

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

Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	24 June 2025
Centre ID:	OSV-0007757
Fieldwork ID:	MON-0038797

About the designated centre

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

Hillview is a designated centre operated by Sunbeam House Services CLG. This designated centre can provide support for up to four adult male residents. Residents residing in Hillview designated centre have an intellectual disability. Some residents require a high level of supervision to manage specific personal risk behaviours. The designated centre is a large dormer-bungalow located in a town in County Wicklow. Each resident has their own bedroom with en-suite bathroom. There is a communal lounge, dining room, bathroom, kitchen and conservatory for residents to use, along with three other sitting rooms for residents to use as their personal space and a large garden with outdoor furniture and a shed. The designated centre is staffed with a team consisting of nurses and social care staff. There is always two staff on duty each day and night, and additional staffing during the week to support residents with activities. One-to-one support is available for residents who require this at specific times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 24 June 2025	09:30hrs to 16:55hrs	Kieran McCullagh	Lead
Tuesday 24 June 2025	09:30hrs to 16:55hrs	Orla McEvoy	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The person in charge and deputy client service manager facilitated the inspection and provided inspectors with information and documentation as part of the inspection process. Through careful observation, direct interactions, a thorough review of documentation, and discussions with key staff, inspectors evaluated the residents' quality of life. Inspectors observed a high level of compliance with the regulations on this inspection.

The designated centre comprised one large dormer-bungalow, located in a small village in County Wicklow. It was conveniently located near various amenities and services, such as shops, cafes, and bars. Inspectors completed a walk through of the home in the company of the person in charge and observed it to be clean, welcoming, and comfortably furnished, with a homely atmosphere that promoted a sense of wellbeing and dignity. Residents had their own bedrooms and private sitting rooms, which allowed for personal space and privacy, while communal areas were found to be spacious and thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful and well maintained, contributing to a warm and inviting environment.

Inspectors noted that residents could freely access and utilise the spaces within the centre and garden without any restrictions. There was sufficient private and communal space, along with adequate storage facilities. The centre was in good structural and decorative condition. At the back of the centre, there was a well-maintained large garden and patio area with a barbecue and outdoor seating available for residents to use at their leisure.

Inspectors also observed good fire safety systems. For instance, there was fire detection and firefighting equipment in the home, and individualised evacuation plans were available to guide staff on the supports required by residents. There was a small amount of restrictive practices used in the centre. Inspectors found that they were implemented in line with the provider's policy and residents' consent and for specific personal risks that required additional supervision and supports.

In preparation for the inspection, some residents completed surveys to share their perspectives on life within the centre. The feedback received was positive and reflected a strong sense of satisfaction and wellbeing among residents. Survey responses indicated that residents felt safe and secure, were pleased with the quality and comfort of the premises, and expressed satisfaction with the food provided. They also felt empowered to make their own decisions and reported receiving a high standard of care and support. Additionally, residents noted that they enjoyed visits from family members, understood how to make a complaint if

needed, and felt confident speaking with the person in charge should any issues or concerns arise.

While there were no relatives of any residents available to speak to during the inspection, a review of the provider's annual review of the quality and safety of care demonstrated that relatives feedback had been sought and they were satisfied with the care and support provided to the residents.

Inspectors had the opportunity to meet and speak with all residents and some staff members during the inspection and also took time to observe interactions and planned activities. One resident described the staff as "brilliant". They explained that staff helped them when help was needed. This resident had the assigned role of being a fire and safety officer in the designated centre. Staff explained that the resident checked the fire doors on a weekly basis. The resident informed inspectors of the practice of night-time fire drills and was knowledgeable on the fire assembly point and what to do in the event the fire alarm sounded. They advised that they felt safe living in the home and would not change anything. In their opinion Hillview was "one of the best houses in Sunbeam".

A second resident spoken with described the house and food as being "nice" and the staff as "good". They told inspectors about their daily routine which included going to the gym on a regular basis, going for walks in a local forest park, and going out for dinner on Sundays with the support of the staff team. The resident told inspectors about a recent holiday to Drogheda which they really enjoyed with staff support. They spoke about how they planned what activities they wanted to do during the trip and also spoke about attending a day service program two days per week.

Another resident explained that they were very happy living in Hillview. They advised that staff members were always available to help them when needed. They informed inspectors that they felt safe living in the home and that there were "plenty" of staff on duty. The resident spoke about things they enjoyed including spending time with their fiancée, playing pool, and going to the shop with staff support. They showed one inspector their extensive music collection and spoke about their love of listening to their favourite music artist on their stereo system.

Staff were proactive in addressing the changing needs of residents. Some environmental modifications had been made since the previous inspection to enhance residents' safety and independence. For instance, referrals were made to the provider's multidisciplinary team and equipment was provided in a timely manner to support the residents' safety, dignity and independence with personal care and mobility. New couches were delivered on the day of inspection. These were chosen specifically to aid residents' ability to transfer on and off the couch with ease. One resident followed a home exercise program to maintain their independence and this was overseen by the provider's multidisciplinary team.

Staff spoken with told the inspectors about the residents' holiday plans. One holidayed in Kilkenny while another went to Louth. One resident liked to go to the same location each year and had a trip to this location planned. Another resident

took a flight to visit a race track abroad and told inspectors that they thoroughly enjoyed the trip.

Local management described the service as being “service user led” and “individualised”. They spoke about the good quality of life the residents enjoyed. The person in charge and deputy client service manager informed inspectors that residents had integrated well within their local community and were known by the staff in local shops and pubs. They described the residents as being happy in their home. Inspectors found that there were effective arrangements for residents to be consulted with and express their views and wishes. They made decisions on a daily basis about their lives, and also attended house meetings and key worker meetings where they discussed relevant topics about the centre and reviewed their personal goals.

Overall, inspectors found that residents were in receipt of high quality, safe and person-centred care and support. The centre was well resourced and there were effective governance and management arrangements.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

In February 2025, the Health Information and Quality Authority (HIQA) published an overview report of governance and safeguarding in designated centres operated by the provider. The report incorporated the findings of 34 inspections carried out in 2024 and focused on five regulations (Regulation 5: Individualised assessment and personal plans, Regulation 7: Positive behaviour support, Regulation 8: Protection, Regulation 15: Staffing, and Regulation 23: Governance and Management). The provider was found to be not-compliant under those regulations.

The report contained a compliance plan from the provider, which detailed a number of actions intended to address the identified concerns and achieve compliance. This inspection was a component of the Chief Inspector of Social Service's comprehensive evaluation of the provider's plan and its effectiveness in driving improvements. There had been a number of quality improvements made at organisational level and in the designated centre which demonstrated effective progress on the provider's implementation of their improvement plan and how it was impacting positively on the quality of life for the residents living in this centre.

The provider ensured that suitably qualified, competent, and experienced staff were on duty to meet the assessed needs of all residents. The inspectors noted that the staffing levels and skill-mix positively impacted residents' outcomes. For instance, inspectors observed residents being supported to engage in a range of home and community-based activities, all chosen according to residents' personal preferences. The person in charge conducted six-weekly formal staff team meetings and regularly provided the provider with assurance regarding the quality and safety of care and support given to residents. Any issues or concerns were promptly escalated to the provider for resolution.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. Inspectors spoke with a number of staff over the course of the inspection and found that staff were well informed regarding residents' individual needs and preferences in respect of their care.

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The provider ensured that both buildings within the designated centre and all of their contents, including residents' personal property, were fully insured. The insurance coverage also included protection against risks within the centre, such as potential injury to residents.

The registered provider had established robust management systems to monitor the quality and safety of the service provided to residents. The governance and management frameworks in place were found to be operating at a high standard within the centre. The provider had prepared an annual report for 2024 on the quality and safety of care and support, which included consultations with all residents, their families, and representatives. Additionally, the provider had conducted an unannounced visit in accordance with regulatory requirements, and a comprehensive suite of audits was implemented, covering key areas such as medication, resident personal plans and finances, maintenance and fire safety.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector, in line with the regulations.

There were relevant policies and procedures in place in the centre, which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including guiding staff in delivering safe and appropriate care.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times in line with the statement of purpose and size and layout of the designated centre.

Inspectors saw evidence that staff were suitably qualified and trained, and were committed to providing care that promoted residents' rights and kept them safe. During the inspection, the centre demonstrated adequate staffing levels with two staff members present during the day and two staff members providing waking night-time supervision.

The staff team comprised of the person in charge, deputy client service manager, community support workers, healthcare assistants, and nursing staff. One inspector reviewed planned and actual staff rosters, which were maintained in the designated centre for the month of June 2025 and found that regular staff were employed and rosters accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

On the day of the inspection there was one part-time post open. Inspectors saw evidence that this post had been advertised and the provider was endeavouring to ensure continuity of care for residents through the use of a small panel relief staff and use of the already established staff team. This approach ensured that, even with vacancies, including planned and unplanned leave, the residents were in receipt of care and support from suitably skilled staff who were familiar with their individual assessed needs and preferences.

During the inspection, inspectors spoke with a number of staff members on duty including the person in charge, deputy manager, and community support worker and found that all were highly knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff team and felt comfortable interacting and receiving care. Inspectors also observed staff engaging with residents, both socially and in activities inside and outside the centre.

One inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2, including an up-to-date vetting disclosure, evidence of qualifications and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well equipped to provide quality care. Examination of the staff training matrix evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included mandatory training in fire safety, and safeguarding, all of which contributed to a safe and supportive environment for the residents living in this service.

As part of the organisation's escalation programme quality improvement plan, the provider had developed and was rolling out a number of training courses to better support management and staff carry out their roles to the best of their ability. Inspectors found that there was good progress being made on the delivery of training programmes, which were due to be completed by December 2025. For example, staff members had completed eLearning training relating to updated safeguarding policy and restrictive practice policy, and key working training. Inspectors saw evidence that staff had been booked to complete specialised person-centred positive behaviour supports training sessions in October and November 2025.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, risk and incident management, total communication, people handling, feeding, eating, drinking and swallowing (FEDS), and first aid. Inspectors noted that there was a mix of online and in person training, delivered on-site and off-site, available to the staff team.

The provider and person in charge had appropriate supervision arrangements in place for all staff. All staff received support and supervision relevant to their roles from appropriately qualified and experienced personnel in line with the provider's policy. The person in charge maintained supervision records and schedules and all staff had received their first appraisal at the time of this inspection. One inspector reviewed one staff member's supervision record, which included a review of the staff member's personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

The provider ensured that a directory of residents was available in the centre which met the requirements of the regulations. The directory of residents was made available for inspectors to complete a thorough review.

One inspector reviewed this and found that it included accurate and up to date information in respect of each resident living in the designated centre. For example, information pertaining to the name, address and telephone number of each resident's general practitioner (GP), the date in which the resident first moved into the designated centre, and the name, address and telephone number of each resident's next of kin was all recorded.

Judgment: Compliant

Regulation 22: Insurance

The designated centre was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

One inspector reviewed the insurance prior to the inspection and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

In addition, the insurance in place also covered against risks in the centre, including injury to the residents living in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed and changing needs and active multidisciplinary team participation in care planning.

The designated centre operated with a well-defined management structure, ensuring staff clarity regarding roles and responsibilities. The service was effectively managed by a capable person in charge, who with the support of their deputy client service manager, possessed a thorough understanding of residents' and service needs and had established structures in place to fulfill regulatory obligations.

Furthermore, all residents benefited from a knowledgeable and supportive staff team.

Effective management systems ensured the centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering housekeeping, fire safety, medication, residents' support plans and finances, and maintenance, was conducted by the local management team. A review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2024. Inspectors completed a review of this and found that all residents, staff and family members were all consulted in the annual review. In addition, one inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in March 2025. The action plan documented five actions and the inspector noted that all actions were completed, effectively contributing to service enhancement.

Following a review of the documentation and discussions with management, inspectors found that several of the provider's initiatives to comply with Regulation 23: Governance and management across the organisation had been completed or were in progress, demonstrating satisfactory progress. For instance, a manager's handbook was currently in development and scheduled for completion in quarter two of 2025, unannounced site visits were being completed by the senior service manager, one to one business support and governance assurance meetings were taking place between the person in charge and senior service manager, as per the provider's compliance plan, and all staff had been booked to complete specialised person-centred positive behaviour supports training sessions in October and November 2025.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

One inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to the residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, in line with the regulations.

Prior to and during the course of the inspection inspectors completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, inspectors observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures are essential to guide staff to consistently provide safe and effective person-centred care. Inspectors found that the provider had prepared written policies and procedures on the matters set out in Schedule 5 and these were available in electronic format for staff to refer to.

One inspector reviewed a sample of the policies. At a minimum, the provider ensured the policies and procedures required by the regulations were reviewed and updated where necessary every three years. It was found that the policy on monitoring and documentation of nutrition intake had not been reviewed within three years. However, inspectors were informed that this policy was currently under review by the provider.

Inspectors noted that policy review was a standing agenda item at staff team meetings. For instance, the infection prevention and control policy was discussed during a staff team meeting held on 4 March 2025. Furthermore, signature sheets were used to indicate that all staff had read the policies.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to each resident. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person-centred. Furthermore, inspectors found that several of the provider's improvement initiatives across the organisation had been completed or were underway, demonstrating satisfactory progress.

Staff knew each residents' communication requirements and inspectors observed throughout the inspection that staff were flexible and adaptable with all communication strategies used. There was a culture of listening to and respecting residents' views in the service and residents were facilitated and supported to communicate with their families and friends in a way that suited them.

Inspectors observed a warm and relaxed atmosphere throughout the home, with residents appearing content and comfortable with both their living environment and the support they received. After walking through the designated centre, inspectors found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. There was a good balance of private and communal spaces, and each resident had their own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected. They were supported by a coordinated multidisciplinary team, including medical professionals, speech and language therapists and dieticians. During the inspection, staff were observed following the guidance and expert recommendations provided by these specialist services.

The provider had implemented a range of good infection prevention and control measures. There was a policy available that was reviewed at planned intervals. This policy clearly outlined the roles and responsibilities of staff members and gave clear guidance with regard to the management of specific infection control risks. The policy also guided comprehensive cleaning and monitoring of housekeeping in the centre, and these practices were observed on the day of this inspection.

The provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

There were appropriate arrangements for the management of residents' medicines. Residents' needs and abilities to self-administer their medicines had been assessed,

and associated care plans were prepared on the supports they required. One inspector reviewed a sample of the residents' medicine administration records, and they indicated that they received their medicines as prescribed.

Where required, positive behaviour support plans were developed for residents. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. Inspectors found that staff spoken with were aware of the procedures for responding to safeguarding concerns, and residents reported to inspectors that they felt happy and safe living in their home.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 10: Communication

The provider demonstrated respect for core human rights principles by ensuring that each resident could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes. Throughout the duration of this inspection inspectors observed residents freely expressing themselves, receiving information and being communicated with in the best way that met their individual needs.

Inspectors observed that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. For instance, each resident had an up-to-date communication passport which described their communication style and supported their communication needs.

Inspectors saw that staff were familiar with residents' communication needs and care plans. Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in personal plans and all residents had access to appropriate media including; the Internet and television.

Furthermore, staff were in receipt of total communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspectors during the course of the inspection. Staff also advocated for residents, and residents were facilitated and supported to access external advocates when requested or when required. Residents were facilitated and supported to communicate with their families and friends in a way that suited them.

Judgment: Compliant

Regulation 17: Premises

Inspectors found the atmosphere in the designated centre to be warm and calm, and residents met with appeared to be and informed inspectors they were very happy living in the centre and with the support they received. During different times throughout the inspection, inspectors walked around the centre with the person in charge, staff members and residents, and found the premises to present as bright, clean and homely.

The living environment was stimulating and provided opportunities for rest and recreation. Each resident participated in choosing equipment and furniture in order to make it their home. For example, all were involved in choosing equipment and furniture for their bedroom and private sitting room in order to make it homely.

Residents had their own bedrooms, each considerably decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings and possessions, all in line with each residents' interests. This not only promoted their independence and dignity but also celebrated their uniqueness and personal taste. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file. One inspector reviewed one FEDS care plan and found that there was comprehensive guidance regarding the resident's meal-time requirements including food consistency, equipment and environment and the resident's likes and dislikes.

Staff spoken with were very knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. For example, staff were observed throughout the inspection to adhere to therapeutic and modified consistency dietary requirements as set out in

FEDS care plans. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

Residents were consulted with and encouraged to lead on menu planning and had the opportunity to participate in the preparation, cooking and serving of their meals as they so wished. For instance, residents were observed throughout the duration of this inspection to make themselves cups of tea and coffee, make lunch and get snacks as they so wished. All residents spoken with informed inspectors they were very happy with the food and food choices in the designated centre.

Inspectors observed a good selection and variety of food and drinks, including fresh and perishable food items, in the kitchen for residents to choose from, and it was hygienically stored and labelled correctly. The kitchen was also clean, well-maintained and well equipped with cooking appliances and equipment.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had prepared written policies and procedures on infection, prevention and control (IPC) matters which were readily available for staff to refer to.

The provider had established procedures for the ongoing and reinforcement of effective infection prevention and control practices. These measures were designed to protect residents and staff from the risk of infection, thereby enhancing the overall safety of the centre. For instance, comprehensive cleaning schedules were in place for both day and night-time routines.

Additionally, enhanced cleaning schedules were in use which included specific provisions for cleaning high touch areas and equipment used by residents, ensuring a clean and safe environment at all times. Furthermore, staff were required to complete weekly and monthly deep cleaning duties. These tasks were essential in promoting strong infection prevention and control measures, and ensured a clean and safe environment for all residents, visitors and staff alike.

All staff received appropriate training and regular updates in line with best practice guidance. Staff spoken to were knowledgeable about how to reduce the risk of infection and understood the procedures to follow in the event of an outbreak. For example, staff members were familiar with the provider's protocols pertaining to the management of laundry and linen. Additionally, inspectors observed that the necessary equipment (alginate bags and spill kits) was in place and readily accessible to effectively manage any potential outbreaks, ensuring a prompt and appropriate response if needed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, inspectors observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following a review of servicing records maintained in the centre, inspectors found that these were all subject to regular checks and servicing with a fire specialist company.

Inspectors observed that the fire panel was addressable and easily accessed in the entrance hallway of the designated centre and all fire doors, including bedroom doors closed properly when the fire alarm was activated. Furthermore, all fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, one inspector reviewed four personal emergency evacuation plans. Each plan detailed the supports each resident required when evacuating in the event of an emergency. One resident spoken with demonstrated a clear understanding of the evacuation routes and knew the appropriate actions to take if and when the fire alarm sounded. In addition, staff members were very knowledgeable about the individual support each resident required to facilitate their timely evacuation.

Inspectors examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both daytime and night-time conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the provider's medication management policy.

One inspector reviewed the practices and arrangements for two residents. They observed that the residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. The inspector also reviewed the residents' prescription sheets and medicine administration records. The documents contained all necessary information, and evidenced that residents received their medicines as prescribed.

Assessments of capacity to self-administer medicines had been completed for residents as per the provider's policy. These assessments, and associated plans, detailed the level of support that residents required. On the day of this inspection two residents were self-medicating. Inspectors found that both residents demonstrated awareness of their medicines and all required protocols were adhered to including the secure storage of medicines in their bedrooms. All other medicines were stored in a locked medicine cabinet in the staff office.

Inspectors found that there were good arrangements for the oversight of medicine practices, including regular audits and checklists, to ensure that the provider's policy was adhered to and that any discrepancies were identified.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that effective arrangements were in place to provide positive behaviour support to residents with assessed needs in this area. For instance, the two positive behaviour support plans reviewed were detailed, comprehensive, and developed by appropriately qualified professionals. Each plan incorporated proactive and preventative strategies aimed at minimising the risk of behaviours that challenge from occurring. Additionally, each plan also guided staff on supports available to them following an incident. For example, staff could utilise the provider's Employee Assistance Programme (EAP) or attend a debriefing meeting with the person in charge.

As previously reported under Regulation 16: Training and staff development, and as per the provider's compliance plan all staff had been booked to complete specialised person-centred positive behaviour supports training sessions in October and November 2025. Staff spoken with on the day of this inspection were very knowledgeable of positive behaviour support plans in place and inspectors observed positive communications and interactions throughout this inspection between residents and staff.

There were seven restrictive practices used within the designated centre. Inspectors completed a thorough review of these and found they were the least restrictive possible and used for the least duration possible. Residents had consented to and were aware of the use and rationale of all restrictions. For instance, restrictive practices were discussed with residents during monthly key working meetings and were also documented in residents' support plans.

Inspectors found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review by the provider's Human Rights Committee (HRC), appropriately risk assessed and clearly documented and

appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with each resident.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse.

At the time of this inspection there were no safeguarding concerns open. Residents living in this designated centre had resided together for considerable time, got along with each other, and reported to inspectors that they were very happy living in the centre and felt safe. Staff spoken with on the day of inspection including the person in charge and deputy service manager reported they had no current safeguarding concerns.

Following a review of two residents' care plans inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner. Residents experienced a service where they were protected and kept safe. They were empowered to express choices and preferences and were involved in all aspects of decision-making in relation to safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant