

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

Issued by the Chief Inspector

Name of designated centre:	The Maples
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	29 February 2024
Centre ID:	OSV-0008092
Fieldwork ID:	MON-0034271

About the designated centre

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

The Maples provides a respite service for adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties and behaviours of concern. The objective of the service is to provide a home like environment where possible, that supports the service users during the period of their respite break. It is a social care led service staff by direct support workers, with nursing staff available on site. The designated centre consists of a two-story house detached at the outskirts of a large town in north County Dublin, and each service user has use of a single-occupancy bedroom, multiple communal areas and garden spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 29 February 2024	10:05hrs to 16:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

A number of key areas were reviewed to determine if the care and support provided to respite users was safe and effective as part of a respite stay. These included meeting respite users and staff, reviewing respite users' admissions and compatibility assessments, activities available to respite users and the facilities available in the centre. This inspection demonstrated good quality outcomes for respite users during their stay and in other areas of their lives, as discussed in the report.

This centre provides a respite service and is registered to accommodate up to five adult respite users at one time. At the time of inspection, 47 respite users were availing of the service within a catchment area of North Dublin. Respite users are supported in attending their day services during the day while residing in the centre.

The Maples Respite Services has been operating as an adult respite service since December 2022. The centre comprises a large, bright, comfortable two-storey detached house and a self-contained apartment located in North Dublin. The one-bedroom apartment, accessible through the main building, allows respite users who may not enjoy sharing their living space with others to have their own personal space. It has a kitchen, living room, and bathroom. Depending on the needs and preferences of the respite user, access to the main building can be made available or restricted.

During the inspection, the inspector met one respite user who was staying in the self-contained apartment. They appeared comfortable in the setting watching television. Their one-to-one supporting staff knew their needs well and showed the inspector items that were important to the respite user to have with them during their stay.

Within the main part of the property, there are two bedrooms with ensembles on the ground floor. A third ensuite bedroom and a fourth bedroom are on the first floor. Communal areas include two sitting rooms, a separate living room and a kitchen. The layout and design of the house allowed respite users to enjoy a variety of settings, including adequate spaces to relax in and adequate space to store their personal belongings. Respite users were encouraged to bring personal items to ensure their environment is as homely as possible.

Respite users received respite on a planned and recurrent basis. Each respite user had their own bedroom for the duration of their stay. The length of respite stays varied depending on the respite users' and families' needs and circumstances. The Health Service Executive (HSE) allocated funding. Some respite users preferred regular weekend or mid-week stays. Others required longer but more infrequent stays. The service gathered the preferences of each respite user and their families as part of the admission process. While these preferences were not guaranteed,

they formed part of the allocation and compatibility process.

As well as respite users and their families having the option to apply for particular dates to stay in the centre, they also could request staying with a particular person on their stays. For example, respite users who were friends from day services or became friends through the respite service were facilitated as best as possible. The inspector noted a warm and friendly atmosphere in the centre, and respite users appeared happy and content. They smiled as they interacted with staff in a familiar way. One respite user blew kisses to a staff member and smiling while being supported by another staff member.

The inspector noted that a range of easy-to-read documents and information was supplied to respite users in a suitable format. For example, easy-to-read versions of important information such as the complaints process, meals, advocacy, safeguarding, fire safety and staffing information were available. Staff consulted regularly with respite users and established their preferences through the personal planning process and through their ongoing communication with respite users' representatives.

As part of the annual review process, all respite users and their representatives were invited to provide feedback on the service through questionnaires. The feedback received was overwhelmingly positive, with respite users expressing high satisfaction with their stay at the respite centre. As this inspection was announced, feedback questionnaires for residents and their representatives had been sent in advance of the inspection. The inspector received 27 completed surveys, all of which provided positive reports of the service.

For instance, one respite user said they were "enjoying every moment" when describing their stay. Another respite user praised the centre, saying, "Everything is normal and perfect. I am happy here. I like coming here". Other respite users also expressed their appreciation for the centre, with one saying, "I love the Maples," and another noting that they "like coming to the respite centre and will continue to enjoy it". The respite users also commented on the quality of food offered at the centre, expressing their satisfaction with the food choices and the arrangements for completing the shopping. One respite user said, "I love all the food," while another noted that the food was "good," and a third found it "tasty".

The respite users who responded to the questionnaire said they were pleased with the number of choices they had while staying at the centre. They were happy with the times for getting up in the morning and going to bed and the activities they participated in while at the centre. The respite users were also happy with the privacy they had at the centre and felt safe while staying in the centre.

One of the respite users found that they liked relaxing in one of the living areas without being disturbed. Another respite user stated that they were "happy" with the amount of choice and control they had within the centre. A further respite user found the overall experience of staying at the centre as very positive and stated, "The Maples respite gives me the freedom I enjoy" Another respite user said, "I like the choice and control in my daily life". A further respite user was also satisfied with

the level of choice available and stated, "I am enjoying my life".

The person in charge and staff team actively assisted the respite users in maintaining their interests by exploring options for activities in the local community and further afield to ensure they had meaningful experiences during their stay. A folder in the living room provided information on various community activities with the help of visuals and detailed descriptions. The folder contained all the necessary details, such as what the activity involves, what the respite user can expect from the activity, and its duration and cost. This aimed to help the respite user make an informed choice about the activity to support choosing activities that align with their individual preferences. In addition, other critical information, such as the noise levels of the activity, was provided in case it was an important factor for the respite user.

The respite users reported they were happy with the staff approach and found them easy to talk to. They also felt that the staff understood their likes and dislikes. The feedback indicated that the respite users were satisfied with the support they received from the staff, which included helping them participate in social activities and supporting their individual needs. One respite user mentioned that the staff and the person in charge were very good, while another found them friendly and supportive. A third respite user said they loved all the staff. One respite user mentioned that the staff were nice and welcoming and that they offered lots of goodies and drinks.

The feedback received from family representatives regarding the quality care and support provided to their family members during respite was equally positive. The family members expressed their happiness regarding various aspects of the centre. One family member stated they were "very happy with everything" and thanked the staff for their hard work and dedication. Another family member described the centre as an outstanding service that has been a great source of support for their family member. Furthermore, a family member expressed contentment that their family member could continue attending day services while on respite during the week.

A range of family representatives described staff as "very pleasant and supportive", "lovely, friendly and very helpful", and "professional, courteous, and helpful". The staff at the centre were described as "supportive, approachable, and communicative" with family members, and communication was said to be prompt and effective. Families appreciated the written communication about their family member's stay, which was sent home with the respite user after each visit to the centre. Additionally, families felt that staff would contact them if they had any queries or concerns regarding their family member, which was a reassuring aspect of the centre's care. The inspector briefly met one family member in the centre who told the inspector that everything was perfect in the centre.

From conversations with staff, observations made by the inspector, and information reviewed during the inspection, it was apparent that respite users had good quality lives while availing of respite service in accordance with their capacities and were regularly involved in activities that they enjoyed. The findings from this inspection

indicate high compliance with the regulations.

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

This centre was initially registered in September 2021 as a children's respite centre. During the last inspection in August 2022, it was found that the arrangements in place in the designated centre were not suitable for meeting the assessed needs of the respite user group. Shortly following the inspection, the provider submitted an application to vary the conditions of registration from a children's to an adult respite service. On this inspection it was found that the layout of the designated centre, the governance of the centre, the staff team, and the respite group were conducive to providing a high-quality respite stay for adult respite users.

There was a qualified and experienced person in charge who was employed full-time. There was a clearly defined management structure in place that identified lines of authority and accountability. The person in charge reported directly to the assistant director of services, who reported to the director of operations. Effective arrangements were in place to support staff when the person in charge was not on duty. Two team leaders based in the centre supported the person in charge and worked opposite each other.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the respite users. Good quality supervision meetings to support staff performing their duties to the best of their ability took place as per the schedule in place.

There were a range of resources in place to oversee the quality and safety of care in the centre. These included ongoing audits of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an externally commissioned annual review of the service. The centre was also suitably resourced to ensure the effective delivery of care and support to respite users. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, access to Wi-Fi, televisions, and adequate staffing levels to support respite users' preferences and assessed needs. The provider had also ensured that the service and respite users' property were suitably insured.

Documents required by the regulations were kept in the centre and were available to view. A sample of documents viewed during the inspection included personal planning records, incident records, contracts of care, audits, and medical records.

There was a statement of purpose that gave a clear description of the service that met the requirements of the regulations. A range of policies were also available to guide staff.

The inspector found that incidents were appropriately managed and reviewed as part of continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge ensured that incidents were notified in the required format and within the specified time frames.

On review of the referrals and admission procedure for new respite user's admission to the service, the inspector found that it was determined on the basis of transparent criteria in accordance with the centre's statement of purpose and took into account the needs of all respite users availing of the services. New respite users were afforded the opportunity to visit the centre with their family before attending on a respite break. Depending on the respite user's preferences, they could also visit the centre during the day and for short stays until they became more familiar with the centre and staff before taking more extended respite breaks.

Registration Regulation 5: Application for registration or renewal of registration

This inspection was conducted to inform a registration renewal of this centre. The registered provider had submitted all relevant information to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each respite user who attended the service. It was clear that the person in charge was very involved in the running of the service and that the residents knew them well. The person in charge worked closely with the wider management team, staff and two team leaders who was based in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff on duty, with the right skills, knowledge and

qualifications to meet the diverse needs of respite users availing of respite services in this centre. There was clear evidence to demonstrate that there was continuity of care and support amongst the staff team. This had a positive impact on the respite user group, who knew the staff members well and had developed good relationships with them.

The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. Continuity of care was evident with overall a stable core staff team in place. Regular relief staff were in place to cover annual leave and sick leave.

Staff recruitment processes in the centre are in line with the requirements of the regulations. The inspector reviewed a sample of staff folders and found that the provider had ensured that Schedule 2 requirements had been met. The person in charge had oversight of these records and followed up in any gaps contained within the files.

The staff present during the inspection were found to be knowledgeable of respite users' specific needs. They spoke about the respite users in a very respectful manner and were caring and kind in all interactions observed.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to extensive training as part of their continuous professional development and to support them in delivering effective care and support to respite users. The inspector reviewed a log of the staff training records maintained by the person in charge. Staff had completed training in areas such as fire safety, safeguarding of respite users, infection prevention and control, manual handling, medicine management, autism, complaints and human rights-based training.

The provider had policies and procedures in place in terms of supervision of staff. This included one-to-one supervision sessions with the person in charge or team leader. It was found that the permanent members of the staff team had all received supervision in line with policy.

Team meetings were regularly held in the centre, chaired by the person in charge. These were found to be respite user-focused and of a high quality so that staff were kept well informed of changing needs as well as the provider's policies and procedures. Standing agenda items included staff planning, health and safety, restrictive practices, the wellbeing of respite users, events and quality improvement plans.

Judgment: Compliant

Regulation 21: Records

The provider has effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which are in line with all relevant legislation.

The systems in place ensured all records, as required by the regulations, are of good quality and are accurate, appropriate, up to date and stored securely.

The provider had ensured that records in relation to each respite user as specified in Schedule 3 and the additional records specified in Schedule 4 were maintained and available for inspection on behalf of the Chief Inspector.

Judgment: Compliant

Regulation 22: Insurance

The centre was adequately insured against accidents and incidents. They had submitted evidence of this in the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a high standard in this centre. The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The management structure ensured clear lines of authority and accountability. Management presence in the centre provided all staff with opportunities for management supervision and support. Arrangements in place, such as staff team meetings and one-to-one supervision meetings, facilitated staff to raise any concerns they may have about the quality and safety of the care and support provided in the centre.

The provider had systems in place for reviewing the quality and safety of the service, including six monthly provider-led audits and an annual review. An external professional completed the annual review to obtain an objective assessment of the service. They reviewed audits, interviewed families, staff, and the person in charge, met with respite users, and visited the centre to collect information for the annual review. The 2023 annual review was available for review and was found to include

intensive consultation with respite users and their families. Questionnaires returned as part of this consultation indicated high satisfaction with the service.

There was evidence that where areas for improvement had been identified, actions were completed or were in progress to address these matters. For example, following feedback from respite users and their families, an area of focus for 2024 was further to enhance the activities available for the respite users now that they had settled well into the service and had become comfortable during their stays. The inspector found this initiative was underway in the centre, and a scoping exercise was carried out on the amenities and activities available in the locality. Staff met with during the inspection demonstrated enthusiasm and motivation to facilitate respite users' day trips and outings to experience new experiences.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This respite service accepts referrals from North Dublin Health Service Executive (HSE). The person in charge carries out pre-admission assessments for all potential respite users in order to identify if the centre can meet their needs. Each respite user is given a support service priority rating based on this assessment. There are five levels of priority based on a comprehensive assessment of need.

The person in charge has booking meetings with the provider and HSE regularly to discuss the respite service. These meetings plan various aspects of the delivery of respite, such as matching respite users in groups to ensure a safe and enjoyable service for them while attending respite. These meetings also served to plan and roster teams to meet individual needs on given dates of the month. The meetings also ensured adequate notice was given to relevant departments and services for schools, day service, transport, and clinical services.

Occupancy levels were regularly reviewed to ensure the respite service's maximum benefit. When cancellations occur, efforts were made to replace the cancellation with another respite user. These cancellations were offered on a priority basis, which has been agreed with the nominated HSE coordinator.

Judgment: Compliant

Regulation 3: Statement of purpose

As per the requirements of the renewal process, the provider had submitted an up-to-date statement of purpose which outlined the service that was to be provided to residents.

The document required slight amendments to include details of the emergency admission process and the exclusion criteria. After a walk around the property and discussions with the person in charge, it was observed that the centre was unsuitable for respite users who were full-time wheelchair users due to the width and turning space of some corridors and doors. The statement of purpose was amended during the inspection to reflect the operational admission procedures and criteria and submitted to the Chief Inspector post-inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the regulations were reviewed during this inspection. Such notifications are important in order to provide information about the running of a designated centre and matters which could impact respite users. All notifications had been submitted as required by the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

Information about the complaints process was clearly displayed, and the provider had appointed the person in charge of managing any complaints that were received.

The centre had an open and transparent culture, and it was clear that any complaints would be responded to promptly. There were no active complaints on the day of inspection, but the centre had received a number of compliments from respite users' respective families.

Judgment: Compliant

Quality and safety

The inspector found that the centre provided a homely, pleasant and fun environment for respite users. It was evident that the person in charge and the staff met with during the inspection were aware of respite' needs and knowledgeable in the support practices required to meet those needs. Due to the governance and monitoring systems in place, it was determined that the service met its quality aims and objectives as laid out in the statement of purpose. The service was viewed as a

vital service by the families that offered a high level of care and support to their family members. Information gathered from questionnaires, feedback from respite users, family representatives, and discussions with the person in charge and staff found a person-centred approach to service delivery.

The provider had good risk management procedures in place in this centre. These included policies and procedures to guide staff practice. There was a risk register, and general and individual risk assessments were developed and reviewed as required. The provider also had systems to respond to emergencies and to monitor and respond to adverse events. A responsive approach to risk management was in place to promote and maintain respite users' independence, choices and safety.

Respite users were encouraged to eat a varied diet and were communicated with about their meals and their food preferences. The respite users were consulted about and made choices of what they would like to eat for their meals. The inspector found there to be adequate amounts of wholesome and nutritious food and drink available to the respite users during their respite stay.

The inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. The fire fighting equipment and fire alarm system were appropriately serviced and checked. Local fire safety checks took place regularly and were recorded. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes and overall, arrangements were in place to ensure respite users were aware of the evacuation procedure to follow.

Due to this being a respite service, respite users were supported by their families to attend any healthcare appointments and referrals. Respite users' healthcare needs were monitored by the nursing team in the designated centre along with the person in charge. These included epilepsy, dysphagia plans and diabetes. To ensure that staff had the most current information about a respite user's health and development, staff liaised directly with family representatives in advance of the planned respite stay. This coordination allowed staff to prepare for the respite users' medical, health, and other needs during the respite stay.

During their stay at the centre, respite users had the opportunity to engage in a diverse range of activities. According to the feedback received, the respite users thoroughly enjoyed playing games and puzzles, listening to their favourite tunes, going out for rides in the car to explore new places, interacting with other respite users, watching their favourite cartoons and movies, participating in bingo sessions, joining in for singalongs, creating art and crafts, spending quality time in the garden, visiting nearby parks, going for shopping and bowling trips, playing a game of tennis and catching a movie at the cinema.

The organisation had a policy and procedures for the safeguarding of vulnerable adults. These documents outlined the steps to be taken in the event of an allegation of suspected or confirmed abuse. A designated officer was appointed so that staff could raise concerns in line with national policy.

Each respite user has an individual personal plan detailing their assessed needs. All

plans were completed with respite users, their family and relevant professionals involved and reviewed regularly as required. Respite users and their representatives were found to be happy with the support they received in the centre, as detailed in the annual review and Health Information and Quality Authority (HIQA) questionnaires.

Regulation 11: Visits

The person in charge informed the inspector that while visits to the centre were short-term planned stays, respite users and family contact one another via phone and video call and can visit the centre if they wish to do so.

The feedback in relation to visitors was positive, with all respite users finding the current arrangements in place satisfactory. One respite user mentioned that their family was always welcome by the staff.

Judgment: Compliant

Regulation 13: General welfare and development

The respite users were actively supported and encouraged to experience a range of activities and relationships, including friendships and exploring new activities. Respite users' preferences, interests and assessed needs were carefully considered to ensure that the activities chosen were suitable and meaningful.

Respite users expressed their satisfaction with the current set of activities in feedback and one respite user expressed that they appreciated they could share their ideas with the staff for future activities. One of the respite users wrote about their delight of the Christmas party that was held in the previous year. Meanwhile, another respite user had a memorable visit to a waterfall in Co. Wicklow, which was part of their itinerary while staying at the centre.

The staff supported each respite user in creating a personalised scrapbook filled with pictures of the activities they completed during their stay. Once the scrapbook is complete, it is presented to the respite users' family. During the inspection, the inspector reviewed a number of scrapbooks and found them to be colourful and filled with pictures of the users enjoying their chosen activities. The service had collages of photographs hanging on the walls throughout the centre that showed respite users participating in various activities.

The inspector learned that some respite users had developed new skills and abilities since staying in the centre, which were noted in the respite users' day service and by family members. These skills include personal care, expanding friendship groups, enjoying new activities, and desensitising to previously known triggers such as

personal space and noise levels.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, as well as the needs of respite users. The centre was well-maintained, clean and suitably decorated. The premises of the centre were homely in nature and tastefully decorated. There was plenty of space for both indoor and outdoor communal gatherings, and bedrooms were provided on both the ground floor and first floor. Each respite user had their own room while staying in the centre, and there were sufficient numbers of bathrooms to facilitate respite users' needs.

Respite users could store their belongings in individual wardrobes, drawers and lockers in their bedrooms, and laundry services were available for those who needed them. The centre was warm and clean throughout and well-maintained to provide a comfortable living environment. Outside was a sizeable garden and patio area with ample space for respite users to relax and socialise in the good weather.

Feedback from respite users in relation to the house found high levels of satisfaction with the premises. Respite users stated they were comfortable and warm in the centre and were happy with the communal areas and bedrooms.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that an up-to-date record was maintained for each respite user on their food and drink likes, dislikes and food allergies. In addition, when an individual required additional support to manage eating and drinking, this was also detailed and guided by staff, including any texture modifications or staff support required.

Food was being stored and prepared in hygienic conditions, and respite users had access to refreshments and snacks. The inspector also observed a wide variety of food and drinks, including fresh fruit for respite users to choose from.

One press in the kitchen was labelled as an allergy-free press. Here, non-perishable food items were stored for respite users who had food allergies, including gluten-free allergies. Separate cooking utensils, such as toasters, chopping boards and utensils, were also stored here to avoid cross-contamination with non-allergy products.

Judgment: Compliant

Regulation 20: Information for residents

There was a guide for respite users that met the requirements of the regulations. This guide was seen to be available in the centre and was also given to respite users as part of their admission into the service. Other information that was relevant to respite users was provided in user-friendly formats, such as photographic information about staff on duty at each shift, the designated safeguarding officer, and an easy-to-read version of the complaints process.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems in the centre to keep respite users safe and manage and reduce risks. There was a risk management policy available in addition to a local risk register and supporting risk assessments. It was evident that the risk register and the risk assessments were reviewed at regular intervals by the person in charge, and all identified risks had been accurately risk assessed and rated. The inspector noted that control measures in place in the risk assessments were effective at addressing areas of concern and, where necessary, had been escalated to the provider. The provider had procedures for escalating risks in the centre to where required to the HSE respite coordinator.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. The inspector found that respite users took part in planned evacuations and that learning from fire drills was incorporated into personal evacuation plans. The provider ensured that each respite user completed a fire drill as part of the transition plan into the centre. Three respite users were recently identified through these drills as refusing to evacuate during stimulated fire drills. The inspector found risk assessments in place with additional actions and education taking place to support these respite users in evacuating. The inspector identified that improvement could be made to the documentation of night-time stimulate drills, and management had committed to implementing changes to

better reflect the scenarios of night-time drills.

There were suitable fire containment measures in place, and the provider had installed self-close devices on doors to further improve containment arrangements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual support plans were in place to respond to respite users' identified support needs. Respite users had associated care plans created on admission with the support of respite users, their representatives and allied health professionals involved in their care. If it was identified that support or guidance was required from multi-disciplinary team members, this was requested from the respite user's day service or the HSE if applicable. Due to the nature of the short-term respite service, these supports were not available to respite users in the centre as outlined in the centre's statement of purpose. The inspector found that the person in charge had escalated additional support to the HSE for respite users where required, for example, in providing positive behavioural support.

Judgment: Compliant

Regulation 6: Health care

Support plans were in place to guide practice, outlining the care and support respite users required. Staff were knowledgeable about these supports and kept daily records in relation to respite user's health care needs as required.

Appropriate nursing care was provided to respite users within the centre, and there were clear arrangements for contacting medical care, including out-of-hours.

Judgment: Compliant

Regulation 8: Protection

All staff had received training in relation to safeguarding residents, and the prevention, detection, and response to abuse.

Consideration of the compatibility of respite users using the respite service protected respite users from the risk of abuse by peers. Regular meetings to determine which respite users were compatible took place. This system reduced the likelihood of

peer-to-peer abuse. Respite users, via their feedback, stated they felt safe when staying in the centre.

Personal and intimate care plans had been developed to guide staff in supporting residents in a manner that respected their privacy and dignity.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that showed respect for each respite user and their families. This was confirmed via respite user and family feedback captured in the centre. Respite users were consulted on a one-to-one basis at the beginning of their stay to ensure the service provided would be tailored to their individual preferences and requests. Respite users were offered meal choices and room choices as well as choices in what activities they wished to engage in. Respite users' choices were promoted through practices such as weekly respite meetings, picture schedule boards, and choice boards on display.

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 21: Records	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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	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 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant