



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

## Issued by the Chief Inspector

Name of designated centre:	Cork City South 8
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	25 September 2024
Centre ID:	OSV-0007806
Fieldwork ID:	MON-0044908

## About the designated centre

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

The designated centre was located in a suburban area of a major city. The centre was comprised of two adjacent individual houses. Each house had three floors. One house was a home for four adult females and one house was for three adult males. Each house had a small secure back garden with a shed. The ground floor of each house had a hallway, living room, kitchen, toilet and laundry room. The first floor comprised of three single bedrooms and a bathroom in one house while the second house had two single bedrooms, a bathroom and a staff office. The second floor of each house contained a large single bedroom. The houses had a parking area / courtyard to the front. The development was a gated community. There was transport available to residents. The staff complement consisted of social care and care assistants. There was also supports available as required from nursing staff. Residents were supported by staff members by day and each house had a waking staff at night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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 25 September 2024	09:45hrs to 16:40hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre Cork City South 8. The centre was registered with a capacity of seven adults.

This centre had been registered as a designated centre in September 2020. The designated centre had subsequently been inspected in March 2021 and April 2023. During both of these inspections issues were identified relating to Regulation 23: Governance and management, Regulation 16: Staff training and development. The most recent inspection in April 2023 also identified actions required to be taken by the provider in relation to Regulation 17: Premises, Regulation 15: Staffing and Regulation 5: Individual assessment and personal plans. The inspector acknowledges it was adequately evidenced during this safeguarding inspection that the provider had ensured all of the actions outlined in the two compliance plan responses submitted to the chief inspector had been completed. There was also evidence of ongoing review of the services being provided which ensured residents were being supported to have person centred care where their voice was heard, with consideration to each resident's will and preference while ensuring they were supported to live meaningful lives and fulfill their social roles within their families and their local communities.

On arrival the inspector was met by a member of the staff team. The inspector identified themselves and outlined the purpose of the inspection. The inspector was asked to sign the visitors book on entry into the first house and the staff member outlined the planned schedule for the three residents living in that house on the day of the inspection. One resident had a day off and was resting at the time the inspector arrived. Another had left the designated centre and was working in a cafe, while the third resident was also working in the provider's transport department. It was evident during the conversation with this staff member that they were very familiar with the residents they were supporting, speaking about their individual preferences, support provided to ensure residents were aware of how to socialise safely and managing their finances and medications in line with each resident's will and preferences.

The inspector was introduced to the first resident later in the morning when they had finished work. They were observed conversing with the staff member speaking about their work and plans for the rest of the day. The resident engaged briefly with the inspector stating they were happy in their employment and enjoying attending a day service hub in the city. They spoke of how they preferred certain activities in the hub and while they could attend every weekday if they choose to do so, at times they preferred to spend time with staff members and engage in social activities, such as going to the cinema and eating out.

The inspector was introduced to three residents living in the second house in the afternoon. They were being supported by two staff members who were observed to

assist the residents to explain to the inspector their plans for the afternoon through the use of the spoken word and using sign language when required. One resident was engaging in a table top game and smiled as they used sign language and sounds to explain to the inspector details of the game. The staff spoke about how residents had enjoyed a short break away which had been a positive experience. The inspector saw photographs of the residents smiling and enjoying the break. Staff explained there was a jacuzzi in the holiday house which was enjoyed by all but in particular by one of the resident's who responded well to sensory stimuli. Staff explained this resident was regularly enjoying massages and other relaxing sensory activities which was having a positive impact on their life. Staff spoke of how the residents had been involved in various decisions around the house which included picking vibrant paint colours for the garden shed and participating in the painting activity. The shed was visible from the kitchen where the inspector met the three residents and residents appeared very proud of their work.

The inspector met with two other residents later in the afternoon at times that suited their routines. Staff were overheard explaining to the residents the purpose of the inspector's visit and they were afforded time to complete their personal routine before being introduced to the inspector. One resident showed the inspector a number of tattoos that they had gotten and explained the personal relevance and importance of each of the tattoos to them. The resident spoke of their current employment and their plans to attend educational training courses, so they could become more financially independent. They also spoke of their plans to live independently in the future and how staff were supporting them to learn new skills and be part of the provider's Horizons programme to attain this goal.

The other resident was an award winning athlete. They spoke to the inspector about some of their achievements which included attending the Special Olympics in 2023. They were modest when speaking about their role but the person in charge encouraged the resident to explain that they were the captain of the Irish team in one sport. The resident's achievements for indoor sports had been recognised at an awards ceremony in May 2024 that was held in a hotel in the city.

The inspector spent a lot of time talking with staff members and the residents during this inspection. It was evident each resident was being supported to have person centred care, while ensuring each was supported to engage in meaningful activities frequently. The assessed needs of the residents in both houses differed and this was reflective of the choices and supports in place. For example, one resident travelled independently on public transport, another resident was spending time if they wished, in the designated centre for periods without staff support. The person in charge explained the period of time had been increased incrementally in consultation with the resident. Residents in the other house required staff supervision and support at all times, but there was ongoing engagement with each resident to ensure they were engaging in activities they enjoyed such as horse riding, shopping and attending concerts. Staff spoke with enthusiasm about the enjoyment one resident had during the summer attending a concert for the first time. The staff team had detailed contingency plans in place to support the resident to leave if they wished but these plans were not needed in the end.

The inspector was informed another resident had been supported to organise and enjoy a short break in a large city by themselves since the last inspection in April 2023. The person in charge explained some of the initial supports that were in place should the resident need any assistance but the resident got on very well and has subsequently enjoyed other journeys to attend concerts and short breaks independently. The staff team outlined a protocol that was in place with the agreement of the resident to ensure communication was maintained with staff on duty in the designated centre at pre-agreed intervals. This protocol was shown to the inspector and demonstrated the consideration given to facilitate the resident to be independent while out socialising as well as ensuring their safety.

This protocol had been updated following a discussion with the resident and person in charge in the weeks prior to this inspection. The resident had been supported by the staff team to ensure their knowledge and awareness of staying safe while out socialising and the actions they could take if any issue arose. Additional measures were put in place to assist the resident to be able to communicate with staff at all times. The resident informed the inspector they were happy with the additional support that had been suggested which included taking a power bank and cable for their mobile phone with them if they were going to be away for an extended period of time from the designated centre.

The inspector was informed of how the staff team were consistently supporting residents to be active members of their local communities and participate in meaningful ways in social and family roles. There were many examples given by the staff team to the inspector. These included one resident being part of a rugby referee squad and two residents actively participated in a team sport which included attending training each week. The residents also had a space in the community allotment which was located within walking distance of the designated centre. Residents enjoyed part taking in gardening activities there which included harvesting and eating the vegetables once grown. A recent community event had been attended by the residents during which they were warmly received by members of the local community. In addition, to support the communication needs of one resident the provider had assisted the resident's family members to attend training in using sign language. This was reported to have had a positive impact for the resident and their family.

Residents who expressed an interest in gaining paid employment were being supported by the staff team and a job coach to attain work experience and meaningful employment. The inspector reviewed easy-to-read information which outlined how the resident should prepare for their day at work, including comfortable footwear and clothing choice. It also outlined how the job coach and the staff team were also available to provide support if needed during the resident's working shift. For example, one resident had enjoyed working in a public house. They told the inspector how they enjoyed learning new skills. At the time of the inspection they were hoping to be able to avail of another opportunity to work in a sporting venue, which they expressed as being something they would enjoy to the inspector.

Since the previous inspection in the designated centre in April 2023, residents had

been supported to travel near and far, including to other countries, attend concerts, enjoy short breaks with peers, avail of advocacy and legal services where required. Residents had been supported to safely reduce medications, restrictions within the designated centre had also been reduced with the most recent reflective of some resident's having increased independence regarding their finances. A resident had been supported to open an on-line bank account with arrangements in place to independently manage their own day-to-day finances. They were supported by nominated staff members to manage their other finances in line with their preference. Another resident was being supported to follow a healthy eating and weight management programme. They spoke to the inspector about how they monitored their daily activity on their interactive watch and needed to do some more exercises on the day of the inspection to reach their minimum target.

All staff spoken to during the inspection were aware of actions required to ensure the ongoing safeguarding of residents in both houses. There were two active safeguarding plans which had been subject to internal review in line with the provider's protocols. The control measures in place were described as being effective in reducing the risk to the individuals and included space being provided to both individuals during periods of transition. This was evident as being part of the daily planning on the day of the inspection. For example, one resident had plans to go out to a local shopping centre in the afternoon. This afforded their peer time and space to transition from their day service back into the designated centre, which could be a difficult time for them. Staff described how both residents were benefiting from this consistent approach.

The design and layout of the designated centre afforded residents ample space to engage with their peers if they wished in communal spaces. Personal bedrooms were adequately sized to meet the assessed needs of the current residents. General maintenance was evident to be taking place. The staff team ensured residents input was sought regarding the décor in each house. The atmosphere was found to be relaxed and welcoming in both houses during the inspection. The person in charge had ensured the actions from the previous inspection in April 2023 regarding the outdoor garden space had been adequately addressed. In addition, staff in one of the houses spoke of plans to further develop one of the gardens into a sensory garden. The inspector was informed how the residents were involved in the consultation process and the funds were available to progress with the project which would enhance the outdoor space for the residents, including one resident who was visually impaired.

In summary, it was evident that a core, consistent group of staff were effectively supporting residents to live their lives which supported their current assessed needs. Person centred care was being provided to ensure each resident was been supported in –line with their assessed needs, will and preference. Residents were being provided with opportunities to gain confidence and learn skills to aid their personal development, independence and enjoy meaningful activities. Staff demonstrated throughout the inspection how each resident's human rights were being supported which included ensuring each resident's personal living space was respected by others. Actions had been taken to ensure effective systems were in place to ensure residents' would not be adversely impacted by other residents. For

example, staff were mindful of transition periods. In addition, residents were being afforded the opportunity to make informed decisions regarding socialising, managing their finances and seeking support where required to ensure their rights were being upheld. Residents were actively participating in their individual social roles with support where required from the staff team, in addition to availing of internal and external advocacy supports if required.

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 and live their lives in the community. 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 had also ensured all actions from the previous inspection by the Chief Inspector of Social Services in March 2021 and April 2023 had been addressed.

During this inspection the person in charge demonstrated how the provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. This included ensuring all staff had up-to-date knowledge on the effective safeguarding of residents while supporting their human rights. Residents were being supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, the inspector observed one staff to provide comfort to one resident as they spoke with the inspector. The resident was visually impaired and the staff member was observed to maintain physical contact with the resident during the conversation with the inspector which the resident appeared to find comforting. In addition, as soon as the resident indicated they wished to leave the room, the staff member immediately facilitated this request and supported the resident to a comfortable location in the sitting room. The inspector observed residents being included in conversations by the staff present during the inspection and their opinion was sought. Residents were given the time, space and opportunity to respond to any questions posed to them during these conversations, while gentle encouragement was also provided to ensure the inspector was made aware of

personal achievements and attaining goals .

## 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. The inspector reviewed actual and planned rotas from the 2 August 2024. In addition, the details documented in the rotas included staff attending training, staff meetings and the availability of the community nurse.

Staffing resources were in line with those outlined in the statement of purpose and appropriate to the number and assessed needs of residents. The staffing supports in place in each of the two houses differed during the day time and were reflective of the assessed needs of the residents living in each house. The inspector met and spoke with a total of four members of the staff team during the inspection, which included the person in charge. 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, while there were some regular relief staff available to fill gaps in the staffing roster there was no requirement for agency staff to work in this designated centre. This ensured consistent staff supports were available to the residents.

The person in charge had systems in place to ensure the provider had obtained all of the documentation required under Schedule 2 of the regulations pertaining to staff. This included up-to-date information to ensure the safeguarding of residents such as valid garda vetting and permissions to drive were in place for each staff member.

The staffing resources in place supported residents to participate in community activities, attend employment or day services in line with their expressed wishes and preferences. This was demonstrated and outlined during the inspection in multiple ways. For example, one resident returned to the designated centre independently after completing their scheduled shift at their place of employment. The inspector was informed that staff planned to support another resident to go out for an afternoon activity to allow for a peer to transition back into the designated centre. This was described as working effectively to safeguard both residents and reduce the risk of any adverse interactions that had been known to occur previously.

The person in charge ensured regular staff meetings were taking place with the staff team. While the remit of the person in charge had increased in January 2024, there were effective systems in place to ensure communication was maintained between the residents and staff team by the person in charge following this change. The frequency of staff meetings was changed to bi-monthly from monthly. The person in charge attended all of the meetings, with evidence on the meeting notes reviewed

by the inspector of follow up and actions being completed in a timely manner.

The provider also ensured ongoing oversight and governance was maintained with a link person in charge identified to support the staff team in the event the person in charge was unavailable, The person participating in management also met with the person in charge frequently with some of these meetings taking place in the designated centre. For example, the most recent meeting had taken place on 3 September 2024 as per details viewed by the inspector in the visitors book and information provided by the person in charge during the inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

At the time of this inspection 17 staff members including the person in charge worked regularly in the designated centre. This included four regular relief staff, a community nurse and a student studying social care. The core staff team comprised of social care workers and care assistants.

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 while ensuring their safety and safeguarding them from all forms of abuse. These included training in mandatory areas such as safeguarding and children's first. All core staff working in one of the houses and the relief staff had completed training in managing behaviours that challenge. Three core staff in the adjacent house were scheduled to complete this training in the weeks after this inspection to be able to provide assistance if required to their colleagues. All staff had completed training in positive behaviour support. The inspector acknowledges that refresher training in positive behaviour support for one staff had been scheduled to take place but had been cancelled outside of the staff member's control and another date was scheduled for them to complete this training.

The person in charge also outlined the rationale for some non-mandatory training that the staff team had also completed to ensure staff were aware of how to effectively support residents to be involved in decision making in their daily lives, assist residents in making informed decisions regarding positive risk taking and provide ongoing information and education to residents regarding their human rights. The person in charge had ensured all of the staff team had completed training courses either on line or attended in person training in areas such as human rights, advocacy, dignity at work and general data protection regulation. The staff team had also completed an on-line training course regarding the national incident management system (NIMs). Two of the social care staff had also completed an additional training course in this area to ensure they were aware of actions required to be taken when reviewing incidents that would be reported via the NIMs. Over 50% of the staff team had completed training in risk management and assisted

decision making at the time of this inspection. The person in charge outlined to the inspector how the remainder of the staff team would be encouraged to complete training in these areas, which included discussing training during individual supervision sessions with staff members.

The person in charge outlined plans to support some of the social care staff to further participate in additional training and career progression within the organisation. This included the delegation of additional administration duties. Also, increased responsibilities relating to the review of personal care plans and of risks within the designated centre. The person in charge outlined how they planned for these staff to be provided with the opportunity to work in both of the houses to ensure continuity of care and oversight within the designated centre.

The person in charge ensured each staff member attended scheduled supervision in line with the provider's processes. Records of three of these meetings were reviewed by the inspector. The meetings notes were detailed and demonstrated the focus on supporting the staff member to be provided with opportunities to avail of training, discuss safeguarding and the safety of residents and ensure staff were aware of the regulatory requirements as outlined in the Health Act 2007.

The person in charge also outlined the supports in place by the provider to facilitate the professional development of a number of the staff team. This included providing support for staff to engage in educational courses and developing the role of social care staff within the designated centre. The inspector was informed there were progressive plans to develop two social care worker roles within the designated centre. This was described as a positive development and would assist the person in charge to delegate more administrative duties, while also enhancing the oversight and governance within the designated centre.

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. The person in charge was also supported in their role by a senior managers within the organisation. 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. This included weekly and monthly audits which the person in charge had oversight of to ensure all actions were addressed in a timely manner.

The provider had ensured policies were in place and available to the staff team regarding the safeguarding of residents. This included safeguarding vulnerable

persons at risk of abuse which had been subject to review in September 2023. The provider also had a risk management policy which had been reviewed in October 2023. This included references that "the management of risk is the concern of every staff member" and outlined the systems in place for the identification, responsibilities of staff and the ongoing review process throughout the organisation including senior management and the board of directors. The safeguarding of residents was referenced in the policy in a number of areas including considering the service users experience and the risk of aggression. The policy also outlined the structured mechanisms in place to monitor and review the effectiveness of risk management strategies, plans and processes.

The provider had introduced an organisation wide auditing system in March 2024 and this schedule was been adhered to in this designated centre. The person in charge ensured any actions identified were responded to in a timely manner.

The person in charge encouraged staff members to provide feedback to ensure the best quality of service was being provided and where improvements were required these were followed up. For example, one resident did not like the process involved in reviewing their financial receipts with a staff member each day. The resident was supported to obtain an on line bank account and they were able to conduct transactions on their mobile phone. These transactions were being reviewed each week with the resident and the resident no longer required to ask shop assistants for a receipt for everything they purchased. Staff described this change as a positive outcome with reduced anxiety for the resident as previously they would have become anxious if they had forgotten to get a receipt or mislaid it. The inspector was informed of oversight systems in place to support this resident manage their finances with a nominated person identified. This was working effectively to safeguard the resident and their finances while promoting their independence.

The provider ensured the views of residents were considered regarding the service delivery in this designated centre, this included the annual report which had been completed for 2023. One resident was being supported to attain the necessary skills to live independently while working with supports within the organisation the achieve a goal to get a home of their own. Other residents had enjoyed short breaks and holidays with family members and peers. Supports were also provided to attain employment and maintain contacts with family and friends.

The person in charge ensured the staff team were aware of their obligations under the Health Act 2007, which included active safeguarding plans and protocols in place within the designated centre. There was guidance in place and risk assessments which were subject to regular and recent review to ensure the effectiveness and consistent approach of the staff team.

Staff were facilitated to attend bi-monthly meetings, these were all completed in the presence of the person in charge. The inspector reviewed a sample of three of these meetings over the past six months. The meetings were used as an opportunity to discuss the supports needs of residents and any known safeguarding concerns were discussed. A review of reported incidents and accidents were completed, with guidance for staff on how and when to report incidents and injuries on the NIMs.

The reduction of restrictive practices was discussed in the most recent staff meeting of 19 September 2024, with no restrictions in place in one of the houses in line with the assessed needs of the residents living there. The responsibilities of the staff team were consistently discussed as well as training requirements and dignity at work.

Judgment: Compliant

## Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

Residents 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 resident was being supported to engage in preferred activities, had a routine that suited their assessed needs and had their voice heard. Staff were able to outline individual goals, positive progress made recently by residents they were supporting and the overall progression of the services being provided in the designated centre. Some residents were supported to use local public transport services, engage with local community events, join community sports clubs as well as socialise in the locality and in the city. The progress of individual goals were consistently documented. For example, the progress of one resident with their weight management plan, a hybrid approach to one resident attending their day service and plans to support another resident attend a larger concert event in 2025 after enjoying their first concert during the summer of 2024.

The inspector reviewed a number of documents including individualised personal plans, risk assessments and relevant safeguarding information. It was evidenced that these documents were subject to regular review, were reflective of the input of the resident and person centred. Measures in place within the centre demonstrated the staff teams provision of a safe service where all residents were protected from abuse. Individualised personal plans had been updated to reflect the residents current and changing supports needs. This included a range of support needs for each resident with detailed guidance to promote continuity of care.

There were two known safeguarding risks within the centre. These were addressed by the provider through such methods as safeguarding plans, standard operating procedures and risk assessments. It was evidenced on day of the inspection these documents had been updated within the allocated time frame and were consistently adhered to by staff members providing supports. For example, the transition of one resident into the designated centre on their return from their day service or from

their family home. Another resident who was described as being affectionate in nature was being encouraged to give individuals a "high five" instead of a hug to reduce the risk of an adverse reaction which could cause them harm. As previously mentioned in the first section of this report, the person in charge and a resident had agreed a safeguarding protocol which included measures to support their safe socialising, financial awareness and social roles training. This had been subject to further recent review in consultation with the resident.

In addition, staff had ensured residents had received additional input and specialist supports where required, this included a review of medications. One resident was being supported with a medicine reduction plan with evidence of regular and ongoing review documented.

## 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 visual schedules and the use of sign language. All staff supporting residents in one of the houses had attended training in the use of sign language. The person in charge had provided staff with details to access an on-line site to seek additional information on using sign language to assist with consistent effective communication. The family of one resident had been supported to attend training in sign language also which had enhanced the communication of the resident with a wider group of people.

Residents also had access to telephone, television and Internet services.

The staff team were familiar with the preferred methods of communication used by each resident. Concise and up-to-date information was provided in residents' personal plans.

Residents were provided with easy-to-read documents where required regarding specific activities such as the working environment and attending health appointments. In addition, residents were provided with information in a format they understood regarding their will and preference. In the case of one resident an easy-to-read report on an assessment completed on them was provided to the resident to aid their understanding of the report, it's findings and recommendations.

One resident was planning to complete an on-line course in cyber security awareness

Residents were supported to be involved in regular resident forums. The person in charge outlined plans in progress for input from the speech and language therapist to create a template that would be more meaningful and interactive for one resident who was visually impaired.

Judgment: Compliant

### Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and assessed needs of residents living in the designated centre. The building was found to be clean, well ventilated and comfortable. The communal spaces enabled residents to interact with their peers and staff if they wished to do so. Bedrooms were decorated to reflect the personal interests of each resident in line with their preferences and expressed wishes.

The provider had ensured actions from the previous inspection in April 2023 had been adequately addressed. The inspector was also informed there were plans in progress to further enhance the lived experience for residents with the development of a sensory garden in the garden space of one of the houses.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were processes and procedures in place to identify, assess and ensure ongoing review of risk. This included ensuring that effective control measures were in place to manage centre specific risks.

The provider had ensured a risk management policy was in place and subject to regular review. The current policy had been reviewed in October 2023 and was available to all staff

There were no escalated risks in the designated centre at the time of this inspection. The person in charge had ensured the control measures in place to maintain the safeguarding of residents were effective and up-to-date. This included easy-to-read posters, training for staff and supervision of residents in line with their assessed needs. These were found to be consistent with the findings during this inspection

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to recent review with evidence of ongoing review to support the changing needs of the residents where required. For example, the control measures in place for one resident included informing staff in the adjacent house when they returned to the designated centre, if there was no staff in their own house. This resident was being supported to spend up to four hours within the designated centre if they wished at the time of this inspection.

Residents were being supported to enhance their independence and living skills with the provision of education, training and the opportunities to experience positive

living experiences in the community and socially.

The safeguarding of residents included providing a safe living environment. A number of residents required ongoing monitoring to ensure the safe use of the stairs in their home. It was evident staff were aware of the individuals at risk of harm while using the stairs and encouraged them to use the hand rails and provided support as the stairs were being used by the person for whom a risk had been identified.

Residents were also being supported to engage in positive risk taking. This included trying new activities such as swimming and horse riding. They were also supported to use public transport if they wished to do so, participate in employment opportunities and actively socialise in the wider community.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The Inspector reviewed different sections of seven personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans.

There was documented evidence of residents being consulted in the development and planning of their personal goals. Where a goal could not be progressed an alternative was agreed and attained. For example, one resident supported a well known soccer team and would like to visit the team's stadium and watch a live match there. However, due to circumstances outside of the resident's control this planned activity had to be postponed. The resident explained to the inspector that they hoped to try to attend during 2025. However, they had enjoyed a short break away with some peers and staff members to a historic location instead during the summer, which they enjoyed very much. The inspector was shown a number of photographs by the resident in that location.

The person in charge had ensured each resident's personal goals were meaningful to them and staff were supported to ensure goals were specific, measurable, achievable, relevant and time bound, (SMART). The inspector observed relevant documentation available to staff to ensure they were informed and aware of how to effectively support the residents in the designated centre. In addition, there was a key worker system in place which enabled residents to be able to liaise with an identified staff member if they wished. The key worker staff was aware of their role in supporting the resident and there was documented evidence of regular key worker meetings taking place.

The provider had also introduced an electronic system which recorded the daily notes completed by staff for each resident. This was reported by the person in

charge to be working well and the next phase of the project which would include an electronic version of residents personal plans was planned to be implemented by the provider in the designated centre during 2025.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with allied health care professionals such as, psychiatry, psychology and behaviour support specialists as needed.

There were no restrictions in place in one of the houses in this designated centre. Residents living in the adjacent house were supported to live their lives with some restrictions in place. These were subject to regular review and residents were consulted frequently regarding these being in place for their own safety. These included locked gates to the designated centre and one front door was required to be kept locked.

Some restrictions had been reduced over time which reflected the progress being made by individual residents. For example, one resident was spending an increased amount of time in the designated centre without staff support. Another resident was more independent with managing their personal finances.

Judgment: Compliant

### Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings and individual staff supervisions with the person in charge to enable ongoing discussions and develop consistent practices.

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.

Residents were provided with information in a suitable format, supported to discuss safeguarding at their key working and residents meetings.

A number of residents were being supported to enrol in cyber security training courses to increase their own self-awareness of safeguarding themselves, their

personal information and finances.

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 paid employment, social activities, such as swimming, day trips and short holidays if they wished to engage in such activities.

Residents had daily and weekly planners which were reflective of personal interests while ensuring attendance at their day service if they wished to attend. Staff spoke of how they were respectful of residents choices regarding attending their day services. Alternative arrangements and activities could be scheduled if required. In addition, a hybrid form of day service was working well for one resident who only liked particular activities while attending their day service. The staff team had the schedule of activities and supported the resident to attend for these activities and provided alternative meaningful activities for other times of the day either in the designated centre or in the community.

A number of residents in line with their expressed wishes, were being supported to attain new skills to support their independence. This included attending college courses, skills building and supporting a resident to submit an application to avail of housing supports in the community.

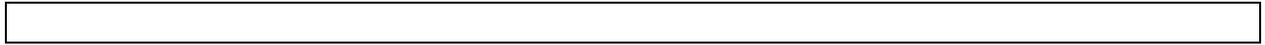
Residents were provided with easy-to-read checklist and information regarding their rights awareness.

A number of residents were supported to manage their own medications.

Residents were encouraged and supported to be active in their social roles within their families and community. The provider and staff team had ensured all required internal and external supports to effectively support each resident with their specific situations were provided and remained in place as long as required by residents.

One resident had been asked to be part of an advocacy group within the provider's organisation at the time of the inspection.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant