



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

Issued by the Chief Inspector

Name of designated centre:	Tralee Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	20 June 2024
Centre ID:	OSV-0008648
Fieldwork ID:	MON-0041873

About the designated centre

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

Tralee Accommodation Service is a detached two storey house located in a housing estate in a town. It provides a full-time residential service for up to four residents of both genders, over the age of 18 with intellectual disabilities, autism, mental health needs and other needs. Each resident in the centre has their own bedroom and other rooms provided include a living room, a kitchen/dining room and a utility room. Residents are supported by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 20 June 2024	09:10hrs to 17:10hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and from speaking to residents, staff, and management in this centre, the four residents who received supports in this centre were offered a good quality service tailored to their individual needs and preference. This was a newly registered designated centre and the residents, who had transferred from another designated centre that was now closed were benefiting from an enhanced environment following their recent move into this new premises. This was the first inspection of this centre. The inspector had an opportunity to view all parts of the centre during this inspection and met with all residents. Some residents chose not to interact at length with the inspector and this wish was respected.

This centre comprised a large two-storey detached house located in a quiet residential area in a large town. Residents all had their own spacious bedrooms with en-suite bathrooms. One resident was accommodated downstairs in line with their assessed needs, and the other residents were accommodated upstairs. There were a number of communal spaces for residents to spend time in, including a fully equipped kitchen and dining room, a large conservatory and a sitting room. There was a pleasant garden space for residents to use also if they wished. The inspector saw colourful flowerpots outside the front of the centre that had been painted by a resident in the county colours to show support to county GAA teams. There was a large back garden with outdoor furniture and sports equipment and a barbecue available for the use of residents and there was a shed also for storage of garden items if required.

The centre was seen to be clean throughout, freshly painted and nicely decorated. The centre was bright and airy throughout with wide corridors and spacious rooms. The centre was accessible to the residents that lived there at the time of the inspection, one of whom had a visual impairment. All of the residents living in the centre were fully mobile and generally required minimal supports with personal care and activities of daily living. The inspector was told that residents were encouraged to maintain and develop their skills for independent living and some residents accessed the community independently. Bedrooms were large and contained good storage facilities for residents' belongings. Residents told the inspector that they had chosen how to decorate their bedrooms and all residents had televisions in their bedrooms. One resident had specific preferences in relation to his sleeping arrangements and this had been accommodated in line with guidance from a health professional.

There were four residents living in the centre, two male and two female. All of the residents living in the centre had previously lived together and when they moved house, their regular staff and management team had moved with them. Residents told the inspector that they were very happy with their new home and that they were settling in well.

The inspector had an opportunity to meet with three residents during the inspection and observed another resident in their home. This resident briefly greeted the inspector using their preferred communication method but communicated to staff that they did not wish to interact further with her. The inspector observed and heard some interactions between staff and residents and these were respectful and relaxed in nature, indicating positive relationships. Two residents were in bed when the inspector arrived to the centre and the other two residents were getting ready to depart on a planned day trip. The inspector spoke with these residents prior to leaving and also spoke to another resident for a brief period later in the afternoon. One resident departed the house later in the morning independently as part of their regular routine, while the other resident also went out with staff in the afternoon.

Another resident showed the inspector around their new bedroom on the morning of the inspection. Notice-boards in the kitchen and the hallway provided information for residents and visitors and residents used the kitchen notice-board to display information of their own choosing. For example, the inspector viewed posters about assisted decision making and the county team that had been made by residents. A unique artwork canvas that was ready to be hung in the sitting room also displayed a collection of one resident's short stories. Residents were seen to enjoy music with some residents playing their own instruments and also singing. One resident had organised a concert for Christmas, which staff and management had taken part in.

Residents provided positive feedback to the inspector about their home and the staff that supported them. Residents were observed to be comfortable in the presence of the person in charge, team leader and staff that worked with them. Residents told the inspector that they were well supported in the centre and that staff were very good to them. Residents said they liked living in the centre and got on well together. One resident spoke with the inspector about how staff had supported them and told the inspector how happy they were to be living in the centre. They also spoke about recent achievements in their life, including recently presenting a lecture to students at a local university. They also spoke about their hopes for the future.

The provider had consulted with all four residents about their satisfaction with the centre in the month prior to this announced inspection using a service experience questionnaire. These were viewed by the inspector on the day of the inspection. Overall, the feedback contained in these surveys was very positive. One resident commented 'I feel the service is like family to me, I feel wanted and supported as much as possible and it makes me happy to feel wanted. I feel the staff treat me as an intelligent and kind person'. No family members communicated that they wished to meet with the inspector during the inspection.

Overall, this inspection found that the facilities available to the residents in this new premises were contributing to an overall very good quality service being provided to them. There was evidence of very good compliance with the regulations in this centre and this meant that residents were being afforded safe and person centred services that met their assessed needs. The next two sections of the report 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 delivered.

Capacity and capability

This inspection found that there were management systems in place in this centre that were contributing to a high quality, responsive and person centred service. Local management systems were in place that ensured that the services provided to the residents living in this centre were safe, consistent and appropriate to residents' needs. This inspection found that the registered provider was ensuring that residents were provided with appropriate and high quality accommodation by arranging for their transition into this new premises.

Residents in this centre had been informed that they needed to move out of their previous home due to the landlord selling it. The provider put in place a plan to source new accommodation for these residents and ensure that it was a suitable standard to provide residential accommodation in line with the regulations. This short-notice announced inspection was carried out following the transition of the residents into their home and was focused on ensuring that the premises was safe and suitable and that the residents were receiving appropriate supports in their new home in line with the regulations.

The management structure in the centre was outlined in the statement of purpose for this centre. The person in charge, a service manager, reported to a regional manager, who reported to the head of operations, who in turn reported to the director of care. The director of care reported to the Chief Executive Officer, who in turn reported to a board of directors. The person in charge was supported in their role by a team leader and care/support workers.

The person in charge was seen to maintain good oversight of the centre and it was clear that they maintained positive collaborative relationships with residents. It was evident that the person in charge fostered and promoted a rights based service in the centre that was tailored towards the needs of the residents that lived there. The person in charge was full time in their role and had a remit over one other designated centre. They told the inspector about the management systems they had in place to ensure that they were able to continue to maintain full oversight of this centre.

The person in charge was supported in their role by a team leader, who maintained day-to-day oversight of the centre when the person in charge was not present. Organisational structures such as audit systems were in place to support staff and management of the centre, and provide oversight at provider level. It was seen that the systems in place in the centre ensured that any issues were identified and acted upon in a timely manner.

The person in charge of this centre and a team leader were present on the day of the inspection. Both individuals were very familiar with the residents that lived in

this centre and their care and support needs. The inspector had an opportunity to speak at length with these individuals throughout the day and to observe them in their interactions with the residents that lived in the centre.

The centre was seen to be adequately resourced. Residents had access to transport to facilitate medical appointments and social and leisure activities. The premises provided a very high standard of accommodation that was tailored to meet the assessed needs of the residents. Staffing levels were seen to be adequate to ensure that residents were supported in line with their assessed needs. Residents in the main house were supported by two staff during the day and one staff member at night time and the staff team was seen to be consistent.

Staff spoken with were very familiar with residents' needs, likes and dislikes. This provided residents with continuity of care and consistency in their daily lives. There were no volunteer or agency staff providing support to residents in this centre at the time of the inspection. Staff members spoke positively about the supports provided to them by the management team.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and at the time of the inspection was seen to have the capacity to maintain very good oversight of the centre. Evidence of the person's qualifications, experience and skills was previously submitted and was reviewed by the inspector.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered. The inspector viewed a training matrix for ten staff that were also named on the centre roster. This matrix showed that staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs of staff. Mandatory training provided included training in the areas of medicines management, fire safety and safeguarding of vulnerable adults. All of this training was indicated to be up-to-date on the matrix provided. All staff in this centre received specific training in the area of mental health also. All of the mandatory training reviewed was fully up-to-date.

A supervision schedule was in place that showed all staff were receiving formal supervision at least quarterly in line with the provider's policy. The inspector reviewed a sample of three staff supervision records and saw that these had all been completed in line with this policy.

The inspector also reviewed the records relating to the Garda Síochána (police) vetting of the ten staff working in the centre and saw that all staff named on the staff roster had been appropriately vetted.

Judgment: Compliant

Regulation 21: Records

A number of records maintained by the provider were reviewed during the course of the inspection. These included Garda vetting records for staff, training records, records relating to complaints, records pertaining to residents of the centre, fire safety records and copies of important documents kept in the designated centre including the current statement of purpose and residents' guide.

The sample of records viewed provided evidence that the registered provider was ensuring that records of the information and documents specified in Schedule 2, Schedule 3 and Schedule 4 of the Regulations were being maintained and were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the provider was ensuring that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. Management systems in place were ensuring that the service provided was safe and appropriate to residents' needs, any issues were being identified and actions completed in a timely manner.

There was strong local oversight provided by the management team of this centre. Residents were seen to be very familiar with the management in place and it was evident that they were comfortable to raise concerns with these individuals and met them regularly. Staff reported that they were comfortable to raise concerns and that concerns were acted on promptly.

Documentation reviewed by the inspector during the inspection such as the provider's report on the six monthly unannounced visit, audits, supervision schedules and infection prevention and control (IPC) contingency plans, showed that the provider was maintaining good oversight of the service provided in this centre

and that governance and management arrangements in the centre were effective. Information for staff was laid out clearly and easy to find.

A number of audits that had been completed in the centre were reviewed by the inspector and it was seen that actions identified through such were clearly documented. This including details about the progress and completion of actions and any outstanding actions. Audits being completed included monthly medication audits, residential services weekly and monthly monitoring audits, quarterly file audits and IPC audits.

The centre was seen to be adequately resourced. Residents had access to transport to facilitate medical appointments and social and leisure activities, staffing in the centre was appropriate to the needs of residents and the premises was fit-for-purpose and maintained to a high standard.

As the centre had not been operating for over a year at the time of this inspection, an annual review in respect of this designated centre had not been completed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured that each resident was provided with an opportunity to visit the designated centre prior to moving into their new home. This was clearly documented in the transition documentation reviewed in the centre.

The registered provider had agreed in writing with each resident or their representative where appropriate, the terms on which the resident shall reside in the designated centre. Contracts of care were in place in this centre for all four residents. The inspector reviewed these and saw that they had all been appropriately signed by the resident and that details of fees and charges were included as appropriate. Contracts and tenancy agreements had been updated to reflect changes as appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and reviewed as part of the inspection process. This was found to contain all of the information as specified in the regulations. It had also been updated to reflect accurately the management arrangements in the centre, which had recently changed.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints procedure. Easy-to-read guidance in relation to making a complaint was available to the residents and was seen to be on display in the centre. A compliments, complaints, feedback procedure was viewed that identified the complaints pathway available to residents and a local and national complaints officer had been appointed by the provider.

A complaints and compliments log was reviewed by the inspector for the designated centre. It was seen that complaints were recorded as appropriate in this log, including the outcome and satisfaction of the complainant. A complaint made by a resident had been responded to promptly and there was evidence to show that action was being taken in relation to this. Opportunities to raise complaints were available to residents through regular resident meetings and the inspector saw some of these records also. From speaking with some of the residents, the inspector was satisfied that residents would be comfortable to raise issues or concerns.

Staff were familiar with the complaints procedures in the centre and told the inspector about how they would respond to complaints received in the centre. A number of compliments were recorded also in respect of the centre.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a high standard of evidence-based care and support. Safe and good quality services were provided to the four residents that lived in this centre.

Residents were supported by a familiar and consistent staff team in the centre and there was a low turnover of staff reported. Staff working with residents on the day of the inspection were observed to be familiar with residents and their preferences and support needs. Residents told the inspector that they were very well supported by the staff team in the centre. Staff in the centre presented as having a strong awareness of human rights and some staff confirmed had received training in this area.

Documentation in place about residents was seen to provide good guidance to staff about the supports residents required to meet their health, social and personal needs. The inspector saw that there was ongoing consideration of the future needs of residents. A number of documents were viewed by the inspector throughout the

day of the inspection, including a sample of residents' personal plans, support plans, transition documentation and positive behaviour support guidelines. The documentation viewed was seen to be well maintained, and information about residents was up-to-date and person-focused. There was clear evidence that residents were actively consulted with about the plans in place to support them and were involved in decisions about their lives.

A resident that used sign language to communicate was supported to access the supports of an interpreter monthly for key-working meetings and for health appointments. The inspector was told that all regular staff working in the centre could communicate with this individual and that they used video calls to communicate with staff when they were out and about independently in the community. This resident also had access to assistive technologies where required such as a suitable doorbell, light alarms and a vibrating sensor under their pillow to alert them in the event of a fire.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and included meaningful goals. Support plans were in place to guide staff on all areas of service provision to residents. There was evidence that residents had good access to various health and social care professionals as required. Some residents required specific supports in relation to their mental health. The person in charge and staff spoke with the inspector about how some residents were supported with this, The service engaged on a regular basis with an appropriate mental health team and staff were trained in specific interventions to support residents during crisis periods. Staff spoke about this in a respectful person focused manner. One staff member spoke about the residents' 'right to feel safe' and about how important it was to be available to residents during times they found difficult and to provide residents with opportunities to talk with staff. Appropriate protocols were seen to be in place and staff were familiar with these.

There were a small number of restrictive practices in use in this centre, such as an alarm to alert staff if a resident chose to leave the centre unaccompanied. These were seen to be in place to promote the safety and wellbeing of residents and had been identified as appropriate in a restrictive practice log. Restrictions were subject to regular review and there was evidence that there was ongoing efforts to reduce or eliminate restrictions where possible. The inspector was also told that one resident preferred a specific sleeping environment. The provider had sought external advice in relation to this and had supported this resident in the move into the centre in a manner that was hoped to encourage a positive sleep schedule.

Staff told the inspector that they felt residents were safe and well cared for in this centre and that staffing levels in the centre were appropriate and adequate to meet the needs of the residents supported there. Both staff and management spoke about and recognised the importance of residents maintaining and developing their independence and how this was balanced against ensuring that they were adequately supported when required. One resident spoke with the inspector about how they were working towards living independently in the future. The person in charge also told the inspector about these plans and how this resident was being

supported to work towards this goal in a manner that respected their wishes and would have the greatest chance of success. Another resident's needs were changing in relation to their eyesight and the future needs of this individual was being considered. For example, they occupied a downstairs bedroom in the centre and were exploring the options available to them in relation to being allocated a guide-dog.

Regulation 13: General welfare and development

The registered provider was providing each resident with appropriate care and support in accordance with evidence-based practice. Residents in this centre had access to opportunities and facilities for occupation and recreation and were supported to maintain and develop relationships with important people in their lives.

Residents and staff told the inspector that residents had a good quality of life in the centre and were provided with a very good quality service. Support plans were in place where required and personal plans were in place. Comprehensive mental health supports were available to residents as discussed in the quality and safety section of this report. Records viewed in the centre and discussions with staff and residents' indicated that residents were free to access the community regularly and enjoyed a variety of activities such as visiting friends, meals out and day trips to locations of interest. The inspector viewed pictures of residents visiting an aquarium, matches and wildlife parks. Some residents enjoyed attending inter-county GAA matches and one resident was reported to attend all of the local county games. Residents had access to transport if required but were also within walking distance of all of the local amenities.

On the day of the inspection two residents went on a planned outing some distance away, and another resident chose to go out for lunch with staff while the fourth resident went to town independently. One resident was about to commence a new education course and spoke with the inspector about this. One resident required staff support to leave the centre and this resident was observed and overheard discussing their plans for the day with the staff member supporting them.

The inspector was told about residents being supported to attend for interview for work experience roles. One resident had worked in a coffee shop previously and now had goals to set up a dog-walking service and staff and management in the centre were supporting them with this. One resident was being supported to make contact with a close relative that they wished to initiate a relationship with and the inspector was told about this during the inspection.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was seen to be accessible to the residents that lived there. The premises provided a high standard of accommodation. It was of a suitable size and layout to meet the needs of the four residents that lived in this centre and was seen to be very well maintained. Appropriate works had been carried out prior to residents moving in to ensure that the premises was suited to the residents assessed needs and would comply with the regulations. This has been discussed in other sections of this report.

A walk around of the premises was completed by the inspector. Resident bedrooms and living areas were seen to be decorated in a manner that reflected the individual preferences of residents. The centre was observed to be clean throughout on the day of the inspection and overall communal areas were seen to be homely and welcoming. There was a suitable outdoor areas available for the use of residents. Residents had chosen their own furniture and had access to suitable storage. Residents had access to laundry and appropriate waste facilities also. No issues were observed or reported in relation to the ventilation or heating in the centre which was seen to be bright and airy throughout. A new boiler had recently been installed and waste bins were observed outside for the suitable storage of waste.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate residents' guide was in place that set out the information as required in the regulations. This document was submitted and reviewed as part of the application for the registration of the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents receive support as they transitioned between residential services. Residents were informed about and consulted with about planned transitions. Residents were provided with training in life-skills required for the new living arrangement, such as becoming familiar with new walking routes to town.

The inspector reviewed a transition folder that set out the details of the residents' transition into this centre. This plan commenced in January 2023 and concluded in

November 2023. The documentation in place showed that this move had been carefully considered. For example, the provider had arranged for the National Council for the Blind to assess the suitability of the property for one resident prior to moving in and make recommendations and an occupational therapist had also visited the house. Also the current and future needs of residents was considered when works such as flooring and shower facilities were being planned.

The documentation in place, including an overall house transition plan and individual transition plans, reflected that the transition had taken place in a planned manner and that residents were consulted with regularly about the details relating to the transition. Easy-to-read documentation and social stories were available to residents and regular meetings between residents and their keyworkers were documented. Residents had visited the house on a number of occasions prior to moving in and had chosen the décor for their rooms including paintwork and soft furnishings. An updated tenancy agreement to reflect the change was discussed with and agreed by residents and residents' documentation, including evacuation plans and support plans, were updated and transferred into the new centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection and that adequate precautions were taken against the risk of fire. Arrangements were in place for maintaining fire equipment and reviewing and testing fire equipment. Appropriate containment measures were in place. The registered provider had ensured, by means of fire drills, that staff and residents were aware of the procedure to be followed in the case of fire. A number of risk assessments had been completed relating to the fire precautions in place.

Fire safety systems such as emergency lighting, fire alarms, a fire panel, fire extinguishers, break glass units and fire doors were present and observed as operating on the day of the inspection by the inspector during the walk-around of the centre. Fire safety systems were reviewed by the inspector during the inspection. Labels on the fire-fighting equipment such as fire extinguishers identified when they were next due servicing and records viewed showed that quarterly checks by a fire safety company were completed on the fire alarm system.

Fire safety records from January 2024 were reviewed and these showed that there were a number of checks being completed by staff in the centre. Monthly checks of fire equipment were being completed. Daily and weekly checks were being completed by staff of the fire evacuation route and the alarm panel. Weekly tests were being completed on fire equipment including fire door release checks and fire alarm bell tests.

A training matrix reviewed showed that the registered provider had made arrangements for staff to receive suitable training in the area of fire safety. All staff working in the centre at the time of the inspection had completed fire safety training within the previous year and three staff had completed fire warden training.

There were plans in place to evacuate residents in the event of an outbreak of fire. Fire evacuation drill records were reviewed from when the centre had opened. These showed that a number of fire drills had taken place, including a drill that simulated the staffing levels at night. Easy-to-read evacuation procedures were on display in the hallway and all residents had appropriate personal emergency evacuation plans in place. These had been signed by the residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of residents and that the centre was suitable for the purposes of meeting the needs of each resident. Residents had personal plans in place prior to moving in, that were updated to reflect their recent transition into the centre.

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. Assessments had been completed prior to residents moving into the centre to ensure that the works completed in the premises would provide for a safe environment for residents. Individual risk assessments were viewed in residents' personal files also.

A sample of two resident's personal plans and support plans were reviewed. These contained relevant guidance for staff about the assessed needs of residents and these were being updated as required to reflect any change in circumstances. An annual case review was viewed for one resident and this was used to guide the support plans in place for the resident. This meant that the care and support offered to residents was evidence based and person centred.

There was evidence that residents had been encouraged to set and achieve goals as part of the person centred planning process in the previous year and there was evidence of progression, completion and ongoing review of goals. The goals in place were seen to be meaningful and it was clear that goals were identified with residents based on their assessed needs and preferences. For example, one resident had set a goal of getting a job, and another had set a goal to join a dance class. Personal plans were seen to be accessible to residents and there was evidence of residents' input into their plans, including regular key-worker meetings where these were discussed. One resident had designed a folder to record their goals that included numerous pictures. Where residents were offered but declined to participate in a goal related activity this was documented and efforts were made at

another time to offer the activity again.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Restrictive practices in place were appropriately identified, documented and reviewed regularly.

There were some restrictions in place in this centre. These were seen to be in place due to health and safety concerns and the documentation viewed showed that these were carefully considered. A sample of records relating to restrictive practices was reviewed. Restrictions in place were seen to be regularly reviewed by a multi-disciplinary team and there was a clear rationale in place for them. Quarterly incident reviews were completed as part of this process.

A behaviour support plan and support protocols were viewed to be in place where required and this documentation was reviewed. A positive behaviour support plan was reviewed in respect of one resident and this was seen to be comprehensive, detailed and provide good guidance to staff about how the resident should be supported in line with best practice. The inspector saw that other residents who did not require a positive behaviour support plan, had in place crisis support plans to guide staff about how best to support them. Training records reviewed in the centre showed that staff had access to appropriate training.

Judgment: Compliant

Regulation 9: Residents' rights

The evidence found on this inspection indicated that residents' rights were respected in this centre and there was a strong focus on resident rights in this centre. Residents were seen to have freedom to exercise choice and control in their daily lives and to participate in decisions about their own care and support. For example, three residents living in the centre managed their own medications and finances independently. Residents were afforded privacy in their own personal spaces and staff were observed to interact with residents in a dignified and supportive manner. For example, staff were seen to consult with residents about their preferences and interact respectfully with residents and the person in charge and staff team spoke about residents in a manner that was rights focused.

Residents were being consulted with in the centre about the running of the centre

and issues that were important to them. Residents regularly met with their keyworkers and also attended house meetings. These meetings were documented and provided evidence that residents were offered choices in relation to the activities they took part in and were involved in setting their own goals. The inspector also viewed a number of documents that showed that residents had been consulted with about their transition into this centre and that their wishes were taken into account in relation to this.

Residents had access to internal and external advocacy services and were supported to access these services if required. One resident was on an advocacy committee. Residents had a good understanding of their rights in the centre and some of the residents spoken with told the inspector that they felt their rights were respected in the centre. There was information on display in the centre about residents rights.

Residents' right to privacy was considered. For example, a privacy screen had been put in place on the window of a residents' bedroom to ensure that their privacy and dignity was maintained at all times. Residents had their own bedrooms and staff were seen to be very mindful of ensuring that residents privacy was maintained in line with their wishes. For example, staff ensured residents were consulted with prior to the inspector viewing their bedrooms.

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	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant