



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

Issued by the Chief Inspector

Name of designated centre:	Station Road (1-4)
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	28 February 2024
Centre ID:	OSV-0005732
Fieldwork ID:	MON-0033936

About the designated centre

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

Station Road (1-4) is a full-time residential service that provides a service to eight male and female adults. It is situated in a village in Co. Louth and is in walking distance to local amenities such as shops, hairdressers and local pubs. Transport is also provided to bring residents to appointments, day services or on chosen activities. The centre consists of four two-bedroom community houses located beside each other. Each house has two bedrooms upstairs and a bathroom. Downstairs there is an open plan living/dining room, a small kitchen a WC. Two of the houses have an additional small room downstairs, one is used as a staff office and the other is used by one resident as an area where they can spend some time alone. To the back of each house there is a small private garden. Residents receive supports on a 24-hour basis with day and waking night staff supporting them each day. The person in charge is employed on a full time basis but they are also responsible for another designated centre under this provider. The staff team consists of direct support workers and two team leaders. Residents have access to a number of allied health care professionals to support them with their assessed needs. Some residents attend day services, some are employed in local businesses and some are supported during the day to have meaningful activities in line with their personal preferences.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Wednesday 28 February 2024	10:20hrs to 17:50hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was well-resourced and promoted a human rights based approach to the care and support provided here. Residents were included in decisions about their care and the person in charge and staff team were continually improving the quality of life of people living here. This was evidenced in the high levels of compliance found in the regulations inspected.

The centre comprises of four houses and is registered to accommodate eight residents.

On arrival to the centre five of the residents had left for the day to attend appointments, college and day services. The person in charge had sought consent from those five residents for the inspector to see their bedrooms in their absence.

The houses had two bedrooms each and comprised of a kitchen, living area, toilet downstairs and a bathroom upstairs. In two of the houses there was an additional room downstairs, one was used as an office, and the other was an activity room for one resident who did not attend day services. All of the residents had their own bedrooms which were decorated in line with the residents' preferences. To the back of each house there was a small enclosed garden where storage sheds were provided for residents to store some of their items. For example; one resident had recently purchased a bicycle which was stored in their shed.

This resident showed the inspector around their home and was very happy telling the inspector that they had cleaned their home for the inspector visiting. Their bedroom was decorated in line with the residents preferences and was warm, cosy and homely. The resident went through some of photographs they had collected over the last year of trips and special events they had attended. It was evident that the resident led a very active life as they had been on overnight trips to a Christmas market, to Belfast and had attended many other events like Funtasia land. They had also competed in the Special Olympics and had won a gold and silver medal for running.

Another resident spoke for a short time with the inspector with the support of staff. The resident looked comfortable in the presence of staff and it was evident from observing interactions that they had a good relationship. The staff member was observed communicating with the resident using Lámh signs (a manual sign system used in Ireland for people with communication needs) and other signs that the resident liked to use to communicate their needs.

The residents here lived very active lives, so much so, that it was difficult for the inspector to get some time to speak with all of the residents. This was also evident from reviewing residents records. The four residents who the inspector met to talk about the quality of life here said they were very happy living here and liked the staff. One of the residents spoke about some anxieties they had in relation to their

medical care. However, the resident said that so far the person in charge and staff team had supported them with their anxieties around their medical needs.

Residents were supported to be involved in their local community and to have valued roles in society. For example; the residents had started a 'go green initiative' where they collected rubbish on the local beach. The person in charge and staff team had also provided education to the residents about the impact this rubbish had on the environment. One of the residents explained this impact to the inspector and was very proud of this initiative. The residents had also taken part in the Christmas 'show box appeal' and had donated their time and money to send parcels to children who needed them. This was another good example of residents having valued roles in society. In the local community some of the residents had also attended a local charity ball to raise funds for a charity. One of the residents showed the inspector pictures of the event where they were enjoying a glass of wine.

On a day to day basis two residents attended college, one attended language classes, some attended a local day service called 'the hub' and some of the residents liked to plan their day with the support of staff in the house. On the day of the inspection two of the residents went shopping; one to see about purchasing a new electronic tablet and the other went shopping to for some personal items. The residents liked to do ordinary things like going to the local pub for a pint, washing the car or just walking to the local shops.

One of the residents enjoyed art and had their own work displayed around the house. This resident liked to make art pieces for friends and staff and had a big collection of finished artwork. This resident has also completed workshops on knitting had completed a lovely blanket as a result of this.

Another resident liked reading and watching television. On return from college, this resident showed the inspector their bedroom, made the inspector some tea and had a short chat before having to leave as they wanted go out for coffee in the evening time. This resident said that they liked living there, loved the staff and got to keep in touch with family members.

Prior to the inspection the residents completed questionnaires with the support of staff about whether they were happy with the services provided. Overall, the feedback was very positive. Residents reported that they were happy with all aspects of care in the centre and the support they received from staff. One resident said " staff really supported me with a goal I had to lose weight". Other comments in relation to staff included; " they are very nice to me", " we have good times" and " they are very good". They also said they got to make choices on a daily basis, knew who to make a complaint to and felt safe living in the centre. One resident said " it is a good place to live". The residents also gave examples of some of the things they liked to do on the questionnaire, some of which included attending a club, going to the cinema, gardening, playing pool and barbeques in their home.

The person in charge had also collated feedback from family representatives about the service provided to their family members. The feedback from those who completed the feedback form was very positive. Staff were reported to be friendly

and approachable.

Easy read information was available for residents in each house on how to make a complaint, The residents came together each week to talk about numerous topics and where easy read educational documents around fire safety, rights, staying safe and information about the local advocacy services were discussed. On review of the minutes of these some of the residents contributed their views that informed the inspector that they knew their rights. For example; one resident said ' I have the right to say no'.

This sentiment was observed in practice also as the inspector found a number of examples where residents were supported to make their own decisions and if support was needed to make some decisions it was made available to them. For example; one resident spoke to the inspector about a medical treatment that they did not want and this was respected. The person in charge had also supported a resident to seek legal advice on another matter.

The inspector also observed that while each resident had their own home, they also called into each others houses for a catch up and a chat. Residents participated in running their own homes and did their own laundry and cleaning. Some of the residents also liked to maintain the gardens and there were lovely flower boxes to the front of the property, and flowers had been planted in the gardens.

All the residents had access to a land line phone and WiFi. The inspector observed that some of the residents had electronic tablets, and access to the Internet to watch videos and access social media apps.

Two staff met with the inspector to talk about the quality of care. They knew the residents well and gave some examples of how their training in human rights had influenced their practice. Both staff said that the team here worked very well and spoke about how they supported each other to continue to improve the quality of life of the residents. For example; the inspector asked one staff member if they thought the residents had a good quality of life and they responded 'yes' but there is always room for continued improvement as peoples needs change. This was good example of how the staff team were seeking ways to improve outcomes for residents.

Another staff spoke about allowing residents to make their own choices on a day to day basis and said that while they could advise residents about some choices they made, ultimately it was the residents decision.

In addition, the person in charge and staff team listened to and responded to the needs of the residents and adopted positive risk taking measures in relation to restrictive practices. For example; since the last inspection the person in charge in conjunction with allied health professionals had reviewed the use of restrictive practices in the centre and as a result a number of restrictions had been removed.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements

affected the quality of care and support being provided to residents.

Capacity and capability

Overall, the governance and management systems in place were ensuring a safe quality service to the residents. The person in charge was very organised and had good oversight of the centre.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis. They were also supported by two team leaders to ensure effective oversight of the centre.

The centre was being monitored and audited as required by the regulations and other audits were also being conducted to ensure ongoing compliance with the regulations.

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. The registered provider was responding to the needs of the residents and since the last inspection had employed an additional waking night staff.

The training records viewed indicated that all staff had completed training in order to support the residents needs in the centre.

The registered provider had appropriate procedures in place for the admission of residents to the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted a complete application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed full time in the organisation. They were a qualified professional with experience working in and managing disability residential services.

They were also responsible for another designated centre operated by the provider. In order to assure affective oversight of this centre two team leaders were also employed. The inspector was satisfied that this was not impacting on the quality of care provided at the time of this inspection.

The person in charge was promoting person centred care and was supporting residents with their rights. They demonstrated a very good knowledge of the residents' needs and had very good oversight of the residents health care and emotional needs.

They were aware of their responsibilities under the regulations and were also instigating continued improvements which were having positive outcomes for residents. For example; since the last inspection a number of restrictive practices in the centre had been reviewed and as a result some had been removed altogether as there was no risk present to warrant their continued use.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff in place to meet the needs of the residents which enabled them to live self directed lives.

The registered provider was responding to the needs of the residents and since the last inspection had employed an additional waking night staff.

Planned and actual rotas were in place and a review of a sample of rotas indicated that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents each day.

The provider had contingencies in place to manage planned and unplanned leave as a regular relief staff member were available to cover shifts. This meant that residents were ensured consistency of care during these times.

An on call manager was on duty 24 hours a day to support staff and offer guidance and assistance if required. A community nurse was also available to guide and support staff with residents healthcare needs where required.

The staff spoken to also had a very good knowledge of the resident's needs and said that they felt supported in their role and were able to raise concerns at any time to

the person in charge.

A sample of staff personnel files reviewed were found to contain the requirements of the regulations. For example; references had been provided from previous employers prior to a staff member commencing employment and garda vetting had been completed.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, all staff had undertaken training which the registered provider stated in their statement of purpose was mandatory. This included

- safeguarding of vulnerable adult
- fire safety
- manual handling
- safe administration of medicines
- infection prevention and control
- positive behavioural support
- children's first
- feeding eating and drinking
- health and safety
- first aid
- food safety

Additional training had also been provided some of which included

- the management of epilepsy
- incident reporting procedures
- communication
- positive management of challenging behaviour

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

From speaking to two staff members the inspector was assured that they had the required knowledge to meet the needs of the residents. As an example; one staff member outlined how to support a resident who had a specific health care condition

which required monitoring. The staff was able to outline some of the symptoms that may indicate that the resident could require further medical attention.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted an up-to-date insurance policy statement as part of their application to renew the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis. They were also supported in their role by two team leaders. When these managers were not on shift a shift leader was assigned to oversee the care and support of the residents. The person in charge provided good leadership and support to their team. They reported to the assistant director of operations. They had regular contact with each other over the phone and through monthly meetings to review the care and support being provided.

Staff meetings were held monthly which the person in charge attended. A review of sample of minutes showed that various issues were discussed about the service provided like risk management, restrictive practices, outcomes from audits conducted in the centre and the care and support provided to residents.

A six monthly unannounced quality and safety review had taken place in January 2024 where some minor improvements were required. The inspector followed up on some of these and found they had been completed or were being completed. For example; additional storage sheds were required and these had been provided and some refresher training was required for staff which had been completed.

Other audits were conducted locally in the centre on some aspects of service delivery such as medicine management and residents finances. The results of the audits which were generally compliant and where actions were recommended they had been completed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had a policy in place to ensure that admissions are appropriate, were well planned for and included opportunities to visit the centre prior to admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector which met the requirements of the Regulations. It had recently been updated in line with changes to the management structure in the centre.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers employed in this centre. The registered provider had a policy in place around volunteers who may be employed in the service.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre over the last year informed the

inspector that the person in charge had notified the Health Information and Quality Authority(HIQA) of adverse events as required under the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The registered provider is aware of their responsibilities to notify the Chief Inspector of any period where the person in charge is absent for 28 days or more.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint. This information was displayed in an easy to read format in each house. A picture of the national advocate with their contact details was available to residents.

There were no complaints recorded at the time of the inspection.

Judgment: Compliant

Quality and safety

Overall, residents enjoyed a safe quality service in this centre. They were supported to have meaningful and active lives in line with their preferences within the centre and within their community.

Residents were being supported with their healthcare and emotional needs and had regular access to allied health professionals.

Each house was clean, homely and suitable to meet the needs of the residents living there. Some remedial works were being completed at the time of the inspection to small balcony areas. All of the residents had their own bedrooms which were decorated in line with the residents preferences.

Residents were supported to have meaningful active days in line with their personal preferences. There was a strong focus on integrating residents into their local community as discussed earlier in this report.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Fire safety systems were also in place to minimise the risk of fire and ensure a safe evacuation of the centre.

Regulation 10: Communication

Staff are aware of the different communication supports in place for residents. For example; a staff member was observed communicating with a resident using Lámh signs (a manual sign system used in Ireland for people with communication needs) and other signs that the resident liked to use to communicate their needs.

All of the residents had access to a land line phone and WiFi. The inspector observed that some of the residents had electronic tablets and mobile phones.

Residents had access to a speech and language therapist should other assistive aids be required in the future.

Judgment: Compliant

Regulation 13: General welfare and development

The residents here lived very active lives, so much so, that it was difficult for the inspector to get some time to speak with all of the residents. This was also evident from reviewing residents records. The four residents who the inspector met to talk about the quality of life here said they were very happy living here and liked the staff.

Residents were supported to be involved in their local community and to have valued roles in society. For example; the residents had started a go green initiative where they collected rubbish on the local beach. The person in charge and staff team had also provided education to the residents about the impact this rubbish had on the environment. One of the residents explained this impact to the inspector and was very proud of this initiative. The residents had also taken part in the Christmas 'show box appeal' and had donated their time and money to send parcels to children who needed them. This was another good example of residents having valued roles in society. In the local community some of the residents had also attended a local

charity ball to raise funds for a charity. One of the residents showed the inspector pictures of the event where they were enjoying a glass of wine.

On a day to day basis two residents attended college, one attended language classes, some attended a local day service called 'the hub' and some of the residents liked to plan their day with the support of staff in the house. On the day of the inspection two of the residents went shopping; one to see about purchasing a new electronic tablet and the other went shopping to for some personal items. The residents liked to do ordinary things like going to the local pub for a pint, washing the car or just walking to the local shops.

One of the residents enjoyed art and had their own work displayed around the house. This resident liked to make art pieces for friends and staff and had a big collection of finished artwork. This resident has also completed workshops on knitting had had completed a lovely blanket as a result of this.

Judgment: Compliant

Regulation 17: Premises

Each house was clean, homely and suitable to meet the needs of the residents living there. Some remedial works were being completed at the time of the inspection to small balcony areas. All of the residents had their own bedrooms which were decorated in line with the residents' preferences.

The registered provider had a system in place to ensure that the premises were well maintained. For example; a company was employed to conduct regular checks on the quality of the water and to fix maintenance issues in a timely manner. Any maintenance issues were logged and reported to the maintenance company for their attention. A review of a sample of these records showed these were addressed in a timely manner.

Audits conducted in the centre were also contributing to identifying issues within the centre. For example; as already stated some maintenance issues were being addressed at the time of the inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents are consulted with menu planning and could choose to participate in the preparing and cooking meals. One of the residents said they liked the fact that they were planned on a weekly basis and that everyone got to pick something they liked.

Residents who had specific food preferences in relation to their cultural backgrounds were supported with this.

Where required there were specific records maintained to monitor and document a residents nutritional intake.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. These risk assessments were being reviewed regularly. For example; an incident relating to falls had occurred for a resident and their risk assessment was reviewed following this.

The inspector also followed up on some of the control measures in one residents risk assessment to ensure they were in place. For example; one risk assessment relating to behaviours of concern stated that a staff member should have a phone with them at all times and this was in place.

Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks were discussed at team meetings.

Transport provided in the centre had up to date insurance and evidence that it was in a roadworthy condition.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm and fire extinguishers and fire doors were being serviced. For example; in one house the fire alarm and emergency lighting had been serviced in November 2023.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were activated.

Residents had personal emergency evacuation plans in place outlining the supports they required. Education around fire safety was discussed at residents meetings and easy read information was provided.

Staff were provided with training/refresher training in fire safety and practical fire awareness training was also conducted in the centre with all new staff.

Fire drills had been conducted to assess whether residents could be evacuated safely from each house and the records reviewed showed that these were taking place in a timely manner. Where issues were identified during staff checks/ fire drills they were reported and addressed in a timely manner. For example; a fire door had not closed properly when the fire alarm had been activated in February 2024 and this was resolved in less than 24 hours.

The person in charge planned to conduct an evacuation of all of the houses at the same time in the coming days to ensure that all houses could be evacuated at the same time should the need arise.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member were through some of the practices with the inspector. The staff member was knowledgeable

about the reason medicines were being administered to residents.

Audits were conducted on medicine management practices to ensure that they were in line with best practice. Where incidents/accidents/near misses around medicine management had occurred (three in the last year) actions had been taken to address this.

All residents had been assessed in order to establish if they could self- administer or would like to administer their own medicines. This assessment had been reviewed in December 2023.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare related needs and had timely access to a range of allied healthcare professionals, doctors and nurses available in the organisation to include:

- Nursing staff
- Psychologist
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Positive Behaviour Support Specialist
- Social Worker
- Consultant Psychiatrist
- In the community residents had access to:
 - general practitioner (GP)
 - dentist
 - chiropody
 - optician

Additionally, each resident had a number of healthcare plans in place so as to inform and guide practice and these plans were reviewed by the person in charge. The staff were knowledgeable when asked about some of the residents healthcare needs. For example; one staff spoke to the inspector about a specific guide in place regarding a residents dietary needs.

A resident informed the inspector about an example when they were enabled to chose to refuse a recommended medical intervention.

Residents had also been supported to access national health screening services in line with their age and health profile.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had access to the support of allied health professionals. Where required, residents had a positive behavioural support plan in place which was reviewed by a behaviour specialist.

Where there had been an increase or change in the residents presentation multidisciplinary team meetings were held to discuss this.

Behaviour Support plans outlined strategies that staff needed to follow to support the residents and ensure that the use of restrictive practices were minimised.

The staff were knowledgeable around the residents needs. One staff member provided an example of where they had changed a plan as they knew it had caused anxiety for the resident in the past.

The registered provider and person in charge had good systems in place to ensure that restrictive practices were only used when necessary and for the shortest duration. For example; a recent review of residents medicines found that some medicines prescribed to support a resident with their anxieties had been discontinued as it was no longer required. The person in charge had removed the need for a number of other restrictive practices in the centre since the last inspection. As an example at the last inspection a number of doors in the centre were locked and these were now open.

Restrictive practices were discussed at residents weekly meetings.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. One staff met, was aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents reported in their questionnaires that they felt safe living there.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding

concern to management if they had one

- staff spoken to said they had no concerns about the quality and safety of care
- the concept of safeguarding was discussed at staff and residents meetings
- there were no complaints about safeguarding concerns in the centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were able to exercise choice in their daily lives and led self directed lives with the support of staff.

Residents meetings and key working meetings were conducted to inform the residents about things that were happening in the centre.

One resident had been supported to seek legal advice on a matter which enabled them to make an informed decision.

The person in charge and staff team listened to and responded to the needs of the residents and adopted positive risk taking measures in relation to restrictive practices. For example; since the last inspection the person in charge in conjunction with allied health professionals had reviewed the use of restrictive practices in the centre and as a result a number of restrictions had been removed.

Residents were provided with education about how to make a complaint and advocacy services. This information was also provided to family representatives who may wish to advocate on behalf of their family member.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	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 18: Food and nutrition	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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant