



**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:	Rineanna
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	12 August 2025
Centre ID:	OSV-0005527
Fieldwork ID:	MON-0039209

About the designated centre

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

In this centre a residential service is provided for a maximum of two residents over the age of 18 years. In its stated objectives the provider aims to provide each resident with a safe home and, a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. The provider aims to meet the needs of residents who require physical, mobility and sensory support. The centre is comprised of two separate premises, one an apartment at ground floor level and the second a semi-detached two-storey house. The apartment is part of a larger apartment complex and the house is within walking distance of the apartment. The location is a populated suburb of the town and a short commute from a range of services and amenities. The model of care is social and the staff team is comprised of social care and support staff under the guidance and direction of the person in charge. Staff are on duty by day and by night. The night-time arrangement in the apartment is a staff member on waking duty.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 12 August 2025	09:30hrs to 17:15hrs	Mary Moore	Lead
Tuesday 12 August 2025	09:30hrs to 17:15hrs	Maureen McMahon	Support

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to assess the provider's compliance with the regulations. The provider had submitted an application to the Chief Inspector of Social Services seeking renewal of the registration of this designated centre.

Inspectors found a centre that was well managed and consistently overseen. Challenges did arise such as changing needs and maintaining staffing levels. Inspectors found the provider responded appropriately to these challenges and ensured residents received a safe and good quality service. The provider was judged to be compliant with all of the regulations reviewed by inspectors. This was a significant improvement given the regulatory history of this designated centre.

This designated centre is comprised of two separate premises located in the same estate. They are a short walking distance from each other. One premises is a ground-floor apartment in a larger apartment complex, the other is a semi-detached two-storey house. Currently, one resident lives in each location. Inspectors found both premises to be well-maintained, welcoming and homely. There is a plan for one resident to relocate shortly to a newly constructed premises. The assessed needs of the resident meant that it would be challenging for them to live with others but equally the spaciousness of the current house was found to be not best suited to their sensory needs.

On the day of this inspection both residents had individual plans to engage in community-based activities. Inspectors met with both residents and their supporting staff before they left the designated centre. The assessed needs of the residents are very different, both have different but complex needs and both residents communicate non-verbally with the exception of words and vocabulary that is specific to them. Both residents have a good understanding of what is said to them.

Later in the morning once the resident had completed their personal care an inspector visited the apartment. The resident was having their breakfast with the support of a staff member. The resident acknowledged the presence of the inspector in their home but due to their communication differences the resident did not provide explicit feedback to the inspector as to their life in the centre and the service they received. The staff spoken with were knowledgeable of the residents' interests, support needs and the management of their health conditions. A staff member described to the inspector how the resident used purposeful words and gestures to express choice and communicate their preferences. The inspector observed staff engage with the resident, listening to their words and responding to the gestures of the resident. For example, the resident picked up a story book and staff responded by reading this with the resident. The inspector observed staff singing rhymes with the resident and using the residents preferred items such as soft toys to engage with the resident. Staff responded to the resident's request for a preferred movie to be played, and staff promptly supported the resident to access

this. The inspector noted how the resident responded positively to this interaction using gestures and body language. It was planned for the resident to go swimming. A staff member described how the resident enjoyed swimming and would say "swimming, swimming" on the days the activity was planned.

In the semi-detached house the resident had just finished their breakfast at the kitchen table. The resident looked at the inspectors and gently took each inspectors hand in greeting but continued to focus on the task at hand which was the use of their personal tablet. The resident loved water and was booked into a recreational water facility that was some distance away. Staff explained how the resident loved going there and would use pictures or their tablet to show staff where they wanted to go or what they wanted to do. The staff member explained that the resident would lead the routine for the day and the commute was not an issue as the activity and the location was the resident's choice. A second staff member was due on duty and both staff would support the outing. The resident gave the inspectors a "high-five" to say goodbye.

While residents did not provide explicit feedback to inspectors on what life was like for them in the centre, inspectors saw throughout the day how well represented the voice and choices of both residents were in records seen. There was strong evidence of a total communication approach with tools such as social stories, visuals and picture exchange systems used to determine what residents wanted or did not want, to establish how residents were feeling and to support skills-teaching.

The provider had sought feedback from residents and their representatives as part of the providers own annual quality and safety review and, as part of the HIQA inspection process. Staff recorded how they used the communication tools mentioned above to ask for example how safe the resident felt and if they liked living in the centre. Staff recorded that the resident had smiled in response or pointed to the happy emoji. One representative completed a HIQA questionnaire. The feedback provided was very positive. The representative described how they still felt involved and included in care and support decisions and trusted the management and staff team to deliver good care to the extent that they had no worries.

The person in charge who facilitated this inspection had sound knowledge of each residents' care and support needs, any changes in those needs and of each resident's personal circumstances. Arrangements were in place so that residents could receive visitors and residents had ongoing access to home, family and peers. There is a cluster of different centres in this location and an administration office where persons in charge and social care workers can work from. As inspectors were leaving they noted how different residents and different staff were greeting each other as they returned from community activities or were heading out for a walk.

The inspectors spent time in each location, reviewed and discussed a broad range of records in relation to the quality and safety of the facilities and the care and support provided to both residents. Both inspectors found a good standard of assessment and planning, good arrangements for meeting residents assessed and changing healthcare needs and for ensuring that residents, notwithstanding their complex

needs, continued to have opportunities such as those enjoyed on the day of this inspection and to have a good quality of life while staying safe.

Staff spoke with the inspectors regarding the assessed needs of the residents in the centre. Staff were knowledgeable on the plans and protocols in place to support the residents.

It was evident from records seen and in discussion with the person in charge and the community manager that there had been challenges and demanding times in this designated centre in early 2025 as residents' experienced deteriorating physical and mental health. As stated above the provider responded to and addressed these challenges as they arose. Staff concerns were listened to, the person in charge escalated concerns to the community manager who in turn escalated them to the director of services. Good support was provided from the multi-disciplinary team, solutions were explored and found such as sourcing and using a service that completed blood-sampling for laboratory testing in the residential service. Staffing levels were increased and the provider utilised agency staff while it continued its efforts to recruit staff.

In summary, inspectors found that the management and staff team continually sought to ensure that the care and support provided to residents was person-centred in nature and promoted the wellbeing, the autonomy and the quality of life of residents. Pro-active and consistent management ensured that the residents were the focus of the service and that the service and facilities provided were appropriate to their needs including their changing needs. It also meant that the provider demonstrated the full compliance with the regulations found by inspectors.

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.

Capacity and capability

The provider had clear governance and management arrangements in place. Based on the findings of this inspection, these operated as intended by the provider and ensured that a good quality and safe service was provided to the residents. The local management structure clearly set out lines of responsibility and accountability. The provider had good quality assurance systems and was using these effectively to consistently monitor 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 had responsibility for another designated centre. The person in charge had the support of a social care worker with allocated administration time in each of these designated centres. The person in charge generally worked from the administration office on site and was therefore accessible

and available and maintained an active presence in the designated centre. Staff spoken with confirmed the person in charge was regularly in the centre.

The person in charge confirmed they had ready access to and support as needed from their line manager the community manager. 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 and the general administration of the designated centre.

For example, in one location the inspector reviewed minutes of very regular meetings held with the staff team. The person in charge convened and attended each of these meetings. There was good staff attendance at the meetings.

The person in charge effectively implemented the provider's systems of quality assurance such as the comprehensive reviews completed of any accidents and incidents that occurred and the regular review of risk and how it was managed.

Based on records seen and staff spoken with there was a competent staff team who were in receipt of relevant training, and who demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

The person in charge monitored the adequacy of the centres staffing levels and arrangements and escalated any concerns that arose. This had resulted in an increase in the staffing levels in the house in response to an increase in resident risk-based behaviours. The staffing levels on the day of inspection were as outlined in the staff duty rota for each location. The staff duty rotas were prepared in advance and were well maintained. The provider was, as mentioned in the opening section of this report, utilising the services of a staffing agency while it actively sought to recruit staff. The person in charge described how the same staff were requested and provided so as to ensure continuity for residents.

Inspectors saw that arrangements were in place for ensuring regular and agency staff working in the centre were appropriately qualified and vetted.

The provider maintained oversight of the local systems of management. For example, the community manager maintained oversight of how accidents and incidents were managed and ensured any complaints received were appropriately responded to. The provider-led annual quality and safety review for 2024 had been completed. The provider had also ensured that the quality and safety reviews to be completed at least on a six-monthly basis were completed on schedule. An inspector read the report of the two most recent six-monthly reviews and saw there was evidence of continuous improvement and a decreasing number of quality improvement plans. Those internal findings would be consistent with the positive findings of this HIQA inspection. Inspectors saw for example, that actions that had issued in relation to ensuring staff completed a range of refresher training were progressed and completed.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the application submitted by the provider seeking renewal of the registration of the designated centre. The application was complete, items submitted such as the floor plans of the designated centre were accurate and valid. The application was submitted on time.

Judgment: Compliant

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 inspectors how they managed and maintained oversight of the designated centre. The person in charge had sound knowledge of each resident and their support needs and was very familiar with the staff team and the general operation of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found staffing levels, staffing arrangements and staff skill-mix were planned and managed in a way that suited the assessed needs of residents.

A separate staff duty rota was prepared and maintained for each location. Inspectors reviewed the current and previous staff duty rotas in both locations. The rotas from June 2025 to date demonstrated good continuity and reflected the staffing levels, staffing arrangements and the staff skill-mix observed and described.

It was evident from discussion and records seen that the provider had experienced staffing challenges in this designated centre. The provider had an ongoing staff recruitment process and arrangements that sought to retain staff. For example, staff received support and guidance from the multi-disciplinary team (MDT) and a process of reflective practice had commenced.

The provider was using agency staff. The community manager confirmed that a contract was in place between the provider and the agency. The person in charge in addition had documentation for agency staff such as Garda Síochána vetting (police), training records and qualifications.

Overall, based on the evidence presented to the inspectors, inspectors were assured the provider monitored and ensured staff numbers and arrangements were in line with the assessed needs of the residents and were adequate to provide what support was needed. For example, the provider recently responded to a change in a resident's needs by increasing staff resources to provide additional support for the resident and to assure staff safety. Inspectors saw this increase in staffing reflected on the staff duty rota.

An inspector requested a purposeful sample of two staff files to review and found them to be accurate and in order. The files contained the information and documents specified in Schedule 2 of the Health act 2007 (as amended). This included evidence of the staff members identity, a full employment history, references, a vetting disclosure and evidence of re-vetting in line with the provider's own recruitment policy.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to monitor and evaluate staff training needs and to ensure that adequate training levels were maintained.

An inspector reviewed the staff training matrix and saw that staff had completed training that included training in safeguarding residents from abuse, fire safety, medicines management, first aid and responding to behaviour that challenged including de-escalation and intervention techniques. Additional training reflected the assessed needs of residents and included training in specific health conditions, the administration of emergency medicines and promoting residents' human rights.

Good oversight was maintained of staff training needs by the person in charge and refresher training was booked where required.

There were systems in place for the support and supervision of all staff. This included on-site support and supervision with the person in charge and regular staff meetings. Staff told an inspector that they received support and supervision meetings with their line manager and their professional development needs were discussed. For example, staff told an inspector they were offered the opportunity to attend autism training as part of their professional development as identified through their support and supervision meetings.

Staff told an inspector team meetings took place regularly with the most recent taking place in August 2025. An inspector saw the minutes of the regular staff team meetings.

Judgment: Compliant

Regulation 19: Directory of residents
Inspectors saw that the provider maintained a directory of residents. The directory contained all of the required information such as the residents name, date of birth, the date they were admitted to the designated centre and the contact details for their personal representative.
Judgment: Compliant
Regulation 21: Records
The inspectors had access to the records they needed to inform and validate these inspection findings. These records pertained to the regulations reviewed by the inspectors and included for example, information and records to be obtained and maintained in respect of staff, the assessment of each resident's needs, a recent photograph of each resident and details of the medical and nursing care provided to each resident. Inspectors also saw a record of the meals and food provided to each resident and more general records such as a record of complaints received and fire safety records. The records seen were very well maintained.
Judgment: Compliant
Regulation 22: Insurance
The provider submitted with its registration renewal application, evidence that it had in place, a contract of insurance such as against injury to residents.
Judgment: Compliant
Regulation 23: Governance and management
The findings of this inspection reflected a designated centre that was well managed, consistently and effectively overseen. The provider itself was identifying matters that impacted on the quality and safety of the service and was responding appropriately to these matters so as to ensure and assure the standard of support and care provided to each resident. There was an evident commitment to addressing previous

matters of poor governance and compliance that had arisen in this designated centre.

There was clarity on roles, responsibilities and accountability for the service provided to residents. For example, it was evident that the person in charge maintained an active presence in the centre, supported the staff team when challenges arose and was consistently engaged in the planning, management and oversight of the centre. The person in charge convened regular meetings with staff and ensured the residents and the staff team had the support of the MDT. Staff could and did raise any concerns that they had and they were, based on these inspection findings, listened to. For example, staffing levels had been increased from January 2025 onwards in response to increased needs and risks.

The person in charge maintained open communication with their line manager who was also actively involved in the management and oversight of the service, advocated for and ensured for example that the additional staffing resources were put in place and different housing options were made available to residents.

The annual review and the six-monthly provider-led reviews were occurring in line with the requirements of the regulations. The provider ensured that residents, representatives and staff members were consulted with as part of these reviews.

The improvement achieved in this designated centre was evident from the findings of these internal reviews but also from these HIQA inspection findings. The provider had used the findings from reviews and inspections to drive continuous improvement and to improve regulatory compliance in this designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

An inspector saw that residents had been provided with a contract for the provision of services.

The contract detailed the facilities and services that would be provided to the resident in the centre. It outlined the charges payable, how these were calculated and what residents would have to pay for themselves such as social events. The contracts were signed by either the resident or their representative as provided for in the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

An inspector read the statement of purpose submitted with the renewal of registration application. The statement of purpose accurately described the designated centre such as the number of residents accommodated, the staffing levels and arrangements, procedures such as how to make a complaint and the arrangements for receiving visitors. Inspectors saw that a copy of the statement of purpose and function was readily available in each location.

Judgment: Compliant

Regulation 34: Complaints procedure

An inspector saw that the provider had a policy and procedure for the receipt and management of complaints. The policy had been reviewed within the past three years as required by the regulations. The inspector saw that how to complain was also available in an accessible format and the details of the complaints officers were prominently displayed.

The internal provider reviews monitored the receipt and assured the management of any complaints received.

An inspector reviewed the complaints log and saw that where issues were raised they were recorded, complainants were met with, spoken with and kept updated where matters were not fully resolved. Complainants were reported to be happy and satisfied that they were listened to and kept informed.

Judgment: Compliant

Quality and safety

The governance and management of this centre (as described in the previous section of this report) was focused on ensuring each resident received a good standard of support and care that kept them safe and well while also ensuring they continued to enjoy a good quality of life. The care and support provided was very dynamic and responded to how each resident was presenting at any given time.

The inspectors reviewed records relating to both residents' support and care. Inspectors found a high standard of assessment and planning for supporting the assessed needs of both residents. Inspectors spoke with staff and reviewed the daily support and care notes and found that staff followed the guidance of the plans for example in relation to their nutritional needs, their positive behaviour support needs and their general welfare and development.

As stated in the opening section of this report the needs of the residents were different and at times complex. Inspectors saw comprehensive plans for supporting resident physical and mental health and wellbeing. Staff reported any concerns they had and the person in charge ensured that both residents had good and consistent access to the healthcare services that they needed including the provider's own multi-disciplinary team (MDT).

Inspectors found safe systems for the management of medicines. It was evident from clinical and MDT records that the impact and effectiveness of prescribed medicines was consistently monitored and reviewed.

Residents required positive behaviour support and inspectors saw that there were up-to-date detailed behaviour support plans in place. There was evidence of ongoing MDT support that sought feedback from the staff team as to the behaviours that had presented and the effectiveness of supportive strategies. Overall, what inspectors found was a comprehensive holistic approach to understanding and managing behaviour with all factors considered including physical and mental wellbeing, pain and the possible impact of medications.

The inspectors saw that there was a strong emphasis on the communicative function of behaviours of concern and plans and strategies that included communication skills teaching for a resident so as to better support for example, the residents participation in grocery shopping.

As needed medication was prescribed as an adjunct to the positive behaviour support plan. The person in charge monitored the use of this medicine and ensured it was administered in line with the prescribing protocol and only as a last resort. Inspectors found that any restrictive practice in place was based on a detailed assessment of needs and a documented risk based rationale.

In that regard inspectors found good systems for the identification, management and ongoing review of risk. Each identified risk had a detailed risk assessment and management plan. The review of each risk was closely linked to the incidents and accidents that occurred. Increased risk was escalated to the provider with evidence of responsive actions taken such as MDT and clinical review and the provision of additional staffing.

Based on the review of the arrangements in one location good oversight was maintained of fire safety including the procedures for evacuating the resident and the staff team in the event of a fire emergency.

Regulation 10: Communication

The assessed needs of the residents including communication differences. The provider ensured that residents were supported and assisted to communicate in line with their assessed needs.

Each personal plan contained comprehensive guidance for staff on each resident's communication needs and abilities and how they were to be supported. Staff were evidently familiar with and implemented these communication plans. For example, a staff member spoken with described to an inspector the phrases and words used by one resident to express their choices and preferences. An inspector viewed a communication profile, which included clear and up-to-date information regarding the resident's communication style.

Inspectors observed that interactions between staff and residents were personal-centered, in line with residents' communication needs and plans and effective. For example, staff were observed using rhymes to engage with a resident. Residents had access to smart televisions, personal computer tablets and Wi-Fi in the centre. Staff told inspectors how a resident used their personal computer tablet to search for activities of interest and brought these to the attention of staff. For example, the resident communicated their wish to visit a well-known theme park using their personal computer tablet and this trip was being planned for the resident.

Inspectors found there was a strong emphasis on the communicative function of behaviours of concern and plans and strategies that included communication skills teaching for a resident were in place. This was supported by the MDT. For example, staff were exploring the concept of "now and next" with a resident and the resident was engaging positively with the recently introduced picture exchange communication method (PECS).

The communication methods in place supported positive interactions and enabled staff to support residents in the management of behaviours of concern. For example, staff were observed actively listening to a resident's wishes regarding preparing to leave their apartment and selecting preferred items to bring with them. Staff provided time and space for the resident to make their own decisions.

Judgment: Compliant

Regulation 11: Visits

The person in charge was very familiar with each resident's personal circumstances and the different arrangements in place for supporting visits to home and for receiving visitors in the designated centre. These arrangements were included in the personal plan and staff maintained a record of family contact. The person in charge described how one resident supported by staff called to their family home for regular brief visits and their representative called regularly to the centre. This was confirmed in the feedback received by HIQA.

Judgment: Compliant

Regulation 13: General welfare and development

Disability and complex needs were not, in this designated centre, an obstacle to residents having opportunity to be meaningfully engaged and to enjoy doing things that they liked. Good and consistent access to the MDT ensured the evidence base of the support and care provided.

The personal plan clearly set out the opportunities that residents had and how these were chosen and agreed. Tools such as personal tablets and PECS were used and consideration was given to needs and risks when planning activities and events. For example, sourcing and using locations with accessible facilities for nights away. Preferred events and activities included swimming, bowling, music such as local shows and activity centres that met the sensory needs of a resident.

Residents were supported to maintain their relationships with family and peers and were visible in the local and wider community.

Challenges and risk could and did arise. These were discussed, reviewed and changes were made that supported safe access and participation rather than restricting access. For example, supporting a resident to participate appropriately in their grocery shopping so that their ability and dignity was promoted and protected.

Judgment: Compliant

Regulation 17: Premises

Inspectors found the location, design and layout of both locations was suited to the stated purpose and function of the designated centre. Both houses presented as well maintained, in good decorative order and, visibly clean. Both locations were welcoming and homely and inspectors saw that residents had good and ready access throughout their homes to personal and recreational items that they liked to have at hand. Photographs of family, peers, outings and activities enjoyed were prominently displayed in both locations.

Where interventions were required for the safety of a resident such as items to cover blunt corners or door handles these were discreet and blended into the homely presentation of the centre.

Residents' bedrooms were of a suitable size and there was no issue in relation to suitable sanitary, communal, recreational and dining space as residents did not share their homes with peers.

Both residents had access to a secure rear garden and there was evidence of recent works such as the laying of new hard surfaces and the refurbishment of one garden so that it was safer for the resident to access and use. The work was in progress

and including the laying of protective surfaces given the residents risk for falls and the provision of raised gardening beds.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported appropriate to their assessed requirements. Residents had very different needs in this regard and the support and care provided was individualised to those needs.

Inspectors saw well equipped kitchens in both locations. Inspectors observed good supplies of dry, fresh and frozen food in the centre.

Each personal plan contained information as to what resident's nutritional requirements were and the support to be provided. This support was as advised by the MDT such as the speech and language therapist and a dietitian. An inspector observed staff preparing modified meals, these were the correct consistency as outlined in the personal plan. The meals provided were freshly prepared and appeared wholesome and nutritious.

The person in charge had responded appropriately to the weight loss noted for one resident and had engaged the multidisciplinary team, for example the dietitian, to provide guidance to staff in the centre. Dietary supplements were used as appropriate and discontinued once the concern was resolved. An inspector viewed the food records for the resident. These records demonstrated the resident ate a balanced diet with a range of foods offered and enjoyed by the resident. An inspector saw the resident choose a particular food item and staff were observed to modify this for the resident to the correct consistency.

Different challenges were encountered with the other resident as staff sought to support the resident to make better and good lifestyle choices. Again, inspectors saw that support and guidance was sought and provided by the MDT including positive behaviour support.

Residents were supported to buy food weekly and to partake in some food preparation and activities such as baking. A range of communication tools were in use to educate residents on how to make good meal and snack choices.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a guide for residents. An inspector read the guide and saw it contained all of the required information such as the facilities to be provided, how residents would be consulted with and the arrangements for receiving visitors.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector discussed the planned transition of a resident from the designated centre to a new designated centre better suited to their sensory needs. There was documentary evidence that the provider was giving good consideration as to how this transition and the change would be managed for the resident so as to be successful.

The provisional transition plan and challenges that could arise were discussed with the staff team and with the MDT. A phased transition was planned and it had been agreed that the transition plan would commence only once all works, handover and registration of the new build was complete.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and ongoing review of risk.

A comprehensive risk register was maintained by the person in charge for the designated centre. Inspectors read the risk register in each location, they accurately reflected the risks in the centre and were updated and reviewed at regular intervals. For example, following incidents and accidents that occurred. Inspectors found that the risk register identified the high-risk areas in the centre such as behaviours of concern, seizure activity, falls management and staffing challenges.

Inspectors reviewed risk management plans relating to individual risks identified for residents. These plans gave clear guidance on the management of these risks. For example, risk assessments relating to falls identified control measures such as the protective rib cap to be worn by the resident and the use of a handling belt in the community. Inspectors observed these control measures were in place and were satisfied they were proportionate to the identified risk.

The person in charge had developed specific protocols to guide staff in the event of a head injury from a fall. There was evidence of very good insightful practice where staff were guided to use activities that were familiar to the resident such as singing a rhyme or asking the resident to recall the name of a preferred soft-toy to assess

the residents' neurological status. An inspector reviewed a fall in the centre where a head injury had occurred. The records reviewed demonstrated that staff had followed the protocol in place.

Inspectors reviewed the overview report of incidents and accidents in the centre for quarter two of 2025 prepared by the person in charge. The reports comprehensively reviewed each incident and accident in the centre during this period. The person in charge had taken actions as a result of incidents that had occurred. For example the person in charge met with and supported staff, had sought additional medical reviews for residents and additional input from the MDT. There was evidence that these measures were effective such as the review and changes made to prescribed medicines. The person in charge had escalated all incidents and accidents to the community manager who in turn responded appropriately.

The management of risk ensured that residents were supported to engage safely in meaningful and positive experiences.

Inspectors did note some possible minor recent recording inconsistencies and possible inconsistency in decisions about what required notification to the Chief Inspector or not. For example, what was a minor injury. This possible inconsistency did not impact on how incidents were managed or resident safety and were brought to the attention of the person in charge and the community manager to review and address, at verbal feedback of the inspection findings.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that it had effective fire safety management systems in place. Inspectors saw that both locations were fitted with fire safety measures that included a fire detection and alarm system, emergency lighting, fire-fighting equipment 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.

An inspector reviewed the fire safety register in one location. 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. The inspector noted that prior to leaving the location staff had ensured that no domestic appliance was in use and that the fire-resistant doors were closed.

The inspector saw from the fire safety risk assessment that regular evacuation drills tested the effectiveness of the evacuation procedure. These drills were convened at different times. The drills reported good and timely evacuation times and the full-participation of the resident.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was good access to community based pharmacy services for residents.

An inspector reviewed the medication management systems in the designated centre and found that safe practices were in place for ordering, receiving, storing, disposing, and administering medicines. The person in charge showed the inspector the arrangements for the storage of residents' medications including the arrangements for the disposal of unused or out of date medicines. A medication record for one resident was reviewed and the inspector found that their medications were being safely managed.

Clear protocols were in place to guide staff on the administration of emergency medication. These protocols were developed with the resident's consultant neurologist and updated at least annually. All staff had received training in the safe administration of medications and in the administration of the emergency medication. Staff spoken with were knowledgeable on the protocols in place.

Inspectors saw the person in charge had carried out a risk assessment for each resident to establish their capacity or not to self-administer their own medications.

There were systems in place for overseeing and assuring how medicines were managed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors found good and improved systems of assessment and planning.

Inspectors reviewed both residents' personal plans. Inspectors saw that a comprehensive assessment of resident health, personal and social care needs had been completed. Support and care plans were put in place in response to the findings of the assessment such as any support needed for personal care, communication, behaviour support, nutrition, safe eating and drinking, falls prevention and general health needs some of which were complex.

Inspectors were assured that residents' needs and their plans of support were kept under consistent review and the plans, support and care provided were changed in consultation with the MDT. Inspectors spoke with staff and reviewed the daily care and support notes created by staff and found staff were familiar with and followed

the plans. For example, in relation to the administration of emergency and as needed medicines, monitoring residents' body weight and completing post-falls assessments. It was evident to both inspectors that there was an objective to ensure the plans achieved the best possible outcomes for residents.

Staff sought to include residents in decisions about their support and care and in relation to their personal goals and objectives. Staff used a range of communication tools such as social stories in this regard.

Residents representatives were consulted with, kept informed and invited to the personal planning meetings.

There was a good system in place for progressing residents goals and objectives. There was a clear link between the goals and each resident. The goals were meaningful, the process of review was dynamic, challenges and obstacles such as poor health were clearly recorded and goals were rescheduled once appropriate and suitable to do so.

Judgment: Compliant

Regulation 6: Health care

Residents received appropriate healthcare in this centre. Residents' healthcare needs were under regular review and there was evidence that the person in charge ensured residents could access the services of healthcare professionals as required.

Inspectors reviewed both residents' healthcare records. The records included details of the assessed healthcare needs, appointments, recommendations and detailed care plans. Each identified need had a care plan developed to guide staff on the management of the identified need. The records reviewed demonstrated the person in charge sought guidance as need from the MDT and other healthcare professionals due to the changing needs of the residents. For example, there were records of referrals to and review by neurology, speech and language therapists, behaviour support specialists, dieticians, dentists, psychiatry and physiotherapy.

Daily care and support notes and other records seen such food diaries reflected the guidance in the care plans as did the practice observed such as the modification of foods.

The person in charge in collaboration with a resident and their family had developed an advanced health care plan. An inspector reviewed this plan, it was very person-centred and included detailed information to guide staff regarding the residents' wishes at times of illness and the end of life.

Judgment: Compliant

Regulation 7: Positive behavioural support

Arrangements were in place that supported each resident to manage behaviour of concern.

Inspectors saw that each resident had a comprehensive positive behaviour support plan that was specific to their needs. The plans looked at areas such as setting events, triggers, difficult activities, communication, skills teaching, therapeutic support and reactive planning. Inspectors found that the positive behaviour support plans were very much part of the overall personal planning process and linked closely to each residents holistic needs. For example, how they might be feeling physically and mentally and if they were, for example, experiencing pain.

Inspectors saw that there was a strong emphasis on the communicative role of behaviour and ongoing exploration of different communication strategies to prevent where possible behaviour occurring and to prevent its escalation.

Staff had completed training including training in de-escalation and intervention techniques and were supported in their behaviour support practice by the ongoing access they had to the positive behaviour support team particularly in times of crisis. Records were in place of these meetings. Input had also recently been provided by a sensory behaviour support specialist. Interventions seen in practice reflected how these needs were supported such as swimming, a shower seat so the resident could spend time in the shower and a jug in the bathroom so the resident could engage in water play while enjoying a bath.

Staff had opportunities to discuss their concerns, the behaviours that were exhibited, the strategies used and whether they were effective or not. An inspector reviewed the incidents that had occurred to date in 2025. There was an unpredictability to the behaviour and there was nothing in the records to suggest that staff responses acted as a trigger for the behaviour or its escalation.

While challenging for staff inspectors were assured that the emphasis was on therapeutic support such as reassurance, communication and diversion.

There was an as needed medicine prescribed to be used when therapeutic support did not work. The person in charge monitored each administration and was assured it was administered in line with the prescribing protocol.

There were other restrictions in place such as the securing of a side-gate in one garden and the use of particular seats in the service vehicle. Any restrictive practice in place was based on a detailed assessment of needs and a documented risk based rationale.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements for safeguarding residents from abuse.

Staff had completed training in safeguarding residents from abuse. That training was completed on-line and in-person with the designated safeguarding officer. The details of the designated safeguarding officer were prominently displayed.

The provider invoked its safeguarding policy and procedures as needed, there was input from the Designated Safeguarding Officer and a safeguarding plan was put in place following any concerns raised. The Chief Inspector was notified and there was documentary evidence that the local safeguarding and protection team were notified. While the safeguarding plan was closed the person in charge described the controls in place (supervised visits) to ensure the ongoing safety and wellbeing of the resident.

In the context of their disability there were limitations as to how well residents understood and could protect themselves from abuse. Residents had support from staff at all times in their homes and when out and about in the community.

The person in charge understood their role in safeguarding residents from abuse. The person in charge maintained an active presence on site, ensured staff were formally and informally supervised and ensured arrangements such as the use of agency staff reflected safeguarding procedures. For example, ensuring there was continuity and evidence of suitable qualifications, training and vetting.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place that supported and promoted residents' human rights.

Throughout the inspection there was consistent evidence as to how the individuality, choices, preferences and rights of residents were respected and promoted. For example, it was clear that residents had choice around how they spent their days and how their lifestyles were supported. As discussed in Regulation 10: Communication, staff spoken with clearly described to inspectors how each resident expressed what they wanted or what they did not want and they were listened to.

For example, a resident used their personal tablet to communicate their wishes to go to different facilities and activities. These trips were evident in the personal plan and on the day of inspection. Similarly, the resident who had limited verbal ability said "circus" as they passed a circus tent one day while they were in the service

vehicle. Staff made enquires, booked tickets and returned to the circus with the resident.

An inspector observed staff interactions that were person-centred, allowed time and space for a resident to choose to partake or not in a planned activity based on their own wishes.

The staff and management team were good advocates for the residents. Residents had access to the healthcare services that they needed and were supported to explore, access and secure different housing options.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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 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 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of 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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant