



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

Issued by the Chief Inspector

Name of designated centre:	Skylark 5
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	17 January 2024
Centre ID:	OSV-0007938
Fieldwork ID:	MON-0032860

About the designated centre

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

Skylark 5 is a full-time residential service intended to meet the care and support needs of three adults with a primary diagnosis of intellectual disability. The purpose of Skylark 5 is to make every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person. The centre aims to support residents for as long as they wish to remain in the centre. The centre is staffed at all times. Skylark 5 has access to the Brothers of Charity Services Ireland multidisciplinary team to assist with individual assessments and ongoing needs as required. Each individual has a community based GP. Staff provide support to residents to engage in activities in line with their preferences, ability, health and the requirements of infection control and prevention. Community based activities are risk assessed for safety and supported in line with Public Health guidance. The centre comprises of two houses in short walking distance from each other. They are located in a suburb of Limerick city. A number of shops, restaurants, a cinema and access to public transport are within walking distance of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 January 2024	09:30hrs to 16:15hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the Regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre had been registered in April 2021 and was previously inspected in August 2021 and March 2023. The provider was found to have adequately addressed the actions that were identified during those inspections.

The inspector met with all three residents at times during the day that suited their routine. All of the residents had moved into this designated centre in July 2021. Their homes were newly built at that time and were located in a residential area. Two residents lived in one of the houses and the third resident lived in the other house located near by with staff support. All residents enjoyed contact with their neighbours and one resident was supported to maintain contact with neighbours from where they had previously lived.

On arrival at the first house, the resident came downstairs to meet the inspector. They carefully looked at the inspector's identification and chatted with the inspector and the staff members that were present in their sitting room. The person in charge, team leader and the day service staff that was supporting the resident in their home at the time were present. The resident was observed to include everyone in the conversation. The staff encouraged the resident to talk about some of the activities they liked to do which included baking. The resident showed the inspector a recipe book that they used frequently. They explained how they liked to make cakes for the staff. They had also made shortbread Christmas decorations some of which were on display in their kitchen window.

The resident spoke of how they had enjoyed a short break away with staff support to a hotel during 2023 and was planning another short break in a different city at the time of this inspection. The resident liked to use public transport and this was included in the considerations of possible suitable locations by the resident. They also spoke of how they enjoyed being around animals, and was actively involved in fund raising for a donkey sanctuary. The resident enjoyed social activities at the weekends such as eating out and meeting acquaintances. These were enjoyed more frequently during periods of good weather rather than during the winter time. However, the inspector was informed that the resident did give consideration to attending events such as birthday parties when invited by friends at all times during the year.

The resident invited the inspector upstairs to their activity room. This space contained a desk area and storage for their personal possessions which included gifts they had received at Christmas. The resident was very careful with their belongings with many items still contained within the original boxes. The staff team had supported the resident to pick out shelving for this room to assist with the storage of their possessions. In addition, the resident invited the inspector into their

bedroom which was also located upstairs and it was decorated with animal print wall paper which was a lovely feature in the bright room. The resident informed the inspector that they liked their bedroom and was very proud of their home.

The resident spoke of how they were using a calendar to mark dates when different activities were due to take place. This included purchasing jigsaws which they had a passion for. The resident also liked to clean staff cars and had been supported to develop a car cleaning agreement which the resident and car owner reviewed before agreeing for the cleaning to be completed. The resident also spoke of how they liked to clean their home, in particular the fridge. They assisted with meal preparations and post meal clean up activities with staff supporting them.

The resident was supported by a day service staff member in their home each weekday. The daily routine was flexible and reflective of the resident's expressed wishes. Staff supported the resident with their breakfast and personal hygiene if required. The resident could chose to use public transport or their own dedicated transport vehicle if they chose to go out during the day. On the day of the inspection, a few options were being considered. At the end of the inspection, the inspector was informed the resident enjoyed a day walking on a beach wrapped up against the cold weather.

The inspector met the other two residents on their return from their day service in the afternoon. Both greeted the inspector and were observed to interact with the staff members present. Both were observed to smile and respond to the staff when asked about their day and the activities they had participated in. Staff encouraged one resident to outline their plans for organising a party during 2024 to celebrate a milestone birthday. The resident spoke of the venue and the entertainment that they would like to have at the party. They were considering a location which would be easy for their relatives to get to as they did not drive. This resident also enjoyed rugby activities and music events such as tribute bands from the 80's which staff had supported them to attend.

The other resident had a reclining chair in the sitting room which they liked to sit in to listen to their music. They preferred to listen to their music in DVD format, but obtaining systems that play DVDs has become difficult. However, the staff team were seeking to purchase a new system which had a DVD player at the time of the inspection. The resident had also chosen to use large headphones in recent weeks to listen to their music after there had been an issue with the previous type that they had used. This resident also enjoyed regular contact with a family relative and enjoyed social activities such as going to the local public house for some food and drinks. This resident also was happy to spend time alone in their home for short periods on occasions while staff supported the other resident to complete errands.

Both houses were decorated to reflect the personal preferences of the residents who lived there. They were homely and welcoming to visitors and well maintained throughout. One resident had made complaints regarding the temperature in their home being either too hot or too cold as the seasons changed during 2023. These were dealt with in a timely manner as the design of the houses required time to adjust to changing weather. For example, when the resident found the house too

warm, the maintenance department opened up window vents to assist with the temperature within the house. Once the weather started to cold down these vents were then closed again to retain the heat. The process and actions taken were discussed with the resident in detail to ensure they understood what was happening.

At the time of the inspection, there had been a period of extremely cold weather. One resident was assisted by staff to spread salt outside the footpaths and near the transport vehicle to reduce the risk of falls occurring. The inspector noted the salt on the footpath outside the designated centre on arrival on the morning of the inspection. The resident checked with staff on their return home in the afternoon if they would be required to do it again that evening. Staff outlined how they would support the resident for that to be done before it got dark.

Staff also spoke of the importance of communicating effectively with all of the residents. One resident required time to respond during conversations and used a low voice. Another required staff to give them space and time to air any grievances they may have. For example, recently a pharmacist had dispensed a generic brand of a particular medication for one resident. This resident was very aware of the colour, shape and name of their regular medications and questioned the staff member. The team leader called to the resident's home and explained it was the same medication. This person also spoke with the pharmacy who was able to obtain the previous brand of the medication known to the resident. It was explained to the resident that it would take two days for the other brand to be available. The resident was reported to be happy with the outcome and the issue was resolved with the resident taking the generic brand for the two days while waiting for their preferred brand.

In summary, all residents were being supported in line with their expressed wishes to engage in activities in the community, to either attend day services or engage with day service staff in their own home each weekday and enjoy time in their homes. The provider had undertaken to complete an external review of the services been provided to one of the residents in the designated centre. There was documented evidence of ongoing review by local and senior management. Issues identified in previous inspections of this designated centre and on internal audits were documented as being addressed in a timely manner. Person centered resolutions to complaints made was also evident.

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

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and

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

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. At the time of this inspection, residents were being supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident requested staff to explain to the inspector who a particular person in entertainment was when the inspector was not familiar with the person. In addition, the provider had plans to provide training to staff across the whole organisation during 2024 regarding the use of language in residents records. A team had been identified to deliver this training which included an external psychologist and members of the multi-disciplinary team (MDT)

The provider had also completed an annual review and internal provider- led six monthly audits as required by the regulations. Actions identified were documented with progress updates or dates of completion. The person responsible was also clearly documented. One such audit completed in April 2023 required input from senior management regarding the service provision for one of the residents. The auditors had a concern regarding the inconsistencies of support in place for one resident at that time. A number of meetings were held with members of the senior management team and staff supporting the resident both in residential and day services. The provider was seeking to ensure the staff team had the right skill set to effectively support all of the assessed needs of the resident. It was agreed to complete an external review of the services being provided to the resident. This was in progress at the time of this report. This will be further discussed in the quality and safety section of this report.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had ensured that written notice was submitted to the Chief Inspector of Social Services as required to reflect a change in person in charge for the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre, one other designated centre located nearby and two day services. Their office was based in the same building as the day services for two of the residents in this designated centre and they met daily.

They were supported in their role by a team leader who worked full time in this designated centre. Duties were delegated and shared including the staff rota, audits, supervision of staff, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Staffing resources were in line with the statement of purpose.

At the time of this inspection there were no staff vacancies and a core group of consistent staff were supporting the residents to deliver person-centred, effective and safe care. There was evidence of ongoing effective communication between the day service staff and the residential team.

Staff attended regular team meetings which discussed a number of topics including, safeguarding scenarios, report writing and complaints.

New staff were provided with a period of shadowing familiar staff to ensure residents were facilitated to become acquainted with the new staff members. The team leader and person in charge were also available to provide additional supports as required.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and

preferences.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, infection prevention and control.

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

A number of the staff team had completed training modules in Human rights, with all staff in the designated centre requested by the provider to have completed the required four modules by the end of March 2024.

Staff supervision was occurring in-line with the provider's policy and scheduled in advance.

There was also evidence of review and shared learning within the staff team which included the way the daily handover report was completed.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of a team leader working full-time in the designated centre. The person in charge was also supported in their

role by a senior manager. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had a contract of care in place which was signed and contained details of the service to be provided and clearly stated any charges that may be applied. Residents were also provided with an easy-to-read version of the document.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. Residents, their representatives and staff were aware of the provider complaint's policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was. All complaints had been documented as being resolved to the satisfaction of the complainant.

One resident was also supported to use a personal grievance log which was reviewed with the resident frequently to resolve any issues they may have. This was reported to be working well to support the resident. The person in charge met with the resident to discuss any grievance to seek a resolution. For example, the resident documented in July 2023 that they preferred not to use as particular stairs in a nearby shopping centre. This was discussed with the resident and the staff team were reminded to be mindful of the resident's preferences.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. Residents were being supported to attend social events in the evenings and at weekends in the community. One resident was engaging in walks in their locality without staff support. Another resident was provided with assistive technology when they remained in their home without staff support for short periods. This was reflective of the resident's personal choice to remain in their home when staff had to complete particular duties such as going to the pharmacy. Residents were also supported to frequently use public transport which was easily accessible near their homes.

The provider and staff team supported and encouraged residents' opportunities to engage in activities in their home or in the local community. From speaking with residents and staff, and from a review of a sample of residents' assessments and daily records, the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were supported by the staff team to engage in regular preferred activities, day services and using local services such as barbers/hairdressers. In addition, residents were encouraged to participate in household chores which included laundry and cleaning activities.

The person in charge outlined the work that was under way regarding the format of residents personal plans at the time of the inspection. One resident's plan had been updated with the remaining two plans scheduled to be completed by May 2024. The new format ensured the resident was involved in the gathering of relevant information and the voice of the resident was central to reflect their hopes and dreams. There were easy-to-read documents, social stories and consent forms which were signed by the resident. Priorities for the resident for the year included owning their own mobile phone had been identified. This had been achieved, with clear guidelines in place which included the agreement made by the resident regarding the use of the phone. This included not taking the phone in the car with them and leaving it in a designated area at night time. Other priorities or goals for the resident was to visit a particular animal farm and enhance their cooking and baking skills. The resident was also been supported to discuss the possibility of getting a job.

The format of the personal plan including the health care plans for this resident were found to be clear, well developed and contained a synopsis of their medical history. However, it was unclear from the documentation contained within the personal plan what goals had been identified and achieved by the resident in the previous year. This was discussed with the person in charge and team leader during

the inspection. They were able to provide the inspector with the requested information from documents that had been already archived.

Another resident had requested to delay the annual review of their personal plan until their relative was well enough to attend. This was facilitated by the staff team who explained the important role this person had in the resident's life. The review had taken place in November 2023.

As previously mentioned in this report, the services being provided to one resident in the designated centre were the subject of an external review to ensure the resident was in receipt of appropriate support from a staff team with the required skill set. The resident lived alone and required ongoing support from the staff team. There were protocols in place to support the resident in the event that they chose not to have a staff or family member in their home. The resident had consented to meeting with the external reviewer who had also met with the core staff team. The review was still in progress and would be considered in any future planning of service provision for the resident.

The provider had ensured the actions from the previous inspection in March 2023 conducted on behalf of the Chief Inspector had been adequately addressed in relation to infection prevention and control (IPC) measures. That inspection specifically looked at Regulation 27 Protection against infection. Systems were in place to ensure ongoing review and oversight of those actions which included the storage of colour coded cleaning equipment in-line with the provider's policy. Issues regarding the premises were also found to have been addressed as outlined in the provider's compliance plan response following the inspection.

Regulation 10: Communication

Residents in the centre were able to communicate with staff using the spoken word. One resident spoke in a low voice which required staff to listen attentively.

Throughout a range of documentation relating to residents, there was an emphasis on how best to support residents to understand information and on consent. Residents had communication support plans in place in addition to hospital passports. Staff were aware to ensure that residents were provided with information in a way that they could understand. For example, one resident misunderstood what a staff member had said to them regarding a holiday. Once the staff member was made aware of the issue they spent time with the resident to ensure the resident understood correctly what was said.

Judgment: Compliant

Regulation 11: Visits

Regulation 12: Personal possessions

The provider had processes in place to guide staff when supporting residents with their personal possessions. Within this centre there were residents who required different levels of support and guidance in managing their possessions including finance management. For example, one resident had an agreement with staff for a daily allowance. The resident spoke with the person in charge in July 2023 outlining the rise in the cost of everyday items and how it was impacting them in purchasing some items. The resident agreed an increase in their daily allowance which they were reported to be happy with. The resident was also assisted by staff to buy other items such as a mobile phone and phone credit in line with their expressed wishes.

There were also systems of auditing and oversight in place by the person in charge.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Daily routines were flexible to support residents in line with their assessed and changing needs. This included attending day services, delaying the commencement of the morning routine if the resident expressed this wish and encouraging residents to actively participate in activities to increase their personal independence.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living in the designated centre.

Communal areas were found to be warm, clean and comfortable. Areas were decorated to reflect the individual preferences and interests of the residents. There were systems in place to log areas where maintenance or repairs were required. This was reviewed and followed up in a timely manner by the person in charge.

Judgment: Compliant

Regulation 18: Food and nutrition

Food preferences of the residents were known and documented by the staff team. Residents were observed to be offered choice and meals were freshly prepared daily. Residents were supported to have their meals at times that suited each individual during the day.

In addition, following a complaint made by one resident regarding the food provided to them for an evening meal in August 2023 staff ensured the resident was supported to voice their preferences. Following this, weekly meetings in the house included a discussion on menu planning with a variety of food choices available. The person in charge followed up in November with the resident and staff team to ensure there was no further issue. The resident reported they were happy with the choices being provided. The staff team reported the resident was actively expressing their opinion and the menu was reflective of the resident's preferences.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured there was an up-to-date safety statement in place. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. In addition, risk assessments were subject to regular review by the person in charge and the team leader, with the most recent taking place in December 2023 and January 2024.

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to regular review. There was evidence of a review of some control measures in recent months due to the changing needs of the residents. For example, one resident had a feeding, eating and drinking (FEDs) plan in place. They had requested a particular food from a takeaway during the Christmas holidays, which was prepared by the staff as outlined in the FEDs plan. However, upon eating the product the resident began to experience a choking episode. Staff supported the resident to recover and get checked out by medical

staff. The speech and language therapist was contacted and they advised staff of the similarity of the food chosen, which was a wrap to bread which the resident was to avoid eating. The resident and staff team were informed of the risk of eating the item and the control measures along with the FEDs plan were updated in January 2024 to reflect the risk posed by the food item to the resident.

Another resident had a risk assessment in place to support their use of a mobile phone. This had been updated in January 2024 to reflect control measures that were deemed necessary to support the resident.

The team leader had also recently completed risk management training.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected by the IPC policy, procedures and practices in the centre. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection and COVID-19. For example, due to the assessed needs of one resident a site specific plan was developed to support the resident to access areas of their home while they were isolating due to illness in October 2023. The protocols that were put in place supported the mental health of the resident. The staff team explained how this plan worked well for both residents who lived in the house. The other resident remained well and safe throughout this period of time and no staff contracted the illness either.

Staff had completed a number of infection prevention and control related training.

The provider had adequately addressed the actions identified in the March 2023 inspection which included the storage of colour coded cleaning equipment in-line with the provider's policy.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety checks were scheduled to be completed which included daily, weekly and monthly checks. While these checks were frequently documented as been completed, not all weekly checks were being completed in a consistent manner. The inspector was advised there was no particular day each week for the weekly fire checks to be completed, which resulted in some checks being completed just three or four days apart or alternatively eight or nine days apart. For example, no checks were

documented for one house between 1 December and 15 December 2023. This was discussed during the feedback meeting at the end of the inspection.

Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. The inspector acknowledged that on the day of the inspection, the documentation for regular checks on the fire doors in one of the houses had been mislaid. The person in charge and team leader outlined the efforts they had gone to source the documents which had been recently reviewed in advance of this inspection. The inspector was informed of issues relating to effective closure of some of the fire doors in the house which had required review by technicians and the maintenance department. All issues had been resolved and all doors were noted to be closing effectively in the house on the day of the inspection. The inspector reviewed similar weekly fire door checks for the other house where there were no issues documented.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. All residents had participated in regular fire drills including at times of minimal staffing. The staffing resources in the designated centre did have periods of lone working every day in each of the houses which was reflected in the fire evacuation plans for both houses.

All staff had been supported to attend site specific fire safety in the designated centre including new employees during their induction. Two new employees were scheduled to attend fire safety training in the weeks after this inspection, all core staff had attended fire safety training as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider was in the process of changing the format of the personal plans for the residents in this designated centre. One had been completed at the time of this inspection. The resident's involvement in the process of information gathering and identifying their priorities/goals for the year ahead was evident.

All residents had a personal plan in place at the time of this inspection. Recommendations made by the internal auditors had been addressed such as merging an oral and dental health care plan for one resident. The staff team were in the process of working with the two other residents to gather information and a new format personal plan for these residents was scheduled to be completed by May 2024.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to maintain the best possible health. They had access to GP and to specialist medical services as required. The person in charge and staff team supported the residents in accessing these services. Residents' had been supported to attend health care consultants, dental and ophthalmology appointments.

An action from the provider's internal audit in September 2023 noted that not all residents had been supported to attend follow up appointments with the dentist or chiropodist as frequently as recommended. This was rectified by November 2023 when all residents had been supported to attend appointments with further appointments scheduled. In addition, the staff team were aware of preferences for residents. For example, the day after this inspection one resident was scheduled to attend their chiropody appointment. The inspector was informed by the resident that they had arranged to meet with a particular staff member in a cafe after the appointment which assisted them to look forward to that social event rather than focus on the healthcare appointment.

Another resident had attended for a scheduled procedure in November 2023 and was awaiting a follow up appointment with a consultant at the time of the inspection.

One resident had requested that their weight was not checked monthly by staff in the designated centre. The resident was supported with this decision. However, they were encouraged to discuss the decision with their GP as the resident was on a medication that would benefit from regular weight checks.

Residents were also supported to attend preventative health screenings as required.

The inspector was informed that the provider had also recently employed the services of a psychologist who had already met with one of the residents and was developing a working relationship with them. The resident had found this a positive experience and had requested to meet with the psychologist again.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge.

The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans were in place for those residents who were assessed as requiring them and they were seen to be current and detailed in guiding staff practice. For example, one

resident's behaviour support plan had been reviewed by the clinical nurse specialist in behaviour support in January 2024. This contained details of the resident's personality, strengths and the preferred informal approach to be used by staff when speaking with the resident.

The plan detailed training that had been provided to the resident which included road safety, walking independently and the use of their mobile phone. The resident had also been offered cognitive behaviour therapy to encourage their adherence to agreements they had made with medical professionals relating to their medications.

The clinical nurse specialist was scheduled to meet with the staff team in the weeks after this inspection, once staff had read the revised behaviour support plan. Staff were going to be supported by the clinical nurse specialist with the implementation of the plan to ensure consistency in approach for the resident.

There was also documented evidence of regular review by the person in charge and MDT regarding restrictive practices that were in place. One restriction was removed following review in August 2023 for a resident relating to their viewing of television late at night. Another restriction relating to the use of technology with camera capabilities was found to have not been recorded as a restriction for one resident. This was rectified in July 2023. In addition, the wording used in a number of restrictions that were in place was revised by the MDT following the April 2023 internal audit.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

A review of one resident's safeguarding plan had taken place in January 2024. Other residents plans had been subject to recent review also and remained in place to support the residents.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff or their keyworkers.

Residents issues and concerns that had been raised had been dealt with in a timely manner to the satisfaction of the resident concerned. Residents reported that they felt they were listened too by the staff team.

Residents were supported to converse with their neighbours and maintain relationships with friends and relatives in -line with their expressed wishes.

Two residents attended advocacy meetings regularly. Residents were being supported to plan short breaks and attend events of interest such as concerts.

One resident had an agreement in place that no staff member could remove any money from their bank account without the resident's permission.

Another resident was supported to discuss their medication management with their GP seeking to reduce the dosage of one of their regular medications. In addition, this resident had recently been supported to buy their own mobile phone and was exploring the possibility of getting a job.

Over the course of the inspection, the inspector observed that residents were treated with respect and the staff communicated with residents' in a person centred manner at all times. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to keep residents' personal information private.

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
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 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 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	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 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant