



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

Issued by the Chief Inspector

Name of designated centre:	Lavanagh House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	26 July 2024
Centre ID:	OSV-0008054
Fieldwork ID:	MON-0044386

About the designated centre

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

The designated centre provides respite services to children aged between 6-18 years, both male and female, who have a primary physical/sensory disability. The services provided are planned short term respite breaks, both day and night. The maximum number of children that can be supported overnight is three. The services provided are over six nights each week. Respite breaks are usually provided for a maximum of two nights each week to children with similar interests or ages where possible. The centre also provides community based day respite. The aim of the service is to provide care and support in a relaxed environment that maintains the childrens' independence and enhances their social engagement with their peers and the local community. The house is designed to provide open access to the kitchen, dining room, sitting room, sensory room, play room and activity room. Each of the three bedrooms have overhead hoists with en-suite facilities. There is an easy to access secure outdoor garden area from multiple locations in the designated centre. This has been designed to support accessibility for all children attending the designated centre, including raised gardening beds and smooth surface area throughout, with areas for mini golf, ball games and swings. The centre also has a visitor's room, laundry, office, medication room, in addition to storage rooms for linen and sluice equipment. Children are supported through a social model of care with nursing staff available. Staffing levels are reflective of the health and social care needs of the children attending, with a waking and sleepover staff on duty each night. The designated centre has access to dedicated transport vehicles which are wheel chair accessible.

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
Friday 26 July 2024	13:30hrs to 18:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an short announced inspection, completed to monitor the provider's compliance with the regulations, to meet with some of the residents availing of short respite breaks in the designated centre and to inform the decision to renew the registration of the designated centre. This designated centre had previously been inspected in April 2022 and May 2023. Both of these inspections evidenced effective oversight, governance and good quality of service being provided to the residents attending for short breaks. The provider had ensured the small number of actions identified in these previous inspections had been adequately addressed in a timely manner, which included systems in place to monitor the expiry dates of first aid supplies and personal protective equipment.

On arrival, the inspector met with the person in charge and members of the staff team in advance of any of the residents arriving. They were preparing for the arrival of the residents which included ensuring each bedroom was ready for the three residents, all cleaning activities had been completed and a review of the residents personal goals and preferences. The staff met with had been working in the designated centre since the previous inspection, in some cases since the designated centre opened in November 2021. All spoken too were very familiar with the preferences and routines of the residents for whom they were supporting. This was evident in information provided to the inspector in advance of meeting the residents. For example, how one resident may not choose to communicate with the inspector as they need to settle into the designated centre and others may need time to process the information provided to them.

The inspector was introduced to each resident after they had settled in and put their personal belongings away in their bedrooms. Staff were overheard to welcome each resident and their family. The first resident was accompanied by two other siblings as well as a parent. All were spoken to and invited in to the designated centre in a friendly manner. The resident was happy for their relatives to leave and was observed encouraging them to go so the resident could begin their weekend in the designated centre. The inspector was introduced to this resident by the person in charge after their family had left. The resident repeated the inspector's name a few times and smiled when asked about their plans for the weekend. The resident asked staff when their friend was expected to arrive, they were looking forward to another peer attending and spending time with them. The resident was observed to be supported to enjoy a refreshing drink which the staff knew they liked and engaged in some jigsaw activities as they waited for the other residents to arrive.

The second resident arrived with a parent and immediately went to their bedroom to settle in. The excitement of the residents meeting could be heard a short while later. When the inspector was introduced to this resident, they caught hold of the inspector's hand and indicated they wished to go for a walk and this was facilitated. The resident seemed very relaxed and happy to be in the designated centre. They indicated they wished to go outside and a staff member assisted with this by

informing the resident they would be going out with their peer to visit a local playground and get a takeaway. Both of the residents left the designated centre shortly afterwards and had not returned by the time the inspector was leaving.

The third resident preferred to spend time watching television or a video on their mobile phone initially in the large sitting room. Staff explained the resident needed time to adjust to the environment and once they were aware of the planned events would usually engage quiet well, particularly on the next day after spending the night in the designated centre. When the inspector was introduced, the resident acknowledged the inspector before returning to watching their programme. Staff were overheard to engage in conversation with the resident, asking them their preference for their evening meal and if there were any activities they would like to do. Staff also sat next to the resident to encourage their engagement with them. However, the resident's preference to spend time watching their programme was also respected. The resident did say "goodbye" when the inspector was leaving at the end of the inspection.

There were a number of compliments received by the staff team during 2023 and 2024. Eight compliments were documented during 2023. These reflected the positive experiences of the residents during their short breaks, engaging in activities with peers and individually with the staff team. Family representatives spoke repeatedly of the safe service being provided to their child. There had also been a number of positive responses received in the residents feedback surveys during 2024 which reflected the tailored service provision to meet the assessed needs of the individuals attending. These included the variety of choices of activities both in the designated centre and in the community. One compliment from a parent was documented to date in 2024. This outlined the "brilliant time" a resident had during their respite stay, they had enjoyed a lovely social activity and "loves coming to the designated centre".

The inspector spoke with the parents of two of the children who were attending for their short break on the day of the inspection. The inspector was informed the support provided to their children was of great benefit and had a positive impact on the child and the wider family. They were being supported frequently to engage in a wide variety of activities. A parent spoke of how the staff team had brought their child to a sporting event and this would not have been an activity the parent would have previously thought the resident would enjoy. Now this activity is something the resident frequently attends both at home and when in the designated centre. The family have gained increased confidence in trying new activities with their child since they have seen and been told of the variety of different activities the resident has tried while in the designated centre. Another child has shown an increase in experimentation of trying new foods since attending the designated centre and had also enjoyed a trip to the beach which would not have previously been considered an option for the family.

The person in charge outlined the usual short breaks provided each week which included two night short breaks either during the week or at weekends. At the time of this inspection the designated centre was also providing one night short breaks to support new residents to transition into the designated centre. The purpose of the

slow transitions supported the residents to get used to a change in their surroundings, get used to familiar staff and engage in activities without causing anxiety. There had also been a change in the profile of residents receiving services in recent months and this required flexible staffing resources to support the assessed needs of these residents.

In summary, 37 residents were in receipt of services from this designated centre frequently at the time of this inspection. Supports were being provided in line with each resident's assessed needs. The frequency and duration was reviewed to ensure the resident enjoyed their respite break and transitions were slow where required. Residents were supported by a core, consistent staff team to experience new activities, socialise and engage in activities to promote their independence. All staff were supported to attend training as required including training in human rights and this was reflected in the interactions between the staff team and the residents during the inspection.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in positive outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. The annual review of the service for 2023 had been completed in January 2024. A number of actions had been identified which included not all staff supervisions had been completed during 2023, this had been addressed by the provider and the clinical nurse manager (CNM) was assisting with the schedule for 2024, which was up-to-date at the time of the inspection. The time line for completion of the action was documented as September 2024. In addition, the person in charge was liaising with the multi-disciplinary team to ensure improved communication pathways between other networks providing services to the children in receipt of respite services in the designated centre to ensure all relevant information was shared. This included working with occupational therapists and physiotherapists to ensure review of postural supports and the requirement for these restrictions for individuals while

in receipt of services in the designated centre.

The provider had also completed internal six monthly audits in December 2023 and May 2024. Updates on completion of actions were documented and they were seen to be addressed in a timely manner by the person in charge. These included ensuring staff adhered at all times to the provider's policy on managing resident's finances, ensuring staff training was up-to-date and ensuring staff signatures were documented on staff meeting notes once the notes were read by the staff member.

In addition, the provider also had other monitoring systems in place to ensure governance and oversight in this designated centre which included weekly environmental cleanliness audits, post respite care plan audits and bi-monthly training audits and medication audits as well as a training audit of the staff team which was completed in July 2024. Actions identified had up-to-date information regarding the dates of closure of actions or if actions remained in progress, the time lines and the person responsible for the actions was documented. For example, staff training was ongoing with updates on progress to date documented, gaps in staff documenting all sections of checklists regarding the cleaning of the designated centre was also addressed by the person in charge.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre.

They were supported in their role in this designated centre by the CNM. Duties were delegated and shared including the staff rota, audits, supervision of staff, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota.

Staffing resources were in line with those outlined in the statement of purpose and appropriate to the number and assessed needs of residents attending for short breaks. The inspector met and spoke with six members of the staff team during the inspection, which included the person participating in management, the person in charge, the CNM and three social care workers. All demonstrated their awareness of their roles and responsibilities and were familiar with the specific assessed needs of the residents for whom they were providing support.

There was a core consistent staff team working in the designated centre, some of whom were present since the designated centre opened in November 2021.

There was a nursing post vacancy of 1.5 whole time equivalent at the time of this inspection. The provider was actively seeking to recruit additional nursing staff to ensure the appropriate skill mix to support the assessed needs of the residents attending. The inspector was informed that there were two additional nurses available to provide regular relief when required to fill gaps in the roster. As not all children attending required a medical model of care or nursing supports this was not impacting service provision at this time. The person in charge did outline that there were a number of children on the waiting list to avail of services in the designated centre who had increased complex or medical needs where the requirement for nursing staff would be required. The provider was also aware of this future requirement of the skill mix of the staff team.

Staff attending training was also reflected on the planned rotas.

In addition, staff demonstrated their flexibility in changes to their planned shifts, to support the assessed needs of the residents. This included an additional waking staff on duty on the night of 9 July 2024 to effectively and safely support the assessed needs of one resident attending for an over night stay.

The inspector reviewed actual and planned rotas from the 24 June 2024.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection 22 staff members including the person in charge worked regularly in the designated centre. This included nine regular relief staff. The

core staff team comprised of nurses and social care workers.

The inspector reviewed a detailed training matrix which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents. These included training in mandatory areas such as infection prevention and control, fire safety, children's first and safeguarding .

The provider had ensured that staff had access to training that was identified as important for this centre and in line with residents' assessed needs including medication management, the administration of emergency medication and food safety.

The provider had a system in place to ensure ongoing review of the training requirements of the staff team. The most recent audit of the training matrix of the staff team in July 2024 had identified members of the staff team that would require refresher training in the months following the audit. For example, two staff were scheduled to attend refresher training in managing behaviours that challenge. One staff who was on unplanned leave when their training in manual handling was originally scheduled, had been rescheduled to attend in the weeks after this inspection.

A recommendation following a similar audit in May 2024 was made which ensured staff who also worked in other areas of the school system completed their required training for the designated centre during the school holidays to ensure their training was kept up-to-date.

Service specific training had been identified for the staff team which included percutaneous endoscopic gastrostomy (PEG) feeding, restrictive practices and supporting residents with asthma. The person in charge had scheduled an in-person training day for 12 of the staff team in early September 2024 to ensure staff had up-to-date information to support the assessed needs of residents availing of services in the designated centre.

The person in charge had also undertaken additional training to support the changing profile of the assessed needs of residents attending for respite breaks. The course-: Practice leadership in positive behaviour support would enable the person in charge to complete functional assessments and support the staff team

The provider had identified an issue relating to staff supervisions where some staff had not been provided with the required number of supervisions during 2023. Due to an increase in the services being provided within the designated centre towards the end of 2023 and the planned leave of a senior member of the staff team, the person in charge had been unable to complete all of the required supervisions. However, at the time of this inspection, all supervisions of the staff team to date in 2024 had been completed. The clinical nurse manager was available to support the person in charge to complete the scheduled inspections for the remainder of the year.

Judgment: Compliant
Regulation 22: Insurance
The registered provider had ensured that the designated centre was adequately insured and the insurance was valid for the current year.
Judgment: Compliant
Regulation 23: Governance and management
The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a management structure in place, with staff members reporting to the person in charge who had the support of a clinical nurse manager working in the designated centre. The person in charge was also supported in their role by a senior managers. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The provider had ensured written notice had been submitted to the Chief Inspector as required by the regulations, these included the reporting of adverse incidents and

quarterly notifications.

The inspector reviewed the incidents logged that had occurred within the designated centre during 2023 and to date in 2024. There was evidence of on-going learning for the staff team to reduce the risk of similar incidents occurring, such as staff tying up their hair when supporting a particular resident. Another resident was being supported with day time services following an incident that had been reported to the Chief Inspector in November 2023. The resident was reported by the person in charge to be coping well with this arrangement at the time of the inspection, but the long term goal would be to support the resident to be able to re-introduce overnight stays without causing them any anxiety.

There was documented evidence that actions as outlined to the Chief Inspector following another incident that occurred in March 2024 were completed. This included discussion at the staff team meeting held in May 2024 regarding safeguarding; the provider's processes on when and who to report any safeguarding concerns to, in particular at the weekends. The person in charge also ensured all staff were informed/aware which manager was on -call each weekend.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and staff were aware of the provider complaints' policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

There were no complaints were documented during 2023 or 2024.

The provider ensured resident's voices were heard and the introduction of a feedback survey during 2023 had facilitated any issues raised in the responses to be addressed/resolved. These included requests for additional arts and crafts materials. Also one resident referred to the temperature of their bedroom and the staff were to provide a fan for the next planned respite stay for the resident.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and

experiences.

It was evident from observations made by the inspector and a review of documentation throughout the inspection, the staff team consistently ensured each respite break was tailored to suit the needs of the resident(s) attending. There was communication and planning with the relatives and resident two weeks in advance of the planned respite. The morning of the planned respite scheduled to begin, another call to the family is made to ensure no changes to the resident's information, in particular if there are any signs of respiratory illness. The staff team then have a meeting in advance of the residents attending to plan the supports required, review goals and assist with progressing these where possible. Also a review of the previous feedback survey is also completed to ensure any issues raised are addressed for this respite break.

The inspector was informed five residents had been discharged from the childrens respite service in this designated centre once they had completed their final year in school and reached 18 years of age since 2023. This was in line with the conditions of registration for the designated centre. The inspector did not review documentation regarding these transitions during this inspection. However, the person in charge outlined the ongoing work required to effectively support residents as they transition between services into adulthood. There was one child expected to transition in June 2025 of the current group of residents availing of services. The provider and staff team had processes in place to begin to support residents six months in advance of leaving the childrens respite service which included preferences for their final stay. The inspector was informed improved pathways of communication were being reviewed due to changes in the provision of respite services regionally, all children transitioning had to apply for support within the adult regional respite services. The person in charge was working to ensure effective communication pathways were available as required in such instances.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included writing, using phones and electronic tablet devices.

The staff team were familiar with the preferred methods of communication used by each resident. Visual schedules were evident in many areas throughout the designated centre including of the staff team supporting, planned activities and meal planning. In addition, a photograph of the resident was placed on their bedroom door for the duration of their stay.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured residents were supported to have access to and retain control of their property and possessions during their short breaks. Each resident had adequate storage space in their bedroom for their property. This included the safe storage of personal finances which staff supported residents with in line with their expressed preferences. For example, younger residents personal monies were kept in a safe location by the staff team during their stay and returned to their parents on completion of their short break.

Judgment: Compliant

Regulation 13: General welfare and development

Following a review of the three residents personal plans who were attending for their short break, it was evident they were supported to engage in a range of meaningful activities both within the designated centre and in the community. They were supported by a dedicated consistent staff team to experience new opportunities, which included going to the beach, attending large social areas in the community and assisting with gaining more independence with everyday activities, such as meal preparation, tasting new foods, and assisting with household chores where possible.

Following a review of the post respite feedback surveys , the inspector noted comments where other residents were supported to enjoy social events with their peers such as shopping, cinema, eating out and enhancing skills such as money management, baking and meal preparation.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and assessed needs of residents availing of the respite services in the designated centre. The building found to be clean, well ventilated and comfortable. Areas were brightly decorated to reflect the interests of the residents. Hallways were wide and communal areas spacious. Access to the secure external garden area was suitable for wheel chair users to negotiate independently if they wished to do so.

New equipment had been purchased in the weeks prior to this inspection which included sensory equipment and a ball pool. These additions were enjoyed by the

residents the inspector was informed.

All equipment was found to be in good condition, subject to regular checks and well maintained, this included over head hoists located in each of the bedrooms.

Issues identified during environmental audits were addressed in a timely manner. For example, the installation of a shelf in the sensory room was identified on 22 July 2024 to adversely impact the effective closing of the door into the room. This issue was rectified the following day. In addition, due to the assessed needs of some residents new to the service, decorative stones on some paths had been removed to ensure effective opening at all times of all doorways, in particular exits that may be used during fire evacuations.

The inspector was informed by the person in charge there was planned re-painting of the internal building by the provider in the months following this inspection.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. The guide was updated in advance of the provider submitting the most recent application to renew the registration of the designated centre. It contained all the required information as per the regulation, including a summary of the services being provided, arrangements for the involvement in the running of the designated centre and the procedure respecting complaints.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. In addition, centre specific risk assessments were subject to regular review by the person in charge with the most recent taking place in July 2024. There were no escalated risks in the designated centre at the time of this inspection.

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to regular review with evidence of additional control measures in place when required. For example, the provision of additional staff resources to support a particular resident or the introduction of a safety clip on the transport to ensure the ongoing safety of another resident.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. The provider had protocols in place for fire safety checks to be completed which included daily, weekly and monthly checks.

A fire risk assessment had been completed in March 2024 with all actions addressed in a timely manner. Regular fire drills were documented as taking place, including a minimal staffing drill. However, the inspector noted not all drills identified the scenario for which the drill was being completed or which exits were used. This was discussed during the feedback meeting at the end of the inspection.

In addition, the inspector reviewed information in the staff meeting notes of March 2024 which documented that actions had been taken to address issues that had arisen on two fire drills, on 23 February and 17 March 2024. However, this progress was not documented in the fire drills as being addressed. The provider had removed decorative stones on a pathway that had resulted in difficulties experienced by staff exiting due to the decorative stones impeding the complete opening of the exit doors during both drills. The person in charge explained how this had presented as a new issue due to the assessed needs of some new residents. Once identified in February, the staff team had monitored and cleaned the pathway frequently while waiting for the stones to be removed to ensure no further issues would arise. These actions were not documented in the fire drills reviewed by the inspector. This was also discussed during the feedback meeting. However, the inspector was assured all residents were supported to safely evacuate in a timely manner during all drills completed in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider ensured each of the 37 residents availing of services had an assessment of need and personal plan in place. The inspector reviewed the personal plans of the three residents attending at the time of the inspection. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents and their families had actively participated or were consulted in the development of their personal plans. In

addition, in advance of every respite stay, communication was made with the resident's representative and documented ensuring all information available was up-to-date, with any changes being reflected. For example, changes to sleep routines, where one resident no longer used a weighted blanket at night time which was a change from their previous short break routine.

Personal goals were reflective of individual interests and supporting the residents to gain greater independence where possible. One resident had indicated at the end of their last respite stay they would like a particular takeaway, this was planned for the evening of the inspection. Another resident had asked if they could attend when a particular peer was also attending as they enjoyed their company, this was also facilitated on the short break at the time of this inspection.

Each resident had a key worker assigned to support them and were responsible for updating the resident's personal plan as required. The person in charge also completed a review of each residents personal plan after they had attended for a respite break.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to maintain best possible health. The staff team worked with and were guided by family members regarding health matters and updated information being provided at the beginning of each respite break. The staff team ensured the skill mix of the staff team on duty at all times were reflective of the assessed medical needs of the residents attending.

Where specific training was required by the staff team such as PEG feeding, this was facilitated by the provider.

Information pertaining to specific medical conditions was also available for the staff to refer to if required.

Some families were experiencing difficulties getting general practitioners to provide updated prescriptions in advance of respite breaks. To reduce the risk of there being a delay, the staff team were sending out the required documentation two weeks in advance.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that

residents were protected from all forms of abuse in the centre. There were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

There were no safeguarding concerns in the designated centre at the time of this inspection.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. There was evidence of consultation with the resident regarding their preferences

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

The provider had resources in place to support each resident to have the required staffing support to attend their preferred activities regularly. In addition, residents were also supported to part take in more social activities, such as attending for short breaks with friends, shopping, eating in restaurants as well as trying new experiences such as attending sporting fixtures.

There was evidence of ongoing consultation with families to ensure residents were supported to enjoy their short breaks, sharing of information was evident and responses to issues raised in feedback surveys were appropriate. The residents voices were heard through the feedback survey.

Over the course of the inspection, the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, keeping residents' personal information private, and to only share it on a need-to-know basis.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant