



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

Issued by the Chief Inspector

Name of designated centre:	Woodbine Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	15 July 2024
Centre ID:	OSV-0005340
Fieldwork ID:	MON-0035477

About the designated centre

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

Woodbine Lodge provides full-time residential support for up to five adults with diagnoses of intellectual disability, an acquired brain injury or a mental health condition. It is located in a rural setting close to Cork City. Woodbine Lodge is a two-storey house. The ground floor of the house comprises one bedroom, a bathroom, two living rooms, a large kitchen and dining room, and utility room. The ground floor is wheelchair accessible. There are three bedrooms, two with en-suite facilities, a bathroom, a staff office and a staff bedroom on the first floor. There is a self-contained, one-bedroom apartment on the ground floor with separate access. As well as a bedroom, it has an ensuite bathroom and a kitchen, dining and living room. Residents are supported by a team of social care workers and assistant care workers.

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
Monday 15 July 2024	09:15hrs to 18:15hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector saw and heard, residents in this centre were enjoyed good quality supports and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be happy and well cared for in this centre, and there were local management systems in place that ensured a safe and effective service was being provided. The inspector saw that there was evidence of consultation with residents about the things that were important to them and that residents were being supported and encouraged to maintain and enhance their own independence and skills and encouraged and facilitated to access and participate in activities in the community.

The centre is a large standalone two-storey house with one apartment area included in the footprint. The main communal area of the house can accommodate four residents and the apartment space is single occupancy and were linked to the main centre. The centre is located in a rural area near the suburbs of a large city and residents had access to a large landscaped back and front gardens. The resident living in the apartment at the time of the inspection had access to an outdoor area outside of their apartment and the inspector was told of some plans to enhance this area for the resident.

The centre could accommodate up to five residents and was fully occupied at the time of this inspection. One resident had been discharged from the service since the previous inspection and two new residents had been admitted. Residents' living spaces were seen to be decorated in line with the preferences and assessed needs of the residents living in the centre. Residents' bedrooms and living areas were personalised and residents had input into this. There were areas available where residents could relax and meet with visitors in private if desired and residents had access to a number of televisions and the internet. Some residents had their own multimedia devices and telephones. There were suitable cooking and laundry facilities available. While there were some restrictions in place in this centre for health and safety reasons, overall these were minimal and seen to be carefully considered.

A low arousal environment was recommended for a number of residents living in the centre and this was observed to be adhered to throughout the inspection. Staff were observed to maintain a calm manner and interact respectfully with residents. Staff were observed and overheard to offer choices and obtain consent from residents where required. Staff and residents were seen to engage in friendly banter and it was evident during observations of some residents going about their daily activities that these residents trusted and liked the staff that worked with them. A resident showed an inspector their visual schedule and spoke with them about it. Another resident was also observed to have a visual schedule in place to support them in planning their day. The resident that lived in the apartment spent some periods of time on their own and was heard to use a walkie-talkie to communicate with staff in

the main centre.

Some residents chose to engage at length with the inspector, while others indicated that they preferred minimal contact with the inspector. Residents' wishes were respected in relation to this but all residents were met or observed in the centre during the inspection. Two residents met with the inspector on a number of occasions during the day. One of these told the inspector about recent family visits they had enjoyed and showed the inspector pictures of family members that were important to them. They told the inspector that they enjoyed going on long cycles and that staff members accompanied them on this activity. They had recently enjoyed a 20km cycle on a Greenway and were planning on going for a cycle later in the day. The inspector saw this resident departing and returning and later in the day the resident showed the inspector their bicycle, which they had cleaned on their return.

Some residents showed the inspector their bedrooms. One resident had a computer and desk in their room and told the inspector about a number of courses they had completed online. They also told the inspector about the activities that they enjoyed while living in the centre and how they contributed to the upkeep and maintenance of the centre, which they enjoyed and were talented at. They were also involved in fire safety duties in the centre, and provided the inspector with documentation relating to fire checks that they completed in the centre. They told the inspector about the foods they liked to cook and recipes they enjoyed cooking with staff working in the centre who had a similar culture to their own.

In another residents' bedroom, the inspector saw that this had been very nicely designed and laid out to suit the specific preferences of the resident and provide a calm and relaxing environment for them. This resident had a relaxation corner with equipment including as a projector light, weighted blanket and aroma diffuser. They showed the inspector a large collection of medals and trophies they had won for table tennis, badminton and bowling. Another resident spoke briefly about a day trip they had returned from and a fifth resident was observed to interact with staff on occasion during the day and to move about freely in their home.

Residents were actively involved in the upkeep and presentation of the centre. For example, residents liked to participate in household chores such as taking out the bins and cleaning and one resident was very active in maintaining and enhancing the exterior of the building. The inspector was shown a fence and a pot holder that had recently been painted by the resident and they told the inspector about plans they had to paint some sheds and other work they planned to complete in the centre. They also showed the inspector a bench that they had restored for their room that held sentimental value to them.

As part of this announced visit, residents were provided with an opportunity to complete surveys about their service prior to the inspection. Residents were supported by staff to complete these and the inspector received five completed questionnaires. The feedback provided from residents was very positive. Residents liked their homes, their bedrooms, the staff and the food provided to them. One resident was reported as saying 'I like all the day trips we do' and 'I want to stay in

Woodbine'. From speaking to some of the residents on the day of the inspection, these responses were seen to be an accurate reflection of those residents' views about the centre. Staff spoken to during the inspection presented as very knowledgeable and committed in their roles. Staff told the inspector that there was a 'nice environment' in the centre and it was a nice place to work.

Overall, this inspection found that there was evidence of very good compliance with the regulations and that this meant that residents would be afforded safe 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

There were management systems in place in this centre to provide for a high quality, person centred service to the residents living there. Management systems were seen to be in place to ensure that the services provided within the centre were safe, consistent and appropriate to residents' needs. The centre was 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 well maintained.

An application to vary a condition of registration had been received by the provider in September 2023 and this variation had been granted by the Chief Inspector. This concerned a minor change in the floor plans of the house that did not impact on residents. The provider had recently submitted an application to renew the registration of this centre and this announced inspection was carried out to inform the decision relating to the renewal of the registration.

The previous inspection of this centre took place in March 2023, with some findings in relation to the ability of the centre to fully meet the needs of one resident living there. Since that inspection, this resident had moved out of the centre and two new residents had been admitted. There had also been a change in the management of the centre and a new person in charge had been appointed in February 2024. This was the fourth change in person in charge in this centre since November 2022. This inspection found the person in charge was maintaining a very strong presence in centre and overall good local on-the-floor oversight.

The person in charge reported to a Director of Operations (DOO) who in turn reported to a Senior Director of Operations. Above this, there was a clear line of management identified up to the Board of Management and this was outlined in the statement of purpose for the centre. The inspector viewed the statement of purpose and residents' guide for this centre. Both of these important documents had been updated to reflect any changes in the centre.

The person in charge and the DOO of this centre were both present on the day of the inspection and met with the inspector on their arrival. The person in charge had previously occupied a team leader role with the provider, and was seen to be very familiar with the residents that lived in this centre and their assessed needs. The inspector had an opportunity to speak at length with this individual throughout the day and to observe them during interactions with the residents that lived in the centre. These were observed to be respectful and collaborative and the person in charge maintained a clear presence in the centre.

The person in charge was full-time in their role, with remit of this designated centre only. The person in charge was seen to maintain good local oversight of the centre and presented as being focused on providing a rights based service in the centre. They spoke about how they were working towards addressing some minor documentation deficits that had been highlighted through the providers audit systems, and told the inspector that fully meeting all of the residents' needs was the priority in the centre. They also told the inspector about the management systems that were in place and the supports that were available to them from the provider to carry out their role.

The DOO spoke with the inspector also and told the inspector that they had previously worked in this centre and was familiar with most of the residents living there. The DOO told the inspector that recent restructuring by the provider now meant that they had less centres under their remit and this was allowing them to spend more time on-site in these centres.

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 audit systems in place in the centre ensured that any issues were identified and acted upon in a timely manner. The inspector saw that a number of audits had been completed in the centre and there was evidence that actions identified in these were being completed.

Two residents had been admitted to this centre since the previous inspection. The inspector found that these residents had been admitted to this centre in a planned manner, insofar as was possible. Comprehensive needs assessments were completed prior to any resident being admitted to the centre and one of these was viewed by the inspector.

Staff spoken to and observed during the inspection were found to be very familiar with residents' assessed needs, support plans and preferences. There was evidence that efforts were made to provide residents with continuity of care and consistency in their daily lives. Staff spoke positively about the management of the centre and told the inspector they felt well supported in their roles and that residents were offered a good quality service in this centre. Staff also told the inspector that they would be comfortable to raise concerns and that concerns raised were dealt with promptly and appropriately.

Overall, this inspection found that the management systems in place were contributing to a high level of compliance with the regulations in this centre. 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.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. This information was reviewed by the inspector prior to the inspection. Updated floor plans were requested for clarity and these were submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. The registered provider had submitted appropriate documentation to the Chief Inspector to show that this person possessed the required qualifications, experience and skills for the role. This was reviewed by the inspector prior to the inspection. The person in charge was seen to maintain good oversight of the centre. The person in charge was full time in their role as is required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. Residents were supported by a team consisting of social care workers and assistant support workers. A planned and actual staff rota was maintained in the centre and three months of previous and planned rosters were made available for review by the inspector. The PIC and DOO also spoke with the inspector about the staffing arrangements in place in the centre. At the time of the inspection, staffing levels were appropriate to the number of residents living in the centre and to meet the assessed needs of residents. Where vacancies arose on the staff team there was ongoing recruitment and two new staff had commenced in the centre on the week of this inspection. A sample of rosters was viewed and this showed that usually three or four staff supported residents by day. Four staff were observed to be on duty during this inspection and the inspector met with all of these staff. At night one waking staff and one sleepover staff were available to residents. Important

information such as the shift lead and drivers on duty were identified on the roster and this showed that consideration was given to the skill mix of staff available to residents. There was evidence that rosters were planned to meet the needs of residents. For example, usually three staff supported the residents until midday and four were available in the afternoons and this was in line with residents' preferences and needs. There were oversight arrangements in place for periods when the person in charge was not present in the centre.

Some staff had worked in the centre for a number of years and there was consistency within the staff team. The inspector was told that all staff received an induction period of at least a week prior to working in the centre and there was evidence that the provider had redeployed some staff into the service from another location to ensure staffing levels were consistent while staff were being inducted.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose at the time of the inspection.

Management systems in place were ensuring that the service provided was appropriate to residents' needs. Documentation reviewed during the inspection such as the annual review and the provider's report of the most recent six monthly unannounced inspection showed that the provider was maintaining oversight of the service provided in this centre and that governance and management arrangements in the centre were effective.

The management team present in the centre on the day of the inspection presented as committed in their roles and maintained a strong presence in the centre. Records were viewed that showed that monthly team meetings were occurring where important issues such as learning from incidents and any changes for residents was discussed. These meetings were seen to be focused on providing a high quality service to residents. Records of management meetings were viewed also and an appropriate audit schedule was seen to be in place with actions identified being following up through a clear process.

An annual review had been completed in respect of the centre dated December 2023 and the inspector reviewed this document. This included evidence of consultation with residents. The most recent unannounced six-monthly visit had been conducted in the centre in February 2024 by a representative of the provider. Such unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of this unannounced visit was reviewed by the inspector and it was seen that it was very comprehensive and assessed a number of relevant areas related to residents' care and the governance of the centre. An action plan was put in place

following the provider unannounced visit, with the majority of these actions related to deficits noted in documentation. While some documentation issues were found during this inspection, most of these were minor in nature and it was seen that at the time of this inspection these did not impact directly on the care and support provided to residents.

Some documentation oversights were highlighted by the provider during six monthly and annual review of the centre but none of these were directly impacting on resident care and support. This inspection found that this centre was well managed and had good systems in place to ensure that residents received appropriate care and support.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place in this centre for residents. The inspector reviewed a sample of three of these and saw that they had been appropriately signed by the resident and that details of fees and charges were included as appropriate and these had been updated to reflect changes as appropriate. Contracts were available in an easy-to-read format also and there was evidence that contracts were reviewed to reflect any changes.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to the inspector visiting the centre. An up-to-date copy of this was also viewed in the centre on the day of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints policy and this was viewed in an easy-to-read format on display in the hallway of the centre. This provided accessible guidance to residents in relation to how to make a complaint. When speaking with

some of the staff working in the centre, they presented as familiar with the complaints procedures in place. There was evidence that residents and their representatives would be supported to raise issues or concerns and that these concerns would be taken seriously and used to inform ongoing practice in the centre. A suggestion box was located in the hallway of the centre for residents and visitors to use if they wished.

The complaints log was reviewed by the inspector in the centre and six complaints that had been documented since the beginning of the year were reviewed by the inspector. It was seen that complaints were recorded as appropriate in this log, including any actions taken on foot of the complaint, the outcome of the complaint, and the satisfaction of the complainant. All complaints had been recorded as closed at the time of the inspection.

Judgment: Compliant

Quality and safety

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

Residents were supported by a mostly familiar and consistent staff team in the centre. 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.

Throughout this inspection both the PIC and DOO presented as very knowledgeable about the residents that lived in this centre and committed to ensuring that the service provided was of a high quality. It was evident from speaking to the person in charge that they had made significant efforts to get to know the residents in the centre and gain their trust and respect.

The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal plans, support plans, positive behaviour support guidelines, activity records, staff rotas and details of resident forums. The documentation viewed was seen to be overall up-to-date, and information about residents was person-centred and focused on residents' abilities and capacities.

Documentation reviewed in the centre also showed that residents were being consulted with about the things that were important to them. Residents took part in weekly resident forums and there was evidence that residents were supported to make complaints and these were seen to be responded to. Residents confirmed they felt safe in this centre and appropriate safeguarding plans were in place to protect

residents if required.

Plans were in place to ensure that residents' assessed needs were being appropriately met in the centre. 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 and there was also evidence of multi-disciplinary (MDT) input in this centre. The person in charge told the inspector about the arrangements the provider had in place to ensure that residents had prompt access to allied health professionals as required.

A sample of daily records was viewed. These indicated that the resident was being offered activities throughout the day and it was documented when a resident was offered an activity and declined to participate. Residents took part in a variety of activities including bowling, swimming, trips to places of interest, horse-riding, in-house activities, online courses.

Overall, this inspection found that residents were being provided with a high quality, responsive service and the evidence indicated that residents were safe and well cared for in this centre.

Regulation 13: General welfare and development

The registered provider was providing residents with appropriate care and support and providing access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were seen to be well supported in this centre in line with their assessed needs and wishes. There was evidence that residents were supported to attend a variety of activities, including community based activities.

A sample of two resident's daily records were reviewed. These showed ongoing consultation with residents and provided evidence that residents were being offered, taking part in, and planning activities of their own choosing on a regular basis. On the day of the inspection, residents were observed leaving and returning to the centre on planned activities and residents also told the inspector about the various activities that they enjoyed. Some of the activities enjoyed by residents included day trips, horse riding, bowling, swimming, family visits, woodwork and maintenance projects, cooking, playing music, computer games, and attending church services.

There was evidence that, where desired, residents were supported to maintain contact and develop relationships with important people in their lives. The inspector saw plans in place in residents' personal plans to support some residents in this area.

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 good standard of accommodation. It was of a suitable size and layout to meet the needs of the five residents that lived in this centre and was seen to be well maintained.

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 large outdoor garden and patio areas available for the use of residents and these were seen to be pleasant and inviting, with residents taking an active role in the upkeep and decorating of these areas. Outdoor furniture was viewed for residents to use. Residents had chosen some of their own furnishings 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 and the centre was seen to be bright and airy throughout. One resident had a self contained apartment that was accessed from an external door and had use of their own private patio area.

One resident was accommodated in a bedroom that was smaller in size to the other bedrooms in the centre. However, they told the inspector they liked their room and had laid it out in line with their own preferences and it was observed that the resident had room for a double bed, a desk, and storage space. The resident did have access to adequate storage in their bedroom for clothing and personal belongings and was also supported to keep some of their belongings, that were not in regular use, in a shed on the premises. This shed was kept locked and the resident had access to the keys if they wished to access their belongings. On the day of the inspection, the inspector heard this resident and the person in charge speaking about purchasing some additional storage boxes so that they could organise these belongings and keep them safe.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations. This document was submitted as part of the application for the renewal of registration for the centre and was reviewed by the inspector. This document was also present in the centre on the day of the inspection. An easy-to-read format was available to

residents.

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. Although one of these was seen to require updating following an unplanned evacuation of the centre, appropriate learning and actions had been identified and put in place in response to this.

Fire safety systems such as emergency lighting, fire alarms, a fire panel, fire extinguishers, fire blankets 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 and tests by a fire safety company were completed on the fire alarm system.

Fire safety records were reviewed and these showed that there were a number of checks being completed by staff in the centre. For example, weekly checks were being completed by staff of the fire exits, fire panel and fire doors. Records 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 been provided with centre specific fire-training and information.

There were plans in place to evacuate residents in the event of an outbreak of fire. Fire evacuation drill records were reviewed for the seven month period prior to the inspection. These showed that a number of fire drills had taken place. An unplanned evacuation had taken place in response to a minor incident in the centre during which not all residents left the centre in a timely manner. In response to this further education around fire safety was provided to the residents and some other actions were identified to mitigate against the risk this presented. For example, ear defenders were viewed in the hallway for the use of residents if they found the noise of the fire alarm distressing. Following the implementation of additional measures, additional fire evacuation drills were completed and at the time of the inspection, all residents were now evacuating in a timely manner. Evacuation procedures were on display in the centre and all residents had appropriate personal

emergency evacuation plans in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive needs assessment had been completed for residents and the registered provider had arrangements in place to meet the assessed needs of the residents living in this centre. Since the previous inspection, one resident had moved out of the centre in line with their own wishes. The person in charge had ensured that personal plans were in place for residents living in the centre that reflected their assessed needs and outlined the supports required to maximise residents' personal development in accordance with their wishes, age and nature of their disability. Personal plans were subject of a review, carried out annually or as changing circumstances required.

A sample of two residents' personal plans were reviewed by the inspector. Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. Comprehensive needs assessments in place for these residents were reviewed also.

The inspector reviewed the plan in place for a resident that had been admitted to the centre in November 2023 and saw a personal plan had been put in place within 28 days of a resident being admitted to the centre. A two week and a twelve week review had been completed in respect of the resident following their admission. An updated comprehensive needs assessment had been completed for this resident in March 2024 and this identified any ongoing needs and health care plans put in place since the residents' admission to the centre. Plans were being updated regularly and outlined how residents would be supported to enhance independence and maintain or improve health and wellness.

Goals varied depending on the particular interests and capacities of residents but some of the goals set by residents included to cook their own lunch, use public transport, get a tattoo, literacy goals, go cycling on a Greenway, and take part in the local Tidy Towns committee. Tracking sheets recorded the progress of goals set by residents and these showed that residents were achieving some of the goals that they had set. Staff spoken to were familiar with the goals that residents had and residents also spoke with the inspector about some of the goals that were documented for them.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support guidelines in place for three residents were reviewed by the inspector. These were seen to provide good guidance for staff and staff were seen to respond to residents in line with the guidelines in place. A low arousal environment was recommended for a number of residents living in the centre and this was observed to be adhered to throughout the inspection. Residents had access to appropriate supports in this area if required, including allied health professionals as required.

The registered provider was ensuring that, where restrictive procedures were used, these were applied in accordance with national policy and evidence based practice. There were some restrictions in place in the centre and these were seen to be applied appropriately with consideration given to reducing or removing restrictions where possible.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to protect residents from abuse in the centre. Residents told the inspector that they felt safe in this centre. Staff spoken with also told the inspector that they felt residents were kept safe. Some safeguarding plans were in place for residents and a sample of these were reviewed by the inspector. These set out the measures taken to protect residents from abuse. Individual risk management plans were in place in respect of identified risks. These set out the control measures in place to protect residents also.

Some peer-to-peer incidents had been reported in respect of some residents and this was discussed with the person in charge and the staff team on the day of the inspection. These were seen to be overall well managed and at the time of the inspection compatibility issues were not seen to be impacting significantly on residents. Staff were familiar with safeguarding procedures in the centre and told the inspector they would be comfortable to report any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with appropriately in this centre through a variety of means such as weekly resident forums and keyworker meetings and had access to external advocacy services also. Resident choice was respected in this centre and

residents and staff told the inspector about how choices were facilitated. Residents were provided with choices in relation to their meals and activities and residents consent was obtained by staff prior to entering their bedrooms. Weekly resident forums were documented and the records of these showed that residents were being informed and consulted with about important issues. For example, residents were provided with information about the complaints process in the centre, infection prevention and control and issues in the centre. Residents had been informed of the inspection. Menu choices indicated residents were offered a variety of foods including meals that would have cultural significance to some residents.

The inspector viewed documentation that showed that a resident had been supported to access an external advocate and was supported to access a social worker also. There was evidence also that residents were being supported to access legal services if required. One resident was being supported to apply for a passport at the time of the inspection.

Residents were supported to participate in religious services of their choice. One resident told an inspector about their involvement with a local religious group and how staff facilitated them to take part in services and activities relating to this. This was an important social and cultural activity to the resident.

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 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 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant