

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

Issued by the Chief Inspector

Name of designated centre:	The Loft
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	27 January 2025
Centre ID:	OSV-0008271
Fieldwork ID:	MON-0037238

About the designated centre

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

This centre provides residential services to children with an intellectual disability and can accommodate up to five residents. The residents are supported to attend school during the week, and staff support residents with their identified individual needs. Care and support is provided in a homelike environment and the service aims to maximise residents' independence, and to support them with their developmental needs. The centre is located in a rural location, and is within driving distance of nearby towns. Transport is provided to support residents to avail of amenities in the community.

There is a fulltime person in charge in the centre, and the residents are supported by a team of social care workers and direct support workers. The residents have access to a range of allied healthcare professionals and attend their own general practitioner in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 27 January 2025	10:05hrs to 17:45hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre is a children's residential service that provided care and support to five residents. The centre is located in a rural setting within driving distance of a number of towns. The inspection took place over one day and was facilitated by the person in charge. Overall the inspector found the children were provided with a good quality of care and support that was child-focused and embraced the individuality of each child, while enabling them to learn new skills, and experience opportunities relevant to their age.

On the morning of the inspection, all residents were attending school. The inspector was shown around the centre by the person in charge, and the centre was bright and colourful, and was very well maintained. Each resident had their own bedroom, and these were decorated based on their preferences. For example, one resident preferred to have no pictures or photos on display on the walls, while another liked lots of pictures of their family and preferred characters on display. Throughout the centre, picture cards, visual schedules and easy read documents were displayed, to support the residents with their understanding, in line with recommendations made in personal plans. For example, some residents were using visual schedules to support them to know their plans for the day, and to know what was happening next, and some used pictures cards to help them identify where personal items were stored in their rooms.

The centre was spacious and warm, and well equipped to allow the residents to play, to spend time alone, to relax, or to spend time together. For example, there was a well-equipped sensory room, and a resident was observed to spend time relaxing in this room in the afternoon. Two residents spent time watching television or listening to music in the sittingrooms, and another resident was chatting to staff while having a snack on their return from school.

All residents attended schools five days a week, and when they returned in the afternoon, were each supported by an assigned staff for the day. This meant that they could chose what they wanted to do, and there were enough staff to support them with their choices. For example, one resident was observed to do some work on a computer, and had a desk and computer area to complete this work. On the evening of the inspection they also spent time in the sensory room, played in the back garden, and later went on a social outing. Some residents were observed to enjoy playing in the back garden on a new swing, and the garden was well equipped with a range of outdoor play equipment. Residents had helped to decorate the garden last year, and had painted the fencing in colourful paint. One resident had developed a goal for healthy eating, and liked to do exercises on an indoor trampoline in the sittingroom, in the morning before school. This was observed to be displayed on their visual schedule for the morning.

The person in charge told the inspector that some residents liked to do jobs in the centre, and one resident helped to clean the car every week, and another resident

helped with fire safety checks. Achievements and special occasions for residents were celebrated. For example, a resident had been awarded two Gaisce awards and certificates were on display in their room. The previous year staff had supported two residents to celebrate a key religious event, and residents had made a large floral display, and all residents had enjoyed a cultural feast associated with this event. There was a large photo display in the hall of social events residents had attended, for example, ice skating, a theatre show, and a visit to a trampoline park.

The inspector briefly met all residents on their return from school, and some residents preferred to just greet the inspector and continue with their planned activities. All residents appeared happy and comfortable in the centre, and staff were observed to interact with residents in the way residents preferred. The inspector spoke to one resident, and they were spending time with a staff chatting in the kitchen. The resident showed the inspector a dance they liked to do, and asked the inspector about who they were.

The inspector spoke to a parent of a resident and they said they were very happy with the service provided to their child. The parent said the staff knew their child's ways very well, and they were very pleased to see their child develop socially, and take part in activities out in the community. The parent said the centre was always well kept, the staff were very gentle with their child, and staff keep them up-to-date on all aspects of their child's needs and supports. Positive feedback was also received from residents and families, as part of the annual review completed by the provider.

Five questionnaires were completed by family members and an allied healthcare professional, on behalf of the residents prior to the inspection. Positive feedback was received, and respondents commented that residents really enjoyed living in the centre, had a lot of social opportunities, and that the staff were very kind and knew residents' individual needs well. Regular contact was also maintained with the schools residents attended.

Overall the inspector found residents had very positive experiences, and the choices residents made were respected and supported in the centre. The next two sections of the report outline the governance and management arrangements in the centre, and how the arrangements positively impacted on the quality and safety of care and support provided to residents in this centre.

Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of this centre. The centre could accommodate five children aged 10 to 18, and there were five residents living in the centre on the day of inspection. High levels of compliance were identified on this inspection, and all 18 regulations were found to be compliant.

The provider had ensured there were sufficient resources in the centre. There was a full staff team of team leads and direct support workers, and there were enough staff on duty during the day and at night to safely meet the needs of residents. Staff had been provided with the required training including mandatory and training specific to residents' needs. The provider had also ensured a suitable premises was provided, as well as two vehicles for residents' use.

The management structure ensured the services provided were safe and effective and there was ongoing monitoring of the care and support provided to residents. Where issues were identified in reviews, meetings, or audits, actions were taken to rectify the concerns. There was a complaints management process, and a complaint had been managed in line with the centre policy.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Chief Inspector.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff, with the appropriate skills and qualifications to safely meet the needs of the residents.

The inspector discussed the staffing arrangement with the person in charge. There were five staff on duty during the day and three staff at night time in a waking capacity. There were no staff vacancies in the centre, and one team lead had commenced working in the centre in January 2025, due to a vacancy arising. Each of the residents had a staff assigned to work with them during the day.

The inspector reviewed a sample of rosters over a three month period, and staffing was in line with the staffing arrangements outlined by the person in charge, and the statement of purpose. The centre was staffed by two team leads and direct support workers. Regular staff were employed in the centre, and where a vacancy arose due a planned or unplanned absence, one regular relief staff had been employed to fill these shifts. The staffing arrangement meant that residents were provided with appropriate levels and consistency of support.

The person in charge was a registered nurse, and therefore provided nursing support if the need arose.

The inspector reviewed three staff files, and all documents as per schedule 2 of the regulations were available in files.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training specific to residents' needs, as part of the ongoing professional development programme.

The provider had identified in their statement of purpose, the mandatory and additional training staff required to safely meet the needs of residents. The inspector reviewed staff training records and all training was completed and in date.

Mandatory training had included Children First, fire safety, managing behaviours of concern, adult safeguarding, food safety, feeding eating, drinking and swallowing, manual handling, professional management of challenging behaviour, and a range of infection prevention and control (IPC) trainings. Additional training provided to staff included human rights, assisted decision making, medicine management and the administration of emergency medicine, autism support and first aid. The person in charge monitored the ongoing training needs for staff, and where required ensured arrangements were made to facilitate any further training required. For example, following recent speech and language assessments for residents', specific communication training was identified as required, and planned for February 2025.

There was an arrangement in place for regular staff supervision, and there was a planned supervision schedule for the upcoming year. Two staff members told the inspector they had supervision meetings with the person in charge or a team lead every three months.

Judgment: Compliant

Regulation 22: Insurance

The centre had up-to-date insurance and a copy of the insurance certificate was submitted to the Chief Inspector as part of the application to renew the registration of the centre

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in the centre including sufficient resources, a defined management structure, and ongoing monitoring of the services provided to residents. Consequently, residents were provided with a consistent service, enabling them to live a happy and fun-filled life as children, while recognising and supporting them to develop skills for adulthood.

The provider had ensured sufficient and appropriate resources were deployed to the centre. These included for example, a well maintained premises, indoor and outdoor play equipment, transport, staff training, and a staff team who were knowledgeable on the needs of the residents they support.

There was a clearly defined management structure and staff reported to the person in charge. The person in charge was also responsible for one other centre, and worked in this centre three days a week. In the absence of the person in charge, team leads managed the centre. The person in charge reported to the assistant director of services, and they met monthly to review the services in the centre. The assistant director reported to the director of services and the chief operating officer, and onwards to the chief executive officer. Two staff members said they could raise concerns about the quality and safety of care and support provided to residents with the person in charge, and the person in charge was very supportive.

There were systems in place to ensure the service provided was safe and appropriate to residents' needs, for example, proportionate risk management procedures, implementing child protection procedures as necessary, and comprehensive assessment and personal planning processes. This meant that the services residents were receiving were based on their preferences and needs, cognisant of any identified risks, while protecting residents' rights as children to enjoy play, social, and community activities.

The service was monitored on an ongoing basis, and where recommendations were made following reviews these were found to be completed. An annual review of the quality and safety of care and support had been completed in November 2024, and of the areas reviewed by the auditor, all were found to be complaint. Some recommendations were made by the auditor, with regards to activities and a school placement for a resident, and these were complete on the day of inspection. As a result a resident had joined a local football team, and had secured a full-time placement in a school. The annual review had sought the views of residents and their families or representatives through questionnaires, and positive feedback was received.

Six monthly unannounced visits had been completed in April and October 2024, and the inspector reviewed actions from the review in October, and actions were found to be completed. For example, all policies and procedures were available in soft copy, all staff training was up-to-date, a healthcare plan had been completed for a resident, and training on setting goals for residents had been completed in a staff meeting in November 2024. As mentioned, governance meetings with the person in charge and assistant director were held monthly, as well as monthly staff meetings, and actions identified were also found to be complete. These oversight arrangements meant that there was timely and effective identification of necessary

improvements, and the changes implemented ensured the quality of residents experiences in the centre were continually enhanced.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose that outlined the services and facilities provided in the centre, as well as the staffing arrangements, the management structure, and the arrangements for personal planning, fire safety, and complaints management. The statement of purpose had recently been reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents had been provided with information on how to make a complaint and accessible information was displayed in the hall. Staff had talked to residents during residents' meetings about advocacy services, and about how to make a complaint if needed.

The person in charge was the nominated complaints officer, and the provider had also nominated a person in the service, to keep records of complaints received, and review how complaints have been responded to.

There had been one complaint made in 2023, and from a review of the records, the complaint had been reviewed, and the complainant had been satisfied with the outcome of the complaint.

Judgment: Compliant

Quality and safety

Residents were provided with a good quality of care and support, in a child-friendly environment, that promoted their wellbeing and safety, and their rights. The care and support was focused on ensuring residents had enjoyable and fun experiences, while supporting residents to develop life skills, friendships, and coping skills, through personal planning, educational and social opportunities.

Residents' needs had been assessed, and assessments had included input from a range of healthcare and educational professionals. Personal plans were implemented, and included supports to help residents with their social, health, educational, communication, and personal care needs. Staff knew the residents needs well, and described a range of supports in place for residents. Residents were supported to make decisions in their life, and these decisions were the basis of how the centre was organised on a day-to-day basis.

Where risks had been identified in the centre, there were proportionate measures in place to prevent adverse incidents, and to keep residents safe. These included for example, safeguarding measures, transport protocols, and measures to manage residents transitioning from activity to activity. There was appropriate reporting and management of adverse incidents, including any allegations of safeguarding concerns.

The centre was laid out to meet the needs of the residents and was equipped and decorated in a child-friendly way, incorporating residents' preferences, as well as social and private spaces.

Regulation 10: Communication

Residents were supported to communicate in their preferred communication mode, and there were assessments and communication interventions ongoing in the centre.

Residents communication needs had been identified through the assessment of need process, and referrals had been made for all residents to be assessed by a speech and language therapist. Three residents had speech and language assessment completed in 2024, and two residents were scheduled for assessments in February 2025. The speech and language therapist had identified the need to introduce a total communication approach in the centre, including specific communication strategies for individual residents, and was scheduled to attend the centre in February 2025 to provide training to staff. In the meantime staff supported residents with their communication using verbal and non-verbal communication methods. These included use of pictures throughout the centre, visual schedules, choice boards, social stories, easy read information, and play activities.

The inspector observed that staff communicated with residents in the tone and mode they preferred. For example, one resident liked staff to talk in playful and boisterous voices, and another staff was observed to interact in a quiet and calm voice when the resident was using the sensory room.

Judgment: Compliant

Regulation 13: General welfare and development

Each resident was provided with appropriate care and support as per their assessed needs and wishes.

All residents attended school, and had full-time placements. One of the residents had recently started in a new school, and was adapting to their new school placement, attending for half days, with a plan for this to be gradually extended to full days. The person in charge maintained regular communication with schools, and individual education plans and reports were available from schools in residents' files.

The centre itself was equipped with a range of indoor and outdoor play equipment, including a bicycle, a swing, a trampoline, a sandbox, a sensory room, sensory toys, books, a messy play table, and games. In the evening and at weekends, residents were given lots of opportunities for sports and social activities, and all residents were part of a local social group that provided a range of social activities. Residents had recently joined a local GAA team, and if they wished, attended training once a week. Two residents were learning to ride a bicycle, and residents were observed to play in the garden, watch TV, listen to music, or use the sensory room on the day of inspection.

The inspector reviewed the process of keyworking for one resident with a staff member, and the staff member described how choice was facilitated for the resident using picture cards to communicate. They also described how peer modelling, for example, going to the barbers, was used to help the resident with unfamiliar or new experiences. A new goal was set every month, and the resident had planned to go ice-skating this month. Goals achieved had included going to a Christmas light show, a pumpkin show at Halloween, and taking part in a cultural celebration event in the centre.

Residents liked to go to the cinema, on beach walks, to the trampoline play park, or out for meals.

Regular contact was maintained between residents and their relatives or representatives, and families had attended a garden party last summer in the centre. Home visits, and visits to the centre were regularly facilitated between residents and their families. As mentioned, the inspector spoke to a parent, and they said the staff knew their child well, and kept them up-to-date on their child's wellbeing.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained, and was laid out to meet the needs of the residents.

The inspector was shown around the premises by the person in charge. The centre was spacious, warm, and homely, and had been decorated in a child-friendly way, for example, colourful prints were on walls, and a sensory room was available.

Each resident had their own bedroom, decorated in the way they preferred. For example, some residents had a preference of colour for the walls, and some residents preferred not to have any displays on walls. Picture cards were used on wardrobes and drawers to help residents identify where each of their personal clothing items were stored. Suitable storage was provided for residents' personal possessions. There were four bedrooms upstairs and one bedroom on the ground floor.

Two bedrooms had ensuite facilities, and there were two further bathrooms upstairs, and toilet facilities downstairs.

There was a large kitchen dining room, with suitable cooking and food storage facilities. A utility beside the kitchen had suitable laundry facilities for residents' use.

There were two sittingrooms, equipped with televisions, and comfortable seating, and a sensory room equipped with seating, a bean bag, sensory lighting and sensory toys. There was a large garden to the rear of the property with a range of outdoor play equipment, with safe surfaces installed throughout the area of the garden residents used. Parking was available to the front of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were well managed, and there was evidence of learning following incidents, resulting in reduced risk in the centre.

There was an up-to-date risk management policy, and the policy included the risks of self-harm, the unexpected absence of a resident, aggression and violence, and accidental injury to residents, visitors or staff. Risks had been assessed in the centre, and individual risk management plans included the measures to control the risks of, for example, peer to peer incidents, absconding, behaviours of concern, and incidents on transport. The inspector discussed some of the control measures with two staff members, and found they were aware of the identified risks, and the control measures to be implemented. These included, for example, using strategies outlined in behaviour support plans, ensuring safe seating requirements were used on transport, and intermittent changing of magnetic lock codes. The inspector observed that other specified control measures were in place including one to one staffing for each resident during the day, two staff at all times on transport, and

using sensory equipment. Risks requiring use of restrictive practices were identified and assessed, and found to be implemented relative to the risk presented.

There were arrangements for the identification, recording, investigation and learning from incidents. Incidents were documented online on incident report forms. The inspector reviewed incidents for all residents since the last inspection, and incidents had been reviewed by the person in charge, and the assistant director of services. There was evidence that follow up actions were implemented where needed, for example, implementing safeguarding measures. Where a significant incident involving residents had occurred the previous year, a serious incident management team had been convened, and following review, recommendations were implemented. These included retraining for staff, installation of dashcam equipment in vehicles, and instruction for all staff on adhering to control measures in risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector followed up on one action from the previous inspection; however, the specific piece of clinical equipment was no longer in use in the centre.

All areas of the premises were observed to be clean and well maintained. There were appropriate and hygienic arrangements observed for food storage and preparation, and colour coded chopping boards were available. Colour coded mops and cloths were used, and a guide was available in the utility room indicating where each colour area corresponded to. There were suitable arrangements in place for hand hygiene, and hand washing and hand-sanitising facilities were in place throughout the centre. Pedal bins were in use in the centre,

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each of the residents' needs had been assessed, and their needs and wishes were met through comprehensive personal planning, in consultation with relevant allied healthcare and education professionals.

The inspector met with the person in charge and two staff members, and they outlined residents' needs, as well as a range of support strategies in place, including support for residents' health, social and personal needs. The inspector reviewed three residents' files. Residents needs had been assessed, and had included assessments by allied healthcare professionals, for example, a speech and language

therapist, a general practitioner (GP), an occupational therapist, a dietician, and an audiologist. Personal plans were developed based on residents' identified needs, and were reviewed regularly. Plans were detailed and guided the practice in the care and support to be provided to residents. Residents were assigned a keyworker, and residents met with their keyworker monthly to identify goals. Records were maintained of the steps to achieve goals, as well as photos of residents taking part in activities to achieve these identified goals.

Personal plans were available in an accessible format using pictures, and residents kept a copy of their own personal plan in their bedroom.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with appropriate healthcare, and healthcare interventions helped residents, where needed, with improving their overall wellbeing.

As mentioned residents healthcare needs had been assessed by a range of healthcare professionals, and the recommendations made by these professionals were implemented. For example, supporting residents with healthy eating options following a review with a dietician, following a suggested exercise programme, and administering PRN (as needed) skin care regimes. Staff supported residents to attend scheduled hospital appointments, and regular check-ups were provided by an optician, a GP, an audiologist and a dentist, as needed. Records were available of the childhood vaccinations residents had received, and residents had been provided with an annual flu vaccination. Where advised, blood monitoring tests had been completed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs through the assessment of behaviours of concern, and implementing behaviour support plans, including communication strategies.

Where needed, residents had been assessed by a behaviour support specialist, and behaviour support plans were in place. The inspector reviewed two behaviour support plans, which identified behaviours of concern, and the function of identified behaviours. A range of proactive strategies were developed including environmental, communication and skill-building strategies, and the inspector observed that these practices were in place. For example, visual schedules were used to promote

structure and predictability, and to help residents manage transitions where needed. The inspector spoke to the person in charge and a staff member about some proactive strategies, and found they were knowledgeable on how these strategies were implemented in line with the behaviour support specialist's recommendations. These included, for example, using social stories, and teaching a resident to communicate they needed a break using a picture card. Reactive strategies outlined in plans, detailed the support to be provided to residents if presenting with behaviours of concern.

A psychology assessment had been facilitated for a resident to support them through a significant life circumstance, and the inspector was shown easy read books, and told about recommended games used with the resident to help them through this period.

There were some restrictive practices in use in the centre, and there was evidence that restrictions had been reduced since the last inspection, including environmental and physical restrictions. This positively improved residents' experiences in the centre. For example, the person in charge explained how a physical restraint was discontinued, and this had a positive impact on the resident in terms of their personal dignity and their independence skills. Restrictive practices were used in conjunction with ongoing assessment of risks, and there was regular reviews as part of multidisciplinary team reviews.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by policies and procedures in the centre.

There was an up-to-date policy on child protection in the centre, and all staff had received training in Children First and in adult safeguarding. There was a designated liaison person in the service. There had been a number of notifications reporting allegations of abuse in 2023, and the inspector observed that reports had been also sent, following these incidents, to the child and family agency (TUSLA) as required, and were now closed. Risk management plans outlined the safety precautions to be used to reduce the likelihood of peer to peer incidents, and two staff members described these plans to the inspector. Staff were also knowledgeable on how to respond to and report incidents of alleged abuse, as per the service policy.

The inspector reviewed incidents for all residents since the last inspection, and there were no ongoing safeguarding concerns in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a way that respected the age, cultural background, and individual preferences of each resident, and the day-to-day management of the centre was based on a child-centred approach.

Residents were supported with making their own decisions, and staff used communication aids to help residents make choices. These included, for example, using choice cards for activities and meals, as well as interpreting verbal and gestural prompts residents used. As mentioned, residents were given a lot of choices around how they wished to spend their time after school or at the weekends. There was also a focus on broadening residents' social opportunities, and role modelling, and desensitisation programmes were used to introduce new activities residents may previously have declined. These decisions and choices, sought through personal planning, keyworking sessions and residents' meetings, gave residents opportunities to be consulted about their supports, as well as participate in the organisation centre.

In order to support some residents to make safe and healthy choices, a screen-free initiative was promoted for time periods in the evening. This in turn had improved social opportunities and interactions for some residents.

Residents were being supported to develop life skills, for example self-help skills, literacy skills, and communication skills for adulthood, while also supporting residents in a child-friendly, fun and engaging way of life.

The specific religious beliefs of residents were respected, and a celebration ceremony had been facilitated with residents and staff the previous summer.

The privacy and dignity of residents was respected, and each resident had their own room. Some residents preferred their rooms with minimal displays on walls while others liked to have pictures of their family and favourite characters on display, and these choices were facilitated. Personal information was securely held.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide, developed into a child-friendly accessible document. The residents' guide contained information on, for example, the facilities in the centre, the procedure for making complaints, and the arrangements for visits.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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
Regulation 20: Information for residents	Compliant