Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 6
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	06 October 2025
Centre ID:	OSV-0005509
Fieldwork ID:	MON-0039501

About the designated centre

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

Cork City South 6 provides residential support for two adult male residents with an intellectual disability and autism. The centre is located in a residential area of a city suburb and is within walking distance of local amenities such as shops, pharmacies and other social facilities. The designated centre is a compact two-storey house. There is a kitchen-dining area, sitting room, staff toilet and office located on the ground floor. There are three rooms and a bathroom located on the first floor. Both residents have their own bedroom and the third room has been decorated as a relaxation room; an alternative space for residents to use. There is a walled garden to the rear of the property and parking facilities to the front of the house. Residents have access to transport at all times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Monday 6 October 2025	08:30hrs to 17:15hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and was told, the two residents living in this centre were being provided with good quality, person-centred services in this centre.

Cork City South 6 comprises a compact two storey house located in a housing development in an urban area of a large city. The ground floor has a kitchen/dining room, a sitting-room, a staff office and toilet area and some storage facilities. Upstairs, both residents have their own bedroom and residents share bathroom facilities. A sensory room/sitting room is also located upstairs. The interior of the house had recently been painted and it was observed that some furniture in the living areas had been replaced since the previous inspection. A large garden was available for the use of residents, and a patio area with garden furniture provided a pleasant outdoor space for residents also.

This centre provided a home to two people and the inspector had an opportunity to meet with both of these individuals on the morning of the inspection. One resident departed for day services and the other resident had a scheduled of planned activities for the day. Both individuals were seen to be comfortable and very content in their home and move around freely. Staff communicated with residents in a respectful manner that suited their individual communication preferences and needs. Staff met with during this inspection knew the individuals they supported well.

Both individuals led active lives in the centre and took part in regular in-house and external activities including day-trips, beach and park walks, baking, puzzles, horse-riding and shopping. Activity records for a 30 day period for one resident and daily notes for a six week period for both residents were reviewed. Each resident also had a folder that documented their 'Adventures' containing numerous photographs of activities, days out etc. These records showed that residents were supported and facilitated to leave the centre regularly on planned activities and outings, attend day services and home visits facilitated.

As part of this announced visit, residents were provided with an opportunity to complete questionnaires about their service prior to the inspection. Both residents completed these with support from their family members and these were reviewed by the inspector. The feedback provided from residents was overall very positive. Family members reported that residents liked their homes, the staff and activities they took part in. One of these mentioned a recent holiday and the very good level of care provided to their family member.

This inspection found very good compliance with the regulations and that the two residents living in this centre were being afforded safe and person centred services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the

quality and safety of the service being delivered.

Capacity and capability

Management systems in place in this centre were ensuring good quality services that met residents' needs were being provided to both of the individuals that used this service. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining good oversight and maintained a strong presence in the centre. Improvements had been made to bring the centre fully into compliance with the regulations looked at during this inspection.

This announced inspection was carried out to inform the decision relating to the renewal of the registration of this centre. The provider had submitted an appropriate application to renew the registration of this centre. The last inspection of this centre took place in October 2023. The provider had submitted a compliance plan following that inspection and this inspection found that the actions outlined had been completed.

The management team in the centre had changed since the previous inspection and a new person in charge had been appointed. The person in charge had remit over this designated centre alongside another designated centre and also had remit as a person participating in the management of six designated centres. The management structure in the centre was outlined in the statement of purpose submitted as part of the application for renewal of registration. The person in charge, reported to a regional manager, who reported to Chief Operations Manager, who in turn reported to the Chief Executive. They in turn reported to a Board of Directors. A social care leader was appointed to this centre as part of the providers' mentor-ship programme and supported the person in charge to maintain day-to-day oversight of this centre, alongside a team of social care workers and care assistants.

The person in charge was seen to be very familiar with the residents in the centre and was well known by the residents and staff team present. It was evident that residents and staff were comfortable in the presence of this individual. The inspector spoke with the person in charge, the social care leader and staff members during the inspection and a community nurse also visited the centre and spoke with the inspector.

Staff in the centre were well informed, appropriately trained for their roles and staffing was appropriate to meet the needs of the residents. The staff team observed on the day of the inspection presented as committed to supporting residents in a manner that best met their individual needs. Staff spoken with were familiar with safeguarding procedures in place in the centre and were positive about the management team that supported them. Staff told the inspector that issues raised were responded to promptly. A review of incidents in the centre showed that incidents and accidents were responded to promptly and learning identified was

shared with the staff team as appropriate.

Overall, this inspection found that there was evidence of very good compliance with the regulations in this centre and this meant that residents were being afforded safe and person centred services. 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.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. This information was reviewed by the inspector and found to contain all of the required information.

Judgment: Compliant

Regulation 15: Staffing

The registered provider was ensuring that the number of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre.

A planned and actual staff rota was maintained in the centre and a six week sample of staff rotas was reviewed by the inspector. This showed that staffing levels were appropriate to the number and assessed needs of the residents living in the centre. Two staff supported two residents by day and night meaning that residents were afforded individualised staff supports.

The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. Where agency staff were employed in the centre, they were rostered to work alongside familiar staff. A staff member spoken with told the inspector that they had worked in this centre for a long period and knew the residents very well. Residents were supported by a team consisting of social care workers and care assistants. A community nurse provided supports to this centre on a regular basis alongside a number of other centres.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered and this meant that

staff were equipped with the skills and knowledge to ensure that residents could be provided with safe and good quality care and support appropriate to their needs. The inspector reviewed a training matrix for thirteen staff that were also named on the centre roster. This matrix showed that staff were provided with training appropriate to their roles and that the person in charge maintained good oversight of the training needs of staff.

The matrix reviewed showed that mandatory training provided included training in the areas of safety intervention, safeguarding and manual handling. All staff had completed training in food safety, the management of actual and potential aggression (MAPA) along with a number of other training courses. All of the training reviewed was up-to-date and where a staff member on leave was due to return to duties in the centre refresher training was planned. A staff member spoken with confirmed that they were well supported in the centre and staff had access to quarterly supervision and annual performance management meetings also.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for this centre which was available for the inspector to review during this inspection. This contained the information required by the regulations. This also set out details of any dates that residents were absent from the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre and this was reviewed by the inspector. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the designated centre was resourced to ensure the

effective delivery of care and support in accordance with the statement of purpose at the time of the inspection. For example, residents had access to individualised staffing supports and a vehicle and the premises was maintained to a good standard. Management systems in place were ensuring that the service provided was appropriate to residents' needs. Documentation reviewed during the inspection such as the annual review and the provider's report of the most recent six monthly unannounced inspection showed that the provider was maintaining oversight of the service provided in this centre and that governance and management arrangements in the centre were effective and the centre was providing good support to residents. For example:

- An annual review had been completed in respect of the centre for 2024 and the inspector reviewed this document. This included evidence of consultation with residents and their family members.
- Unannounced six-monthly visits had been conducted in the centre in February 2025 and July 2025 by a representative of the provider and the reports on these visits that reviewed the quality and safety of care and support provided to residents was made available to this inspector for review.
- The minutes of three separate team meetings were reviewed and these showed that staff were consulted with and provided information on a variety of important topics in the centre including safeguarding, complaints and learning from incidents. The most recent team meeting was seen to have been attended by most of the staff working in the centre.
- The incident reports for a five month period were reviewed. These showed action was taken following incidents and that consideration was given to the root cause of responsive behaviours. For example, pain relief administered if pain was queried was referenced in these reports, alongside positive behaviour support strategies employed.
- Audit schedule and an action tracker derived from completed audits were in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Service Agreements were in place in this centre for both residents. The inspector reviewed these and saw that they had been appropriately signed by the resident. Details of fees and charges were included on an attached financial assessment form that was reviewed annually and the resident was informed of this by letter from the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to the inspector visiting the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the monthly incident review for a five month period, daily reports for a six week period and restrictive practice and positive behaviour support documentation in the centre. The information reviewed indicated that all required incidents had been reported as required by the person in charge to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints procedure and easy-to-read guidance in relation to how to make a complaint was available to the residents and viewed on display in the centre. A "Management of feedback, comments, compliments and complaints" policy and procedures document dated January 2024 was observed to be available to staff and residents in the complaints folder.

The complaints log was reviewed by the inspector in the centre and two complaints had been documented since the previous inspection. Both of these were closed at the time of the inspection. It was seen that complaints were recorded as appropriate in this log, including any actions taken on foot of the complaint, the outcome of the complaint, and the satisfaction of the complainant. The person in charge spoke about the complaints that had been received in the designated centre and how these were responded to. A complaints audit had been completed in the centre in September 2025.

Judgment: Compliant

Quality and safety

The well-being and welfare of residents in this centre was maintained by a high standard of evidence-based care and support. Safe and good quality services were provided to the two individuals that lived in this centre.

Both residents were supported by a familiar and consistent staff team in the centre. Staff working with residents on the day of the inspection were observed to be familiar with residents and their preferences and support needs. Staff in the centre presented as having a strong awareness of human rights and training records indicated that all staff had received training in this area.

Documentation in place about residents was seen to provide good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. The inspector viewed a number of documents throughout the day of the inspection, including both residents' personal plans, health and social care support plans, positive behaviour support plans, daily notes and medication records. The documentation viewed was seen to be well maintained, and information about residents was up-to-date and person-focused. There was clear evidence that efforts were being made to consider how residents were actively consulted with about their day-to-day lives and good communication supports were provided to residents, including a tablet device to assist with communication.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and included meaningful goals that aligned with residents' interests. Support plans were in place to guide staff on all areas of service provision to residents. There was evidence that residents had good access to healthcare supports, including access to allied health professionals as required.

There were a small number of restrictive practices in use in this centre, such as a protective screen in the car to ensure the driver would not be impacted by responsive behaviours during transit. These were seen to be in place to promote the safety and well-being of residents and had been identified as appropriate in a restrictive practice log. Restrictions were subject to regular review and there was evidence that there was ongoing efforts to reduce or eliminate restrictions where possible.

Staff and management told the inspector that they felt residents were safe and well cared for in this centre and that staffing levels in the centre were appropriate and adequate to meet the needs of the residents supported there. The findings of this inspection indicated that this was an accurate reflection of the services provided in the centre.

Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. On the day of this inspection, staff were observed to be very familiar with and respectful of residents'

communication methods and styles and were able to tell the inspector how residents preferred to communicate. The inspector reviewed communication profiles and other guidance in residents' personal plans and saw that detailed and relevant guidance was available to staff in relation to supporting residents to communicate. Rosters reviewed showed that familiar staff were allocated to the centre on an ongoing basis and that in the event that relief or agency staff were required, they would always be on duty with a familiar staff member. Alongside this, a number of other areas of good practice were observed:

- Residents had access to media such as television, internet and tablet devices.
- Recent input had been received from an appropriate allied health professional to further explore the supports that could be offered to residents to assist them to communicate. Residents' records showed that a speech and language therapist had visited the centre on three occasions in July and put in place communication profiles for each resident.
- A "conversation book" to guide staff was viewed in one residents' file.
- There was details of a trial of a communication application on a tablet device for another resident.
- Numerous visual aids and social stories were observed to have been developed to communicate about various issues for residents including 'Fasting for GP', 'Seatbelt use' and 'Horse Riding'.
- Laminated pictures to assist residents make choices about food and activities were available.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. A walk around of the premises was completed by the inspector. The premises was seen to be adequately maintained and of a suitable size and layout to meet the needs of the two individuals that lived there at the time of the inspection.

Bedrooms and living areas were seen to be decorated in a manner that reflected individual preferences. The centre was observed to be clean throughout on the day of the inspection and overall communal areas were seen to be homely and welcoming. For example, new furnishings and couches had been purchased for the sitting room. There was suitable outdoor areas available for the use of residents and this was a nice space to spend time in. A sensory room was also available for the use of residents and this was seen to be equipped with some lighting and sensory equipment and comfortable seating. This meant that there was provision for residents to spend time apart in the centre if they wished.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations. This document was submitted and reviewed as part of the application for the registration of the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place that provided for the identification, assessment and review of risk in the centre. This policy also outlined control measures for specific risks as required including self-harm and accidental injury. The registered provider had ensured that there are systems in place in the designated centre for the assessment, management and ongoing review of risk.

Individualised risk assessments were viewed in residents' files and a site specific risk register was in also in place and reviewed by the inspector. Risk assessments were seen to be subject to regular monitoring and updating. Where risk was identified, efforts had been taken to reduce or mitigate the impact of this on residents. For example, an identified hazard related to travelling in the car had been assessed in respect of a resident and control measures put in place. A review of five months incident reports and team meeting minutes indicated that learning from incidents was occurring and disseminated to the staff team and this reduced the likelihood of adverse incidents occurring or reoccurring.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection. Precautions against the risk of fire had been considered and put in place including fire-fighting equipment and fire management systems. Arrangements had been made for maintaining fire equipment, reviewing fire precautions, testing fire equipment, detecting containing and extinguishing fires, giving warning of fires and evacuating the centre where necessary. The provider had also made arrangements for staff to receive suitable training in this area.

Fire safety equipment such as emergency lighting, a fire alarm system, fire

extinguishers and fire doors were present and observed by the inspector during the initial walk-around of the centre. Labels on the fire-fighting equipment such as fire extinguishers and a fire blanket. A schedule of alarm servicing and testing viewed identified that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained. A fire proofed storage area under the stairs was observed and this was fitted with a fire door also. The gas boiler had been serviced and tested in the days before the inspection.

Individualised personal emergency evacuation plans (PEEPs) were viewed for both of the individuals that used this service. These were reviewed by the inspector. These provided guidance on how staff should safely evacuate residents in the event of an outbreak of fire in the centre. The inspector was told that both residents were supported on a 1:1 basis for evacuation and the staffing levels were in place to support this.

Records reviewed showed that fire drills had been completed in the centre, including a drill that simulated reduced staffing levels and simulated night time fire drills. Daily, weekly and monthly fire safety checks were being completed in the centre. This meant that residents and staff were equipped with the skills required to evacuate safely in the event of an outbreak of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge was ensuring that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medications to ensure that medicines kept in the centre are stored securely, medicine prescribed to residents is administered as prescribed and controlled drugs were stored in line with the relevant legislation.

Appropriate management of medications was in place to safeguard residents' health and well-being. The inspector reviewed the management of medications in the centre, including the records kept in respect of medications administered and stored in the centre and the storage of medications. Documentation reviewed showed that medication audits had been completed by the community nurse in April & September 2025. A pharmacy audit had also been completed in the centre.

Risk Assessments related to residents' capacity to self-medicate had been completed and these showed that residents required full support to manage their medications. PRN (medication administered as required) protocols were seen to be in place and provided good guidance to staff such as indications for use and the maximum dose to be administered in 24 hours.

The inspector reviewed the storage of medications with a staff member and saw that good systems were in place for the safe storage, administration and disposal of medications. A medication press was located in the office and this was seen to

provide secure storage of medications with a system in place to ensure that this was accessible only to authorised staff members. Controlled medication was in use in the centre. This was double locked in an inner cabinet and a log of the receipt and administration of this medication was kept with entries double signed. A count was completed of the controlled medications in the presence of the inspector and this showed that the information in the logbook was accurate and up-to-date, with records for a two month period reviewed showing no discrepancies. Medications stored in the residents' individual areas of the medication press were seen to be labelled and in-date and there were separate storage facilities for pharmacy returns. A sample of medication administration records were reviewed indicated that residents received medications as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for residents and both of these were reviewed. The person in charge had ensured that an annual assessment of need had been completed for residents and the registered provider had arrangements in place to meet the assessed needs of the residents living in this centre. For example, appropriate staffing was in place to meet the assessed needs of the residents living in the centre. The social care leader showed the inspector how the providers' information systems were linked to allow for information transfer between day services and residential services and how information including nutrition, daily notes, social outings and nursing notes were accessible to staff and management if required.

The person in charge had ensured that personal plans were in place for residents that reflected their assessed needs, outlined the supports required to maximise residents' personal development in accordance with their wishes, age and nature of their disability. Personal plans were subject of a review, carried out annually or as changing circumstances required.

Both residents' personal plans were reviewed by the inspector. Support plans were in place that provided good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. Plans in place had been updated within the previous year and individual planning meetings and person centred planning review meetings had taken place. The inspector saw that goal planning was documented in the centre and that residents were being afforded opportunities to set and achieve goals that aligned to their interests, both shared and separate.For example, one resident had joined an allotment and regularly spent time there and the other had joined a walking group.

Residents had gone on a two night break away and it was documented that a resident that loved music had attended the Fleadh Ceoil and residents had prepared for and invited some of their friends to a 'Come Dine with Me' event in their home.

Monthly keyworker meetings were documented.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Positive behaviour support plans were in place for both residents and were reviewed by the inspector. Training records indicated that all staff had completed training in this area also. Individual risk assessments relating to responsive behaviours were also viewed to be in place for residents. Recent visits by the positive behaviour support team were documented, including a visit to meet with staff and discuss changes being made to support residents.

Residents' positive behaviour support plans included clear guidance on how to support residents to engage in positive behaviour and included particular strategies to support residents. Incident records reviewed in the centre, indicated that such guidance and strategies were being followed in practice and the inspector observed that staff were following this guidance also. For example, it was recommended in one residents' positive behaviour support plan that specific items should be brought to support the resident during car journeys. On the morning of the inspection, the inspector observed staff getting a bag ready with these items prior to leaving the centre.

Where specific intervention techniques were included in plans, there was clear guidance was available to staff to guide their use. It was clearly outlined in this guidance when these techniques could be implemented and that they could only be carried out by trained staff. Records indicated very low use of physical restraint in the centre and showed that any incident of this was very rigourously reviewed for learning to guide the staff team. A log of unplanned rights restrictions was kept and this showed three low level holds used within the previous year.

Restrictive practices in place were seen to be documented, reviewed regularly and subject to review from the providers' Right's Committee. The provider had in place a restrictive practice policy to guide and inform practice and a completed self assessment restrictive practice questionnaire was seen to have been completed in September 2025 and a Rights Restriction Audit had been completed in July 2025.

Judgment: Compliant

Regulation 8: Protection

The findings of this inspection indicated that the registered provider had appropriate measures in place to protect residents from abuse. Training records reviewed showed the person in charge had ensured that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff and management spoken with during the inspection were familiar with safeguarding procedures and reported that residents were safe and well protected in the centre.

Guidance on supporting residents with intimate personal care was contained within residents' personal plans. The inspector reviewed the records relating to the Garda vetting inputted into the training matrix for the staff working in the centre and saw that this indicated that all staff named on the staff roster had been appropriately vetted and that the person in charge was maintaining oversight of this. A Safeguarding Audit had been completed in August 2025. Residents were provided with social stories in relation to a number of areas to promote self-care and protection and a number of these were viewed in the centre.

Very few notifications of a safeguarding nature had been submitted to the Chief Inspector from this centre since the previous inspection and the evidence reviewed on this inspection indicated that overall residents living in the centre were compatible and did not negatively impact on one another. A safeguarding concern that had arisen since the previous inspection had been notified to the Chief Inspector and the inspector reviewed documentation, including a safeguarding plan put in place, and spoke with the person in charge about this. It was seen that prompt action was taken to address and respond to this.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents were seen to be treated with dignity and respect in their homes. Staff interactions were observed to be kind and respectful and take into account residents' communication preferences. Residents were seen to be supported to take part in activities that they enjoyed and from what the inspector was told there were efforts made to try new activities and determine residents' preferences.

The inspector viewed records of resident forums that indicated that although these were offered regularly, residents did not generally participate or show an interest in these. During the introductory meeting, the inspector was told about recent efforts to make consultation with the residents in the centre more meaningful. This included speech and language therapy input around communication and the provider had supplied a tablet device to enhance how residents were communicated with. The inspector saw evidence of this in residents' files as detailed under Regulation 10.

Rights Awareness checklists were viewed in residents' files and there was evidence

that family members had been consulted about issues that impacted residents' where it had been difficult to obtain residents' views.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant