



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

Issued by the Chief Inspector

Name of designated centre:	Suzanne House
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Announced
Date of inspection:	10 June 2024
Centre ID:	OSV-0001466
Fieldwork ID:	MON-0034895

About the designated centre

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

Suzanne House provides respite care and support for up to four children with an intellectual disability and additional life limiting conditions. Support is provided with the aim to meet the residents' assessed needs while ensuring that they are made as comfortable as possible throughout their stay at the centre. Suzanne House is located in a residential area of a city, and within walking distance to local amenities such as shops and cafés. The designated centre comprises of a large two-storey detached house on its own grounds. The centre comprises four accessible bedrooms of which one has its own en-suite walk-in shower. Residents also have access to a communal bathroom which incorporates an accessible shower and hydro bath. Communal facilities include a kitchen/dining room and sitting room. In addition, the centre provides a conservatory adjacent to the sitting room and an upstairs sensory room which are designed and laid out to meet residents' assessed needs. Residents also have access to an outdoor accessible play area to the rear of the house. Facilities are also provided for visitors to meet their relatives and staff in private if required. Accessibility throughout the centre's premises is further facilitated by a lift to all levels of the house. Residents are supported by a team of nurses and healthcare staff. At night-time, residents' care needs are supported by a waking nurse and healthcare worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 10 June 2024	10:00hrs to 17:00hrs	Jennifer Deasy	Lead
Monday 10 June 2024	10:00hrs to 17:00hrs	Nan Savage	Support

What residents told us and what inspectors observed

This was an announced inspection scheduled to inform decision-making in respect of an application to renew the centre's certificate of registration. Two inspectors attended the designated centre and completed the inspection over the course of one day. Inspectors used conversations with family members and staff members, observations of care and support, and a review of relevant documentation to inform decision-making.

Overall, inspectors found that this centre was providing a very high quality, child-centred service which was meeting the requirements of the regulations and the national standards in all areas assessed. Family members of residents told the inspectors that they felt that their children were happy, safe and well-cared for during their stays in the centre, and it was clear that children were in receipt of child-centred care and support which was delivered in a respectful manner by the staff team.

The designated centre is located in a busy suburb of Dublin and provides care and support for up to four children with intellectual disability and life-limiting conditions at any one time. Three children had stayed in the centre the night prior to inspection and were discharged home on the day of inspection. A further two children were admitted on the afternoon of the inspection.

All of the children who the inspectors met communicated non-verbally, through their body language and facial expressions. While inspectors were unable to ask children to verbally speak about their experiences in the centre, they saw that the children appeared very relaxed and comfortable and were supported by familiar staff. Children were seen smiling and responding positively to staff who, were seen to communicate with the children in a kind and gentle manner.

Resident questionnaires had not been completed however inspectors had the opportunity to meet and speak to two of the parents of children who were staying in the centre. Through these conversations, inspectors were told that parents were very happy with the quality of the service. Parents told the inspectors that the centre was a "home away from home" and that they felt that their children were safe and very well looked after when they stayed there.

Parents complimented the care provided by the staff team and described how effectively the staff were able to meet their children's assessed needs. They described how the service was run very smoothly with minimal stress caused to the child or the family during their admission and stay.

Similar feedback was seen in the provider's annual review of the quality and safety of care report. Inspectors reviewed this report and saw that family members had commented positively on the staff team and on the "child-centred care and

dedicated service" which was delivered.

Inspectors completed a walk around of the centre and saw that it was very clean and well-maintained. The premises of the centre was designed in a very child-friendly manner with murals painted on corridors and in bedrooms. For example, one bedroom had a space theme while another was themed in line with a popular children's movie.

The inspectors were told that the staff team and the person in charge had fundraised with the assistance of the local community and family members in order to enhance the facilities. With this fundraising they had equipped a sensory garden to the front of the house, and had most recently, refurbished a conservatory to make a second sensory space for children to enjoy. Children also had access to an upstairs sensory room and a messy play room, and an accessible playground to the rear of the centre. The grounds of the centre were decorated with child-friendly ornaments and there were bright flowers and brightly painted fences and garden furniture.

The atmosphere of the centre was relaxed and calm. Inspectors saw that there were sufficient staff on duty to provide individualised care and support to the children. Children appeared relaxed and were listening to music or watching their preferred television programmes while having their nutrition needs met and while waiting for discharge. Sensory lights and toys were on and there was soft music playing in many of the communal resident spaces.

The centre was designed and laid out in a manner to support accessibility. Communal rooms were large and spacious and provided room for children's mobility aids. Children's bedrooms and the upstairs sensory room were fitted with ceiling tracking hoists which were required in line with the assessed needs of many of the children. Floor mats and beanbags had been sourced and were available to allow for breaks from wheelchairs for children and to support increased access to some of the sensory facilities.

The centre was equipped with a lift which was serviced regularly and allowed access to the upstairs facilities for the children. Fire evacuation aids were seen to be readily available in order to quickly evacuate residents in the event of an emergency.

The centre was very clean. There were detailed local operating procedures displayed around the centre to guide staff in reducing the risk of the spread of infection. Inspectors saw that there were sufficient hand hygiene facilities and saw staff engaging in standard precautions in the delivery of care.

Inspectors saw positive interactions between staff and residents. Staff in this centre had completed training in a human rights based approach and also spoke of other specialist training which they had received in order to effectively meet the assessed needs of the children. Inspectors saw that care and support was provided in a manner which was child-centred and upheld their rights to dignity and privacy. Inspectors saw that staff took time to do one child's hair in an age appropriate and neat manner. Staff were seen administering feeds in a gently and discrete way.

Inspectors saw staff responding to children's facial expressions and body language and saw children in turn smiling at the staff. Staff spoken with were informed of children's rights and described to the inspectors how they ensured that children could exercise choice and control during their stay. For example, staff described how they offered choices of clothing when getting children dressed in the morning and watched for their non-verbal communication to inform decision-making.

Overall inspectors saw, and were told, that individualised care and support was provided to children in a homely and accessible environment which was promoting the privacy and dignity of each child while effectively meeting their assessed needs.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring that a safe and good quality service was 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 this was in ensuring that a good quality and safe service was being provided. Overall, inspectors found that there were effective leadership arrangements in place which were ensuring that residents were in receipt of a very good quality and safe, child-centred, service.

The provider had in place clearly defined management systems which identified lines of authority and accountability. The staff team reported to a person in charge, who was supported on a day-to-day basis by a clinical nurse manager 1 (CNM1). Staff were informed of their roles and responsibilities and were knowledgeable regarding the reporting structures.

The provider had ensured that the number, qualification and skill-mix of staff was suitable to meet the assessed needs of the residents. Residents had access to nursing care in line with their assessed needs. The staff team were seen to be proactive in ensuring that they had the required competencies and training to meet residents' needs. The inspectors saw that staff requested specific refresher training from the person in charge and that this was delivered to staff.

Staff were in receipt of regular supervision through individual supervision sessions and staff meetings. The person in charge had implemented additional systems to support staff in developing their professional competencies. For example, a mentoring system had been set up among the staff team. Staff spoke positively regarding this system and the support that it provided to them in further developing their skills. The person in charge used staff meetings as an opportunity to embed knowledge and skills acquired in training. For example, safeguarding scenarios were presented at staff meetings and staff were encouraged to detail how they would respond to and manage these.

There were a suite of audits implemented both at local level and provider level. These included local medication audits and environmental hygiene audits, along with six-monthly unannounced visits by the provider and an annual review of the quality and safety of care. These were reviewed by the inspectors and were found to be comprehensive. Audits informed a quality improvement plan which was used to drive service improvement.

The provider had submitted an application to renew the centre's certificate of registration. All of the prescribed information was submitted on time and the required fee was paid. Required documents such as the statement of purpose and the residents' guide were readily available in the centre for families and staff to review.

In conclusion, the inspectors found that there were robust management arrangements, and that these were effective in driving service improvements and ensuring that children were in receipt of a good quality and safe service.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew the centre's certificate of registration was submitted within the required time frame and the associated fee was paid. All of the required accompanying information was submitted along with the application.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre was run by a person in charge who was suitably qualified and experienced. They were employed in a full-time capacity.

The person in charge had a clear vision for the centre and a strong focus on the delivery of child-centred care and support. The person in charge demonstrated their leadership and was committed to continuous improvements in the designated centre. The inspectors saw, and were told, about the initiatives which the person in charge had implemented in order to enhance the facilities of the centre and to further develop the staff teams' skills and knowledge in meeting the assessed needs of the residents.

The person in charge had sole oversight of this designated centre and had systems in place to support them in overseeing the quality and safety of care. Contingency arrangements were in place for leadership and staff were aware of their delegated roles and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by a team of nurses, health care assistants and social care workers. While there were two vacancies in the centre, the inspectors saw that resources were managed to ensure that there was minimal impact on the continuity of care for the children attending respite. The inspectors reviewed the rosters for April and May 2024 and saw that, over four dates examined, there was a very low reliance on relief or agency staff, and that there were sufficient staff on duty to meet the assessed needs and number of residents who were staying on those dates.

Inspectors saw that there were sufficient staff on the day of inspection to meet the needs of the residents, and to provide care that was individualised and child-centred. The atmosphere in the centre was relaxed and care was seen to be child-focused. Inspectors saw staff taking time to tend to residents' care needs, for example to do the children's hair in a neat and age-appropriate manner. Staff were seen to interact, smile and play with children while delivering care. Care delivered was seen to be gentle, kind and child-friendly.

The schedule 2 files for two staff were reviewed. These were found to contain all of the information as required by the regulations, including for example, details of previous employment and an up-to-date Garda vetting disclosure.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in this centre were in receipt of ongoing training in order to support them with providing suitable care to the residents. A documented training schedule record was maintained which showed very high levels of compliance with mandatory and refresher training. All staff were up-to-date with training in key areas including Children First, medication management, fire safety and infection prevention and control. Staff had also completed training in a human rights based approach to care.

Additionally, staff had the opportunity to request specialist refresher training in key areas as related to the residents' specific needs. A record was maintained of topics in which staff had requested and received additional training from the person in charge. These topics included percutaneous endoscopic gastrostomy (PEG) feeding, use of continuous positive airway pressure (CPAP) machines and restrictive practices. Staff spoke positively regarding this additional training and of how it had enhanced their competencies in these areas. On the day of inspection, staff interactions with children demonstrated that effective training had been received in

a range of areas.

The person in charge had implemented a mentorship programme for the staff team. Staff were allocated a mentor with whom they could liaise with informally for support and for their own professional development. Staff again spoke positively regarding this initiative.

Staff were also in receipt of direct supervision from the person in charge. Staff received quarterly supervision sessions. Records of these meetings were maintained and showed that these covered relevant areas including staff roles and responsibilities and their training requirements.

Regular staff meetings were held monthly. Records of the last two staff meetings were reviewed. They were seen to cover relevant areas including incident reviews, safeguarding and changes to residents' care plans.

Overall, inspectors found that staff were supported to effectively exercise their personal, professional and collective accountability for the provision of child-centred, effective and safe care and support to children who were resident in this designated centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance certificate along with their application to renew the centre's certificate of registration. The inspector saw that the provider had effected a contract of insurance against injury to residents and against damage to the property of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the management systems in this centre were effective in overseeing all aspects of the service and in ensuring that the service provided was safe and appropriate to meet residents' needs. There were clearly defined management structures in place.

The staff team reported to a clinical nurse manager 1 (CNM1), who in turn reported to the person in charge. The CNM1 and the staff team were assigned particular responsibilities and local audits to complete. These were reviewed by the person in charge and action plans were implemented to address any issues identified through local audits. The person in charge was also available in the designated centre on a

regular basis to ensure the quality and safety of care.

Staff spoken with were aware of the reporting arrangements and of how to escalate any concerns to the person in charge and the provider level. Staff told the inspectors that they felt well-supported and were knowledgeable regarding their roles and responsibilities.

The provider had created and put in place a suite of quality assurance audits including six-monthly unannounced visits and an annual review of the quality and safety of care of the service. The last two six-monthly audits along with the annual review for 2023 were reviewed by the inspectors.

These were seen to be comprehensive and clearly identified areas in which the designated centre was ensuring a good quality and safe service, along with areas for improvement. The audits were used to inform a quality enhancement plan which set out actions to further enhance the quality and safety of care. For example, inspectors saw that the provider had plans in place to deliver Lámh training to staff in the coming months to further support staff in meeting residents' communication needs.

The annual review was completed in consultation with the residents' families and clearly reflected their feedback on the quality and safety of care. The feedback was very positive and complimented the staff team and the care which was provided to the children in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was readily available in the designated centre and had also been submitted as part of the provider's application to renew the centre's certificate of registration. The inspectors reviewed the statement of purpose and saw that it was up-to-date and contained all of the information as required by the regulations. The inspectors saw that care and support was delivered in line with the statement of purpose on the day of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a positive culture within the service that welcomed feedback including complaints. The provider had developed and implemented effective complaint handling processes to achieve appropriate outcomes. There was a detailed complaints policy in place that was kept under review and an effective complaints

procedure that was in an accessible format and prominently displayed.

Inspectors noted that one complaint had been recorded for this centre since the last inspection. This complaint was promptly dealt with and appropriate actions taken.

There was also a record of compliments that had been received which related to the quality of person centred care that was provided and positive experiences children received while residing in the centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. Inspectors found that children who stayed in this respite house were in receipt of a very good quality and safe service. Care was delivered in a manner which was child-centred and upheld children's dignity while meeting their assessed needs. Inspectors saw that children were treated with respect and that care was provided in an environment which was homely, accessible and promoted the dignity and privacy of each child.

The designated centre was designed and laid out in a manner which supported accessibility for the residents. Works to enhance the facilities of the centre had been completed and inspectors saw that children had opportunities for relaxation, play and occupation during their stay. The centre was decorated in a child-friendly manner and was comfortable and clean.

Children's protection and safety were promoted in the centre through auditing of practices. This included ongoing checks on fire safety arrangements and the completion, and review, of fire drills.

The centre was kept in a good state of repair and equipment appropriately maintained. There was evidence of regular and planned maintenance. The living environment providing opportunities for rest and recreation. Upgrades had taken place since the last inspection including converting the conservatory into an additional sensory area. Innovative assistive technologies were in use in this room to support children with different levels of cognition. Bedrooms were thoughtfully decorated with beautiful age appropriate murals and furnished in line with the children's age and their assessed needs. Quality outdoor space had been provided including a sensory garden and purpose built accessible playground area.

Effective measures were in place to manage risk in the centre including a risk management policy to guide practice and a centre-specific emergency plan. Arrangements in place ensured that risks were identified, monitored and regularly

reviewed.

The centre provided suitable facilities for the laundering of residents' clothes and the storage of medications. Inspectors saw that there were safe procedures in place for receiving, storing and administering medications.

The person in charge told the inspectors of how they worked closely with children's families and their multi-disciplinary teams to ensure that care plans were up-to-date. Care plans were reviewed on admission and inspectors saw that staff consulted with family on admission and discharge regarding the child's needs and any changes to these.

Staff were seen to provide care in a manner which upheld residents' dignity and privacy. Staff spoken with were knowledgeable regarding children's rights and of how to ensure that children were protected from abuse. Staff were informed of children's communication methods and described how they consulted with children to ensure that they had choice and control over their day while staying in the centre.

Regulation 13: General welfare and development

The inspectors saw, and were told, of the activities that children participated in while resident in the designated centre in order to enhance their well being and encourage socialisation while also providing for their assessed needs with dignity and respect. Children in this centre were supported with their right to play in line with their assessed needs. The centre was equipped with a variety of multi-sensory play and relaxation equipment both indoors and outside in the garden. The multi-sensory equipment was specifically designed in order to be accessible to the children. Floor mats, hoists, beanbags and wheelchair accessible tables were available so that children could enjoy the facilities.

A culture of positive risk-taking was evident, in that children were supported to access the community and to achieve respite goals, while staff ensured that risks to their health were controlled for. Children had personally meaningful goals such as going bowling or having a movie night. Inspectors saw photographs of children engaging in activities in the centre including messy play or art, as well as activities outside of the centre. The centre was provided with a bus to support community engagement for the residents.

Children were seen to have positive relationships with the staff on duty. Inspectors saw children smiling when staff spoke to them or engaged with them in a fun and child-friendly manner. Inspectors saw that a comprehensive handover was completed on discharge and admission of each child to ensure that families and staff were fully informed of the child's needs and of any changes to these needs during their stay.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the aims and objectives of the service, and the children's needs. The provider and person in charge were proactive in identifying quality improvement initiatives, with some actions identified and being progressed.

The premises was well maintained and cleaning schedules were in place to ensure that regular and thorough cleaning took place.

The centre had equipment necessary to support residents with their daily activities. Inspectors viewed a sample of maintenance records and found that service reports were up to date.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the front hallway of the centre. The residents' guide was reviewed by the inspectors. It was seen to contain all of the information as required by the regulations including the procedure to make a complaint and the arrangements for the involvement of residents in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the policies, procedures and practices relating to risk management in the centre. The provider's risk management policy had been recently reviewed and contained all information as required by the Regulation.

The provider had a risk register that identified a range of risks along with appropriate control measures to reduce the risks. Inspectors reviewed a sample of both individual and centre specific risks and found that these were regularly reviewed. Children also had individual risk assessments relating to their specific needs.

There were systems in place for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place fire safety management systems. These included fire containment measures such as fire doors, a fire alarm system, emergency lights and fire fighting equipment. Records viewed by inspectors confirmed that fire equipment was serviced and maintained. Inspectors noted that fire safety arrangements were regularly checked by staff who completed daily, weekly and monthly checks. Arrangements that were checked included the exit and escape routes, smoke detectors and signage.

Residents had personal emergency evacuation plans in place which outlined supports required for safe evacuation. Records viewed confirmed that fire drills took place regularly to ensure children could be safely evacuated. Staff described how the drills occurred and records showed that any issues identified had been addressed

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that there were suitable practices for receiving, storing and administering medications in this centre. There was a clearly documented local operating procedure for the receipt of medications on admission of a child to respite. Inspectors observed the staff nurses taking charge of medications during the admission of a child to the centre. Nurses were seen to cross-check all medications with the child's kardex and ensured that there were sufficient medications for the child's stay and that these were in date.

Medications were stored securely. There were procedures to ensure that controlled medications were double-signed and were clearly accounted for.

Regular audits of medications were completed. These identified any medication errors and implemented actions to control for these if required.

Medical equipment including single-use equipment was stored in a hygienic manner and there were suitable facilities for the disposal of clinical waste and sharps.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed two residents' individual assessments and care plans. Inspectors found that both had been recently reviewed and updated. Comprehensive care plans were in place for each assessed need including, for example, intimate care plans, nursing care plans and epilepsy care plans. Care plans were written in a person-centred manner and detailed the children's preferences in relation to the delivery of their care and directed staff on how to ensure children's dignity and privacy was upheld when providing cstr.

Care plans were regularly audited to evaluate the effectiveness of these plans. Actions required to enhance their effectiveness were implemented. For example, inspectors saw that one audit had identified that there was a requirement for a hospital passport to be implemented for one child and for a manual handling assessment to be completed. These actions were in progress at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

Staff in this centre had received appropriate training in relation to safeguarding the residents and the prevention, detection and response to abuse or allegations of abuse. All staff were up-to-date with mandatory training in Children First. In addition, the person in charge had added safeguarding as a standard item to the agenda at staff meetings. The inspector reviewed the minutes of these meetings and saw that various safeguarding scenarios were presented and the response to managing these was discussed by the staff team. Staff spoken with were knowledgeable about the safeguarding procedure and of how to report any allegations of abuse.

The inspectors reviewed the intimate care plans of two children. These had been recently reviewed and updated and provided clear guidance to staff on how to meet residents' care needs in line with the residents' preferences. Intimate care plans also detailed strategies to maintain residents' dignity and to ensure that residents were informed of the procedures.

There was signage in key areas of the centre reminding staff to ensure residents' privacy was protected, for example in bathrooms. Inspectors saw staff providing care which was upholding residents' dignity. Staff supported children with PEG feeds in a discrete and dignified manner and took care to assist children with their personal care, including for example hair care, in a gentle and child-centred way.

Judgment: Compliant

Regulation 9: Residents' rights

Care in this centre was seen to be provided in a manner which was child-centred and took into account each residents' capacity to consent to and direct their care and support. Staff were seen informing children of the support that was to be provided and provided that care in a respectful manner. Staff had completed training in a human rights based approach to care.

Staff told the inspector about how they consulted with children to ensure that they had choice and control in their lives while staying the centre. Staff described offering choices to children and observing their facial expressions, body language and listening to their vocalisations to interpret their choices. Inspectors saw that children's care plans were informed by their family members and clearly detailed the children's preferences in relation to their care and support.

Children were seen to be treated with respect by the staff. One child was seen asleep in the sitting room and staff took care to speak quietly and to ensure that the child was not disturbed while continuing to monitor them in line with their assessed needs. At other times, staff were seen responding to children's body language and facial expressions in a positive manner which kept an interaction going between children and staff.

Family members spoke positively regarding the care and support in the centre and of the positive experiences that the centre offered their children. There was readily available information for children and their families in their centre regarding advocacy services and the procedure for giving feedback or making a complaint about the quality of care. Information on children's rights was displayed in the hallway of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant