



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

## Issued by the Chief Inspector

Name of designated centre:	Tir na Coille
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	25 November 2025
Centre ID:	OSV-0007804
Fieldwork ID:	MON-0040153

## About the designated centre

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

In this centre a service is provided for a maximum of two residents over the age of 18 years. The provider aims to provide support to residents with a broad range of needs in the context of their disability. The house is a two-storey semi-detached property located in an established housing estate on the outskirts of the busy town. Each resident is provided with their own bedroom and the ground floor is designed and laid out to meet the needs of residents who may have difficulty accessing the first floor facilities. There is a pleasant garden to the rear of the property accessed from the kitchen. Residents receive an integrated type service where their residential and day service is provided from the house. The model of care is social and the house is staffed at all times when it is occupied. The day to day management and oversight of the service is delegated to the person in charge with support provided from a social care worker.

**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 25 November 2025	09:45hrs to 16:15hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was completed to assess the providers' compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013. The provider had submitted an application to the Chief Inspector of Social Services seeking renewal of the registration of the designated centre.

The inspector found a centre that was well managed and effectively overseen. Residents received the support that they needed to enjoy good health and a good quality of life. Residents had good input, choice and control in their day-to-day life and routines. The provider's risk management systems were used effectively to support this level of resident autonomy.

The designated centre is a semi-detached house located in a mature residential setting on the outskirts of the town. The residents living in the centre are siblings and moved into the house in early 2025 as a temporary arrangement. A new house is in the process of being constructed for them so that they can return to their place of origin close to family which is their expressed preference.

This inspection was announced so the inspector was expected. Both residents were waiting at the front door, greeted the inspector by name and gave the inspector a great welcome to their temporary home. Their assessed needs include communication differences but both residents engaged easily and comfortably with the inspector using at times, their mobile phones and photograph albums to support that communication.

As the inspector enjoyed a cup of coffee offered by a resident both residents updated the inspector on what life was like for them having moved from a relatively rural location to a busy urban setting. It was evident from this discussion that both residents had coped well with the transition and were busy enjoying life. They were supported by the provider to maintain the links and routines they had established when living in their previous house. These connections were very important to both residents and included for example, continuing their paid employment in that area, attending mass and visiting family. Both residents said that they were happy in their new location but their objective was still to return to their place of origin where their social and personal connections were. Residents confirmed they were kept updated on the progress of the construction and they visited the site. One resident showed the inspector a photograph of the house which was at an advanced stage of construction.

The conversation with the residents was broad and included the plans for moving back, different social events they were looking forward to over the Christmas season and the different community facilities and amenities they enjoyed attending. For example, on the day of this inspection both residents were going to attend the local men's shed with their support staff. They described what they did there such as

growing vegetables and helping with the construction of different items. A water feature was currently under construction. One resident proudly showed the inspector a new jacket they had recently purchased for working outdoors while the other resident retrieved three pairs of rubber boots from the shed to take with them. One resident proudly showed the inspector his recently printed business cards and his new power-washer as he expanded the range of house maintenance work he did supported by a staff member.

Both residents had been supported to enjoy very different holidays. One resident had enjoyed sun, sea and sand in Majorca while the other resident had joined a local pilgrimage to Lourdes. Both residents liked taking photographs and a staff member had supported them to compile photo albums of their trips. Plans were in progress for supporting residents to choose their next trip away.

One resident gave the inspector a tour of the house and showed the inspector how they had made the house their own, what items they had brought with them and what they would take back with them. For example, both residents smoked and the external smoking shelter had been brought to this centre. The resident pointed out to the inspector the safeguarding officer details that were displayed on a wall. The resident referred to the designated safeguarding officer by name. The resident showed the inspector where all the files and records the inspector might need were kept.

Both residents were in great form and gave an excellent account of their life living in the centre. It was evident to the inspector that the residents were active agents in how they lived their life and were supported to safely exercise their choices and decisions. When the inspector reviewed records such as a personal plan, risk assessments and risk management plans those plans reflected what the resident's had discussed with the inspector. The inspector saw that residents were consistently spoken with about their choices, their support and care requirements and had the opportunity to learn how to make good and informed decisions. For example, both residents told the inspector that they were happy to manage the amount that they smoked but they had no interest in tobacco cessation programmes they could avail of.

The provider itself was effectively monitoring the appropriateness, quality and safety of the service provided to residents. That monitoring included using the feedback about the service provided by residents and by their representatives. That feedback was on file and it was very positive. Representatives described the service as excellent while residents reported for example that they knew their staff and the staff knew them. This familiarity was very important for one resident in particular as they could struggle to get to know and be comfortable with new staff. It was evident from the records seen and from what the inspector observed that residents were comfortable speaking to staff and to the person in charge. The person in charge told the inspector they were fully confident that both residents would raise concerns if they had them.

The residents took a packed lunch with them and when they returned in the evening they told the inspector they had had a great day. The residents were very familiar

with the regional manager who had come to the centre to meet with the inspector and a resident used the opportunity to ensure two tickets for an upcoming social event were put aside for them. Overall the inspector noted a very easy rapport between the residents, the staff member on duty, the person in charge and the regional manager.

As the inspector was getting ready to leave the centre, the residents wished the inspector well and invited the inspector to call again, hoping the next visit would be to their new home.

In summary, the inspection findings were very positive. There was an evidence base but also respect for the individuality of each resident and an equity in the way the centre was planned and managed. The provider's incident, protection and risk management systems were used as intended so that residents were safe while enjoying full and meaningful lives.

The next two sections of this report will describe the governance and management arrangements in place and how these kept residents safe and promoted their individuality, their rights and their quality of life.

## Capacity and capability

Clear governance arrangements were in place to ensure that a good quality and safe service was provided to the residents. There was clarity on roles, responsibilities, reporting relationships and accountability for the service provided to residents. The provider had good systems of quality assurance and was using these to monitor the effectiveness of the local management systems.

The person in charge was responsible for the day-to-day management and oversight of the centre. The person in charge had other areas to manage and described for the inspector how they managed and prioritised as needed their presence in each of these areas. The person in charge was supported in the management of the centre by a social care worker and was happy with these arrangements. It was evident from speaking with them and from records seen that the person in charge was consistently engaged in the planning and oversight of the centre.

For example, the inspector saw that the person in charge had a schedule for the completion of formal staff supervisions and also convened very regular staff meetings. The inspector read the minutes of these meetings and saw that important matters such as safeguarding and any changing needs were discussed in addition to staff specific matters such as training requirements.

The inspector reviewed the staff training matrix and saw that a training record was in place for each staff member who worked in the centre. Some refresher training was due, the person in charge was aware of this and was awaiting the 2026 training

schedule so as to book that training.

The staff duty rota was planned in advance with changes made as needed in consultation with the person in charge. Ordinarily, given the assessed needs and abilities of both residents there was one staff member on duty by day and by night. An additional allocation of staffing was provided each Monday so that residents could do different things if they so wished.

The provider had systems of quality assurance that included the provider-led reviews required by the regulations to be completed on an annual and at least six-monthly basis. Areas of support, care and service provision that were audited included the completeness of resident's personal plans, the management of medicines, safeguarding and the response to and management of any incidents that occurred. The inspector read the reports of the two most recent provider-led reviews and while quality improvement actions did issue they were minimal and the overall findings were positive. The inspector found the person in charge progressed the quality improvement actions that did issue. For example, the inspector saw that actions such as completing a medicines management audit and putting a safeguarding tracking tool in place were completed.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete and valid application seeking renewal of the registration of this designated centre.

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 inspector how they managed and maintained oversight of the designated centre. The person in charge had ready knowledge of the needs and abilities of both residents. There was an easy and comfortable rapport between the person in charge and the residents.

Judgment: Compliant

#### Regulation 15: Staffing

Based on the evidence available the staff numbers and staffing arrangements were



in line with the assessed needs and abilities of the residents and were adequate to provide what support was needed.

The inspector reviewed the current staff duty rota. It was well presented, named each staff member, their role and the hours that they worked. Ordinarily there was one staff member on duty by day and by night and the arrangement at night was a staff member on sleepover duty.

The staff duty rota was planned well in advance. The residents knew for example what staff was due to support them on Christmas day. One resident was heard to clarify with the person in charge what staff member was due on duty the evening of this inspection. The inspector saw that a visual staff duty rota was on display in the kitchen. This continuity and familiarity was important to the residents who referred to the different staff members by name throughout this inspection.

While the residents were siblings and got on well with each other they were individuals in their own right. Additional staffing was provided each Monday so that residents could make different choices. The person in charge confirmed that up to August 2025 additional one-to-one support had also been available from a community employment scheme. The person in charge confirmed that the provider was actively trying to secure a new community employment scheme arrangement for the residents. There was no evidence available to the inspector that the loss of this one-to-one support was impacting negatively on the residents. For example, there was no record of residents having raised dissatisfaction and the inspector's review of the incident log didn't demonstrate any increased anxiety or tension between the residents. The person in charge had a risk assessment in place for monitoring any possible negative impact such as on the choices they might make if this support was available.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a system in place for monitoring and ensuring adequate staff training levels were maintained.

The inspector reviewed the staff training matrix. There was a training record in place for each staff member listed on the staff duty rota. The inspector identified no training gaps with all staff recorded as having completed training such as in safeguarding, fire safety, responding to behaviour that was challenging, managing medicines and training in movement techniques in resident care.

Additional training completed by staff including training in first aid, a range of infection prevention and control training and training on promoting the rights of residents.

There were systems in place for the support and supervision of staff. This included

the advice and support available from the person in charge, regular staff meetings and the completion of formal support and supervision. The inspector saw that a supervision schedule was in place and the schedule was discussed with staff at a recent staff meeting.

The support observed and the records seen reflected a competent staff team who were very familiar with the needs of both residents.

Judgment: Compliant

### Regulation 21: Records

The inspector was provided with any of the records needed to inform and validate these inspection findings. These records pertained to the regulations reviewed by the inspector and included for example, the assessment of the resident's needs, a recent photograph of the resident, medication management records and more general records such as the staff duty rota, fire safety records and records of the provider's charges to residents for the services provided. The records seen were well maintained.

Judgment: Compliant

### Regulation 22: Insurance

With its registration renewal application the provider submitted evidence that it had in place contracts of insurance such as against injury to residents. The contract for the provision of a service advised residents of the insurance that was in place.

Judgment: Compliant

### Regulation 23: Governance and management

Based on these inspection findings the designated centre was effectively governed, managed and overseen. The provider demonstrated how residents were provided with a safe quality service. The provider was judged to be fully compliant with the regulations reviewed by the inspector.

The inspector found the governance structure operated as intended. In addition to the clarity found on roles and responsibilities there was good accountability for the service that was provided. For example, the person in charge said that the staff team were good advocates for the residents and were diligent in reporting any

concerns they might have. The person in charge clearly understood and implemented the provider's procedures such as those for identifying and managing risk. The regional manager was very familiar with the general operation of the centre, any matters arising and how these were responded to.

Systems of quality assurance included formal reviews but also ongoing discussion with the residents themselves, discussion with the designated safeguarding officer and the wider multi-disciplinary team (MDT). This discussion was very evident from records seen such as the personal plan and the risk register. Good oversight was maintained of incidents that occurred.

The provider maintained oversight of the effectiveness of the local systems of management. This oversight included the annual quality and safety review and the quality and safety reviews to be completed at least every six-months. The reports of these reviews were available to the inspector. As discussed in the opening section of this report these reviews sought feedback from residents, their representatives and from the staff members on duty. The person in charge progressed any quality improvement plans that issued.

Overall, the inspector found the residents, their safety and their quality of life were central to the governance and management of this centre.

Judgment: Compliant

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

In the personal plan reviewed by the inspector there was a contract for the provision of services. The inspector read the contract and saw that a new contract had been issued to the resident when they transitioned to this centre. The contract was signed as agreed by the resident and by a representative of the provider. The contract advised the resident how any fees they had to pay were calculated. Additional records were also on file advising the resident of these fees and how they would be paid. However, the fee payable was not included in the actual contract. This was addressed by the person in charge.

Judgment: Compliant

#### Regulation 3: Statement of purpose

With its registration renewal application the provider submitted a copy of the statement of purpose and function for the designated centre. The inspector read the statement of purpose and saw that it contained all of the required information such as the details of the governance structure, the number of residents accommodated

and the centres staffing levels and arrangements.

Judgment: Compliant

## Quality and safety

Based on the findings of this inspection including the feedback provided by the residents themselves, residents received the support and care that they needed, that kept them safe and well while also ensuring they enjoyed good autonomy and a good quality of life closely connected to home, family and the wider community.

The inspector discussed the routines of the house and the support provided with the residents, with the staff member on duty and with the person in charge. For example, a resident showed the inspector a social story they had about respecting the privacy of others. The resident also showed the inspector how staff had affixed visuals to a personal care item to help the resident identify the product so as to promote the residents independence. The staff member on duty was very familiar with the residents and their preferred routines.

While their needs were different both residents were effective communicators. Both residents did use visuals such as photographs to initiate and support conversation with the inspector. Both residents had access to a mobile phone and showed the inspector photographs that included dressing up for a recent Halloween party and different social events they had attended with peers and family.

In that regard the residents described lives and routines that were busy and that kept them meaningfully engaged with life and visible in the wider community. For example, both residents had opportunity to enjoy paid work and to participate in activities that they enjoyed such as golf and horse-riding and attending sporting events.

These opportunities were supported by the staffing arrangements in place, by good systems of personal planning and the correct implementation of the provider's risk management procedures. When the inspector reviewed a personal plan it fully reflected the routines, needs, abilities and risks that had been discussed. The plan clearly demonstrated how the resident was consulted with and had input into their personal plan. The inspector found personal planning, was in this designated centre, a meaningful and purposeful process closely linked to the day-to-day routines of the residents.

There were risks that had to be managed so that residents safely engaged in the opportunities that they had. The inspector saw that the person in charge maintained good and consistent oversight of these risks in consultation with the residents themselves, the staff team and the wider MDT.

The inspector saw that the house was fitted with the required fire safety systems

such as a fire detection and alarm system and emergency lighting. Regular drills tested the centres evacuation procedures. Residents complied with the controls in place for the mitigation of any risk associated with their consumption of tobacco products.

## Regulation 10: Communication

The provider had arrangements in place that ensured residents were supported and assisted to communicate in accordance with their needs and wishes.

Both residents were effective communicators but did use strategies such as gestures, items of reference and photographs to support their communication with others who were perhaps less familiar with them such as the inspector. Both residents engaged confidently with the inspector.

While the residents had good comprehension staff did use accessible materials so as to present information to a resident in the visual format they liked and in plain English.

Judgment: Compliant

## Regulation 11: Visits

Arrangements were in place that ensured residents had ongoing access to home and family.

It was evident from speaking with them and from records seen that home and family were very important to the residents. One resident shared past and more recent family photographs with the inspector telling the inspector who each family member was. Both residents were looking forward to spending time with family at Christmas and over the New Year.

The inspector saw that after moving to this house the residents invited family members to lunch in the house and helped staff with the preparation of the lunch.

Judgment: Compliant

## Regulation 12: Personal possessions

Arrangements were in place so that residents had access and control over their personal possessions. Residents had the support that they needed to manage their

personal monies.

Each resident was happy to show the inspector their bedrooms and the facilities they had to store their personal belongings. The residents were happy with these arrangements.

Laundry facilities were available and residents were encouraged to participate in some household tasks. Residents had a good sense of humour and laughed when the inspector saw the ironing board and asked who did the ironing.

Residents did require support from staff to manage their personal finances. This was based on an assessment of financial capacity such as resident ability to recognise money and understand the concept of budgeting. The inspector reviewed the financial records for one resident and saw that staff maintained records of lodgements and expenditures. This included cash and banking transactions. Staff maintained a record of what was purchased or how the money was spent such as a social activity. Supporting receipts were in place for each transaction. The social care worker and the person in charge maintained oversight of these records.

Judgment: Compliant

### Regulation 13: General welfare and development

Regular consultation with and access to the MDT ensured the evidence base of the support and care provided. Residents had good and consistent opportunities to be meaningfully engaged and visible in their community. Residents had choice as to how they spent their time and clearly enjoyed what they did. This was very evident from the findings on the day of this inspection as the residents eagerly prepared to attend the local men's shed. When they returned they said they had had a great day.

Residents had a busy social schedule that included attending peers birthday celebrations and events organised by the provider. There was good evidence of this such as the photographs on display and the photographs in the personal plan. Residents enjoyed activities such as golfing, horse-riding, eating out, going to the cinema, attending personal appointments and both enjoyed the experience of paid work supported by staff. Residents were supported to maintain the personal relationships that were important to them. Residents could access further education and travel in line with their expressed preferences.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the house was suited to the needs of the residents. The location of the house was not in keeping with the expressed will and preference of the residents but the residents said they were happy in the house and happy to know they would be returning to live in their place of origin.

Transport was provided and staff spoken with confirmed that supporting visits to home, to amenities and activities in other locations was not a problem so that residents maintained those connections.

Both residents told the inspector that they had chosen their own bedrooms as each of these bedrooms had an ensuite shower room. Residents shared the comfortable sitting room and the kitchen-dining room. There was an additional bathroom available upstairs.

A resident gave the inspector a tour of the house. Overall it was well maintained and visibly clean. Residents had personalised the house with items such as photographs, awards they had won and items such as a flag and a scarf from sporting events they had attended.

The residents freely accessed the rear garden where they had a picnic table and their smoking shelter. One resident showed the inspector the compact poly-frames they had purchased to grow some vegetables earlier in the year.

In the context of the needs and abilities of the residents there were no specific requirements in relation to accessibility or assistive technology

Judgment: Compliant

### Regulation 20: Information for residents

The inspector saw that the provider had prepared a guide for residents. The inspector read the guide and saw that it was presented in an accessible format and contained all of the required information. That information included details of the services that would be provided, the arrangements for receiving visitors, how to make a complaint and how residents would be consulted with in relation to the general operation of the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

Appropriate arrangements were in place for the identification, management and ongoing review of risk. The provider's system for reporting incidents, for reviewing incidents and how they were managed was used as intended so as to ensure the

safety of residents.

The inspector discussed with the person in charge how risks were identified and managed. The inspector reviewed the risk register that included general risks and risks as they pertained to each resident. The inspector reviewed the log of incidents that had occurred from January 2025 to September 2025.

The inspector saw that mitigating controls were identified and agreed in consultation with the wider MDT including the designated safeguarding officer. Residents were spoken with in relation to their individual risk management plans, staff responsibilities and their responsibility to comply with controls such as any requirement for staff supervision. The inspector found there was a clear justification for the controls in place, clarity and good consistency between the records seen. For example, there was good consistency between the personal plan and the risk management plan.

The person in charge maintained good oversight of the risks and the mitigating controls and each review referenced whether incidents had occurred or not.

Overall, based on the observations of this inspection the inspector was assured the measures in place were proportionate to the risks identified and supported residents to safely have a good quality of life.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had effective fire safety management systems in place.

The inspector saw that the house was 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.

The inspector reviewed the fire safety register. There was documentary evidence that the fire safety equipment was inspected and tested by competent persons on a quarterly basis.

The person in charge reported that both residents understood the risk of fire and the requirement to evacuate the house. Records seen confirmed that regular evacuation drills tested the effectiveness of the evacuation procedure. This included drills completed when the residents moved into this house and drills that replicated night-time conditions. The drill records seen reported good and timely evacuation times and the full-participation of both residents.

The inspector did note gaps between the floor and three of the fire-resistant doors



which may have been gaps greater than that recommended. The regional manager committed to arrange a review of the doors.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management systems in the designated centre and found that safe practices were in place for ordering, receiving, storing and administering medicines.

Medicines were supplied by a community based pharmacy on an individual resident basis. Medicines were generally supplied in their original packaging. The person in charge said that the residents went to the pharmacy with staff and were well known to the staff there.

The inspector saw that the medicines were securely stored and there were systems in place for monitoring the safety of the medicines management systems. For example, a record was maintained of the medicines supplied and staff completed regular stock balance checks.

Staff administered medicines to residents based on the findings of an explicit assessment of resident capacity to self-administer their own medications. Staff had completed medicines management training.

The person in charge monitored and was aware of any medicines related incidents that did occur and why they had occurred. Based on the inspector's review of the incident log there was no concerning pattern of such incidents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector saw that a comprehensive assessment of resident health, personal and social care needs had been completed. Support and care plans were put in place in response to the findings of the assessment.

The personal plan reviewed by the inspector was completed and maintained to a high standard. It was evident from the plan that the resident was spoken with and had input into their plan. The staff team used a range of accessible materials to support this engagement and these discussions.

The plan clearly set out the process of assessment, review and change as needed. For example, the plan had been updated to reflect the resident's transition to this

centre and included the objective of transitioning back to the resident's place of origin and when this would be achieved by.

During the six-monthly provider led reviews the provider itself maintained good oversight of the completeness of each resident's personal plan.

The inspector was assured by the records seen that the resident's needs and plan were under consistent review by the person in charge in consultation with the MDT. This included an annual MDT review.

There was a good system in place for progressing resident's goals and objectives. Records seen and the conversations with residents confirmed that residents had achieved their previous goals and plans were in progress for the selection of new goals. The inspector saw that staff had prepared an explicit booklet for one resident providing information for the resident on three different objectives they had an interest in so that the resident could consider and reflect on the different choices.

Judgment: Compliant

## Regulation 6: Health care

Appropriate healthcare was provided for both residents with regard to their assessed needs and their healthcare plans.

The person in charge reported that both residents ordinarily enjoyed good health. The inspector saw that plans of support and care were in place for any needs that were identified and residents had access to the clinicians and healthcare services that they needed. For example, the inspector saw records of visits to the general practitioner (GP), regular psychiatry review, dental care, chiropody and specialist review as needed.

Residents attended these clinical reviews with the support of staff. Residents were provided with general health information and health promoting information such as in relation to their diet and exercise. Both residents were physically active and enjoyed a range of outdoor activities. The inspector saw how residents themselves placed a piece of fresh fruit in their lunch boxes.

Residents were supported to avail of seasonal vaccinations and there was documentary evidence of periodic blood profiling completed by the GP.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Measures were in place for the support and management of behaviour that challenged.

For example, the training matrix indicated that staff had completed training in de-escalation and intervention techniques. However, the support provided was focused on therapeutic support and reassurance. For example, the person in charge confirmed that as-needed medications were not prescribed. The inspector noted in records seen that during clinical reviews, clinicians considered the natural response to stressful events such as the requirement of residents to move to a different house.

The personal plan reviewed did include a positive behaviour support plan. The plan set out the likely behaviours, possible triggers, the purpose of the behaviour, how staff could pre-empt the behaviour and how they should respond. The role of communication and the communicative function of behaviour was clearly outlined in the plan. For example, the importance of assurance, allowing sufficient time and avoiding the use of the word "no". The plan was devised and reviewed with input from the behaviour support specialist.

The provider had a process in place for the sanctioning and review of any restrictive practices. These were minimal and primarily related to risk mitigating controls such as staff supervision. There was a clear explicit risk based rationale for these controls.

Judgment: Compliant

## Regulation 8: Protection

The provider had measures in place to safeguard residents from harm and abuse. Safeguarding was a priority in this centre.

The inspector saw that the provider had recently updated safeguarding policies and procedures. Staff completed on-line safeguarding training and in-person safeguarding training with the designated safeguarding officer. The inspector saw that safeguarding, risks and protection plans were discussed at the staff team meetings.

There was a strong emphasis on educating residents on safeguarding matters such as consent, relationships, boundaries and privacy. Residents were evidently familiar with the designated safeguarding officer. One resident took out his mobile phone and showed the inspector how they would phone the designated officer. Records seen indicated that residents were comfortable discussing personal matters with the person in charge, the staff team and the designated safeguarding officer.

Safeguarding risks were identified and managed. There was an active protection plan in place that was reviewed at regular intervals with the designated safeguarding officer. The inspector saw that staff implemented the requirements of

the plan such as documenting each time they used accessible safeguarding tools and protocols to discuss the protection plan with a resident.

Residents told the inspector that they liked their staff and everything was good in the house.

Judgment: Compliant

### Regulation 9: Residents' rights

The routines of and the support and care provided in the designated centre acknowledged, respected and promoted the rights, will and preference of the residents.

For example, the provider had worked closely with the residents and had exhausted many avenues in the hope that residents would not have to move from their original house. When that move was inevitable the provider had sought and secured housing for the residents so that they would move back to their place of origin which was their expressed will and preference. Residents were good and effective advocates for themselves but they were also supported by the staff and management teams in this regard and they also accessed the provider's internal advocacy forum.

On a day-to-day basis residents were spoken with and had good choice and control as to how they lived their lives such as the activities they engaged in, their access to local services and amenities and the choosing and progressing of their personal goals and objectives.

Both residents with support from staff had the opportunity to enjoy some paid employment. The person in charge and the staff team supported the residents in this regard and monitored the ongoing suitability of these arrangements. For example, where there was a change of ownership and management.

Residents participated in the grocery shopping for the house and were encouraged by staff to participate in some household tasks. Residents were supported to exercise their religious beliefs where this was important to them and returned to their place of origin where they were well known to attend mass.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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 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
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant