, welcoming and generally were well maintained. The provider was actively monitoring the changing needs of the residents and the ongoing suitability of the houses to the current and future needs of the residents. For example, the accessibility of the downstairs bathroom in one house and how it could be improved had recently been reviewed by an occupational therapist.

In the first of the two houses visited the inspector commented on the spacious and productive rear garden with a poly-tunnel and raised beds where a variety of vegetables were growing. The person in charge confirmed that residents had continued the interest in gardening they had developed during public health restrictions and were delighted to have received another gardening prize for their endeavours. The staff team supported the residents and the inspector saw how simple interventions made this a safe and pleasurable activity for residents. Small empty plastic bottles were used to cover the tops of supporting canes so as to prevent for example an eye injury when stooping over the canes.

In both houses the inspector saw that residents had personalised their bedrooms with family photographs and photographs of events and activities they had enjoyed with family and with peers. Ample communal space was provided. In one house residents had a choice of three different rooms where they could relax. The person in charge described how different residents had different preferences as to which room they liked to relax in. Residents also liked to relax in the privacy of their own rooms. Some bedrooms had an armchair and most bedrooms had a television and other devices where residents could relax and listen to some music.

Nine residents live in the designated centre: five residents live in one house while four residents live in the other. All of the residents attended a day service from Monday to Friday. The inspector met with three residents when they returned in the evening from their day service. The fourth resident living in this house had an interest in hurling and went from the day service with a staff member to the neighbouring county (who had won the hurling final at the weekend) to see if they could take in some of the winning festivities.

The assessed needs of two residents the inspector met with included communication differences. As the inspector entered the kitchen one resident was playing music through a mobile phone. The resident was happily dancing along to the music while assisting the staff member on duty to set the kitchen table for the evening meal. The resident laughed when the inspector complimented their dancing ability, gave the inspector a gentle hug and welcomed the inspector to the house. There was a very easy rapport between the resident and the staff member on duty as they discussed plans for a home visit and a return to a dance-exercise class later in the summer. The inspector asked the resident what was on the menu and the resident readily replied that it was salmon.

The other two residents were sitting in an adjoining living room, both made eye contact with the inspector while one resident smiled shyly. Both residents looked relaxed and content. One resident had made themselves comfortable in an armchair and had removed their shoes and socks after their day spent at the day service.

In the personal plan the inspector saw that there was guidance for staff on how to support residents with assessed communication needs. A total communication approach was used and effective communication was supported by the consistency of the staff team and their familiarity with each resident. The role of behaviour in communicating needs and wants was well referenced in records seen.

Staff spoken with said that they enjoyed supporting the residents and enjoyed their work in the centre. Staff had a good understanding of residents needs such as the importance of respecting and supporting a residents routines and rituals or how one resident liked to stay up a little later so as enjoy the peace and quiet of the house when their peers had retired to bed.

While the inspector met only with the residents living in one house the inspector saw throughout the inspection evidence of how residents were spoken with, were given choice and had input into the service they were provided with. For example, staff and residents met each week to discuss the menu for the week and activities and events that residents would like to attend. One resident was an active member of the internal advocacy group. Residents had good opportunity through the day and residential services to do and achieve things that they enjoyed.

The person in charge who facilitated this inspection had sound knowledge of each residents assessed needs, changing needs and individual circumstances. The person in charge described how residents were supported to maintain contact with home and family. Some residents had a very regular pattern of visiting home and family members. Families were met with on a regular basis, were provided with regular updates, were invited to attend the personal planning meetings and could raise concerns about the quality and safety of the service if they had them. The inspector reviewed the management of queries that had been raised and was satisfied they were managed in line with the provider's complaints management policy and procedure and to the satisfaction of representatives.

The annual provider-led quality and safety review also provided for consultation with residents and their representatives. Staff supported residents where support was

needed to complete questionnaires and the feedback provided was positive with residents saying that they liked living in the centre and felt safe.

Overall, based on the findings of this inspection the support and care provided was responsive to the needs, abilities and preferences of each resident. Plans and arrangements to support the general health, welfare and development needs of residents and their quality of life were in place and the provider continued to review these plans in consultation with residents as resident's needs changed. There was good consistency between what the inspector was told and what the inspector read and observed.

The next two sections of this report will describe the governance and management arrangements in place and how these ensured and assured the appropriateness, quality and safety of the service provided to residents.

Capacity and capability

The provider had clear governance arrangements in place to ensure that a good quality and safe service was provided to residents in the centre. There was an established management structure in place that set out clear lines of responsibility and accountability. The centre presented as adequately resourced. The provider had good quality assurance systems and was using these effectively to monitor and improve, as needed, the service provided to residents.

The person in charge was responsible for the day-to-day management and oversight of the centre. The person in charge generally worked from the office in one of the houses. It was evident from speaking with them and from records reviewed that the person in charge was consistently engaged in the planning and oversight of the support and care provided to residents.

The provider operated an out-of-hours senior cover on call rota the details of which were available in the designated centre. Staff spoken with were very familiar with the rota.

The person in charge did delegate tasks to the staff team such as the preparation of the staff duty rota and oversight of staff training requirements. A shift leader was identified each day on the staff duty rota.

The inspector reviewed the staff duty rota in one house. It was properly maintained and it reflected the staffing levels and arrangements observed and described. There was a regular pattern to the shifts worked by staff with two staff on duty in the morning and two staff on duty in the evening up to 21:00hrs. There was one staff on sleepover duty in each house overnight.

The inspectors review of the staff training matrix indicated that staff mandatory,

required and desired training was up-to-date.

The person in charge described the systems in place for the support and supervision of staff including the convening of regular staff meetings in each house and the completion of informal and formal supervision.

The provider had comprehensive systems of quality assurance that included the provider-led reviews stipulated in the regulations to be completed on an annual and at least six-monthly basis. Areas of support, care and service provision that the provider regularly audited included the management of medicines, the management of residents personal monies, the management of complaints, the centres evacuation procedures and personal planning with and for residents.

Overall, while quality improvement actions did issue the findings of these internal audits were positive and the quality improvement actions were progressed. For example, the inspector saw that actions such as ensuring all staff were listed on the training matrix and an action for staff to complete a specific programme of staff training were complete or in progress.

Regulation 14: Persons in charge

The person in charge worked full-time. The person in charge had the qualifications, skills and experience needed for the role. The person in charge could clearly describe and demonstrate to the inspector how they managed and maintained oversight of the designated centre. The person in charge had sound knowledge of the needs and circumstances of each resident and was very familiar with the staff team and the general operation of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge described how the staffing levels and arrangements in the designated centre were based on the assessed needs and abilities of each resident. Some residents had good ability and independence while others required more staff support for example in relation to their personal care needs. There was a minimum of two staff on duty in each house when all residents were in the houses. The inspector noted that the staffing levels on the day of inspection were as described and presented as adequate to support the residents, their different needs and routines.

The inspector reviewed the staff duty rota for July 2025. The rota was well-maintained, named each staff member on duty, their role and the hours that they

worked.

There were two staff vacancies and the provider had an ongoing process of staff recruitment as it sought to fill these and other staff vacancies. The person in charge said and staff spoken with confirmed that regular relief staff were always available from the provider's resource of relief staff or the regular staff team worked additional hours as needed. These arrangements ensured continuity of staffing and consistency of support for the residents.

Nursing advice and care was available as needed from the clinical nurse management team and the clinical nurse specialists such as in positive behaviour support and health promotion.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and saw that good oversight was maintained of staff attendance at training with no gaps identified in training such as in safeguarding residents from abuse, fire safety and responding to behaviour that challenged including de-escalation and intervention techniques. There was a training record in place for each staff member listed on the staff duty rota including the relief staff member. The inspector saw that a folder was also in place of the certificates provided to staff on the completion of this training. The date refresher training was due was listed.

Additional training completed by staff members included medicines management training including the administration of prescribed rescue medicines, first aid and promoting a human rights based approach to support and care. Scheduled refresher training included training in supporting residents to eat and drink safely.

The inspector saw that a copy of the Act, the regulations and the standards were readily available to staff in the designated centre.

The inspector saw records of staff meetings facilitated by the person in charge on a monthly basis. There was good staff attendance at these meetings and good discussion of a range of topics such as safeguarding plans, incidents and how to receive and report complaints.

Staff spoken with said that they enjoyed attending and benefited from the discussions at these meetings. Staff enjoyed their work and felt supported by management and by their peers.

Judgment: Compliant

Regulation 21: Records

The inspector was provided with any of the records needed to inform and validate these inspection findings. These records pertained to the regulations reviewed by the inspector and included for example, the assessment of the resident's needs, a recent photograph of the resident, details of their next of kin and more general records such as the staff duty rota, a record of complaints received, details of notifications submitted to the Chief Inspector of Social Services and fire safety records. The records seen were well maintained.

Judgment: Compliant

Regulation 22: Insurance

The inspector saw documentary evidence that the provider had in place a contract of insurance that included insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Based on the findings of this inspection this was a well-managed service. The centre presented as adequately resourced. For example, residents were provided with safe and comfortable homes, with transport and staffing levels that presented as suited to their needs.

The inspector found clarity on roles, responsibilities and reporting relationships. The inspector found accountability for the quality and safety of the support and care provided to residents. For example, the person in charge understood their role and described how they maintained oversight of duties delegated to members of the staff team. The person in charge implemented the providers systems for supporting and supervising staff such as the staff meetings facilitated in each house on a monthly basis.

The provider supported and maintained oversight of the local systems of management. For example, the person in charge said that they excellent access and support from their line manager who was a member of the clinical nurse management team. The inspector saw that the clinical nurse manager attended some staff team meetings and feedback from senior management team meetings was provided to staff.

Staff spoken with very familiar with the out-of-hours senior cover rota that was

available every evening, every night and at weekends if staff required support or assistance.

The provider had established systems of quality assurance that were implemented at regular intervals by different members of the wider governance and management structure. For example, quality and risk personnel undertook the annual quality and safety review while members of the clinical nurse management team undertook the quality and safety reviews completed at least on a six-monthly basis.

The inspector read the reports of these reviews and saw that comprehensive lines of enquiry were used. The frequency of the different reviews and the satisfactory progression of quality improvement plans meant that the provider had good and consistent oversight of the designated centre and could ensure and assure the quality and safety of the service. This also ensured the provider achieved and sustained a high level of regulatory compliance.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector saw that a copy of the statement of purpose and function was readily available in each house. The inspector read the statement of purpose and saw that it had been updated to reflect a recent change in the governance structure and it accurately described matters such as the number of residents accommodated in each house and the staffing levels and arrangements in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had policy and procedures on the receipt and management of complaints. Staff had, at a recent staff meeting been re-familiarised with these procedures and their role in the process. The inspector reviewed the complaint record book in one of the houses and saw that if queries or concerns were raised these were addressed through the complaints process.

A record was maintained of what the concern was, how it was responded to and whether this was enough to address the matter and assure the complainant. It was reported and recorded that it was and there was no residual dissatisfaction.

The provider led reviews monitored and assured the receipt, management and resolution of any complaints received.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection the provider had arrangements in place that ensured the care and support provided to residents was of a good standard and evidence based. Residents received the care and support that they needed to enjoy good health, a good quality of life and to be meaningfully connected to family, friends and the wider community.

The inspector discussed the general care and support needs of the residents, reviewed one support plan and one personal outcomes plan. The support plan was based on a comprehensive assessment of needs, ongoing assessment of those needs and consultation with residents, their representatives and the wider multi-disciplinary team (MDT).

Plans of support and care had as appropriate associated MDT records, for example in relation to supporting residents to eat and drink safely and supporting residents to manage behaviours of concern.

These records confirmed that the health care needs of residents were monitored, and the effectiveness of the care provided was monitored. Residents were supported to access their general practitioner (GP), the providers own MDT and other healthcare professionals. Residents were supported to avail of protective vaccination programmes such as annual influenza vaccination.

The personal outcomes plan clearly set out what it was the resident would like to do and achieve for the coming year. Good records were maintained of the progress and achievement of the previous goals and of how the newly agreed goals would be achieved. Overall, based on what was discussed and read residents had good and consistent opportunities to do things that they enjoyed with the support of staff from the residential and day services.

Based on what the inspector discussed and read residents were spoken with about their personal care needs, their social needs and, the general running and routines of the house. For example, the weekly house meetings between residents and staff and the use of social stories to explain to residents the care and support they needed.

There were times when residents could be challenged to manage how they were feeling and communicated this through behaviour of concern. Staff had completed training in responding to such behaviour. Residents had support from the staff team and from the MDT. A positive behaviour support plan was in place.

The person in charge maintained a suite of risk assessments that reflected how general centre and work related risks were managed but also risks as they pertained

to residents' assessed needs. For example, the risk for and the controls in place in relation to the behaviour of concern mentioned above.

The person in charge described how the ongoing monitoring of residents needs and supporting residents to stay healthy and well contributed to assuring the ongoing suitability of the premises. Both houses were for example two storey properties though there was one ground floor bedroom in each house. As discussed in the opening section of this report both houses provided residents with comfortable homes that they liked living in. The provider had active premises maintenance and upgrading plans.

Good oversight was maintained of fire safety management systems including the arrangements for evacuating the designated centre. The inspector noted that the space under the stairs in one house was inappropriately used for storage. The person in charge arranged for the clearance of the space once it was highlighted by the inspector.

Regulation 10: Communication

The assessed needs of some residents included communication needs. The provider ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

The person in charge described how a total communication approach was used in the designated centre. The ability to have in place a regular team of staff who were familiar with the communication styles of each resident supported effective communication.

There was evidence of the use of communication tools such as visuals of favoured places and activities and social stories when personal planning with residents. The personal plan reviewed by the inspector included a communication plan and a communication dictionary of the words used by the resident and what they meant.

The person in charge described the progress made in reducing the risk for behaviour of concern once it was established, understood and respected that a resident was communicating that they did not want to do something or to be in a particular place.

The inspector saw that residents had good access to televisions and other devices so that they could enjoy their favourite programmes and listen to music.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place that ensured residents had ongoing access to home and family as appropriate to their individual circumstances. These arrangements were in the personal plan and staff maintained a log of family contact.

Some residents had a very regular pattern of going home to family at weekends and during their holidays from the day service. Other residents spent shorter periods of time at home dependent on circumstances such as family carer age and health. Support for home visits was provided by the staff team as needed.

There were no restrictions on visits and a communal space was available in each house that could be used to meet with visitors if privacy was needed or requested.

Judgment: Compliant

Regulation 13: General welfare and development

Regular access to the MDT ensured the evidence base of the support and care provided. Residents had good and consistent opportunities to be meaningfully engaged and visible in their community. There was good evidence of this in both houses such as the photographs on display, the photographs in the personal plan and records such as the weekly house meetings. Residents enjoyed activities such as swimming, bowling, eating out, attending personal appointments and enjoying the experience of work supported by staff. Residents were supported to maintain the personal relationships that were important to them.

Judgment: Compliant

Regulation 17: Premises

Overall, the location, design and layout of the premises was suited to the stated purpose and function of the centre. The provider had an active plan for the maintenance and upgrade of the houses.

While registered to accommodate ten residents the provider managed and capped the occupancy at nine residents. This meant that residents were provided with bedrooms that were of a suitable size, with a suitable number of bathrooms where these were shared and a choice of communal spaces. Both houses had gardens and external spaces. As discussed in the opening section of this report one garden was very spacious and actively used by residents to pursue their interest in gardening.

Both houses presented as welcoming and comfortable homes that residents were facilitated to personalise. The provider monitored the ongoing suitability of the premises and repair and upgrading plans were in place. For example, while functional the downstairs bathroom in one house did not support accessibility if

residents' needs were to change. Its location was not ideal as it was accessed through the main kitchen. The person in charge confirmed that an occupational therapy review of the bathroom had recently been completed so as to inform the redevelopment of the bathroom. The person in charge told the inspector that procedures were in place to protect the privacy and dignity of residents as they made their way to and from the bathroom.

Additional works identified in the provider's own maintenance plan included a new kitchen for the other house (again it was functional but dated with some damaged surfaces) and repair of the entrance driveway: it was noted to be cracked and damaged in places.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place for the identification, management and ongoing review of risk.

The inspector reviewed the risk register, a resident's individual risk management plan and discussed with the person in charge how risk in the designated centre was identified, assessed and managed. The control measures in place were centre and resident specific and included many of the matters discussed in this report. For example, ensuring appropriate levels of staff support and supervision were in place so that residents were safe in each house and when out and about in the community. Plans were in place for ensuring residents could eat and drink safely and for supporting residents to manage any behaviours of concern that could impact on peers and the staff team.

The minutes of the staff meetings confirmed that incidents and any learning from them were discussed with the staff team. The provider maintained oversight of how incidents were managed locally. For example, when completing the provider-led quality and safety reviews.

The inspector reviewed a sample of incident reports completed by staff and saw that staff created a good account of what happened and the actions taken by them to support and ensure the safety and wellbeing of residents. It was evident that staff considered risk and resident safety in the daily routines of the centre such as to simple precautions taken in the garden.

Any controls in place were proportional to the risk identified and there was no evidence that they impacted on resident quality of life.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that it had effective fire safety management systems in place.

The inspector saw that both houses were fitted with fire safety measures that included a fire detection and alarm system, emergency lighting, fire-fighting equipment, manual call-points and doors with self-closing devices designed to contain fire and its products. Actions to be taken in the event of fire were prominently displayed. Escape routes were clearly signposted and unobstructed on the day of inspection.

The inspector reviewed the fire safety register in one house. There was documentary evidence that the fire safety equipment was inspected and tested on a quarterly basis while the staff team completed daily and weekly fire safety checks.

Each resident had a recently reviewed personal emergency evacuation plan (PEEP) that set out any support needed from staff. Regular evacuation drills tested the effectiveness of the PEEPS and the evacuation procedure. These drills were convened at different times such as a recent supervised early morning evacuation drill completed when four of the five residents were still in bed. The drills reported good and timely evacuation times and the full-participation of all residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector saw that a comprehensive assessment of resident health, personal and social care needs had been completed. Support plans were put in place in response to the findings of the assessment such as any support needed for personal care, communication, behaviour support and general safety awareness.

The provider recorded whether the resident wished to participate or not in the development and review of their personal plan. Representatives were invited to attend the annual personal planning meeting. The meeting record seen was comprehensive and set out what was working well for the resident and any new issues or concerns arising.

There was evidence in the plan of ongoing MDT input and support in addition to the annual review of the plan. Staff used visuals and social stories with residents to explain aspects of the plan to them.

The personal plan included the plan for identifying, agreeing and progressing residents personal goals and objectives. The goals were meaningful and supported residents to enjoy new experiences such as formula one racing. The residents 2024 goals had been achieved, the timeframe and the persons responsible for progressing

the 2025 goals were identified in the plan.

Judgment: Compliant

Regulation 6: Health care

The provider had arrangements in place so that residents enjoyed good health and had access to the healthcare services that they needed. The person in charge had sound knowledge of each residents healthcare needs, any changes in those needs and the care being provided in response.

In the personal plan there were plans of care and support for identified healthcare needs. For example, the inspector saw plans for maintaining good nutrition and general health, for supporting residents to eat and drink safely and for maintaining good dental hygiene.

Staff monitored resident health and wellbeing and sought advice from the person in charge and senior cover when they had concerns.

In the personal plan there was good documentary evidence that residents had access as needed to their general practitioner (GP) and to the MDT including, psychiatry, psychology, positive behaviour support, speech and language therapy and occupational therapy.

Residents prescribed medications, their effectiveness and possible impacts were reviewed by clinicians during clinical reviews.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenged. For example, all staff had completed training including training in de-escalation and intervention techniques though the support provided was focused on therapeutic support and reassurance.

The personal plan included a positive behaviour support plan that was reviewed as part of the personal planning process. The plan set out the likely behaviours, possible triggers, the purpose of the behaviour, how staff could pre-empt escalation and how they should respond. The role of behaviour in communicating how a resident was feeling was clearly outlined in the plan and described by the person in charge and staff spoken with. For example, behaviour of concern could arise if a resident perceived a peer was receiving more staff attention than them or if there

was a change to their routine.

The plan was devised and reviewed with input from the clinical nurse specialist in behaviour support. There was a holistic approach to the support provided with residents also receiving support from speech and language therapy, psychology and psychiatry.

The provider had a process in place for the sanctioning and review of any restrictive practices. These were minimal and related to the use of a sensor in one house to alert sleepover staff.

Judgment: Compliant

Regulation 9: Residents' rights

The support and care provided in the designated centre acknowledged and respected resident individuality. Residents, and their representatives were spoken with and had input into the support and care provided. Representatives could and did input and make suggestions but ultimately what the resident wanted to do was established and respected. For example, whether residents wished to exercise their religious beliefs or not.

Residents were met with each week and decided what meals they wanted, where they might like to go and social activities they would like to engage in such as going to the cinema or eating out. Where residents had the ability to do something for themselves such as attending to their personal care their ability was facilitated with some gentle prompting and oversight from staff as needed.

One resident was an active member of the internal advocacy forum and through that forum had opportunity to meet with senior management to pursue matters such as the provision of the new kitchen. This was evident from the minutes of that meeting that were on file. Another resident had attended and enjoyed the recent advocacy conference.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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 9: Residents' rights	Compliant