



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

## Issued by the Chief Inspector

Name of designated centre:	Lakeview Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	10 July 2024
Centre ID:	OSV-0008663
Fieldwork ID:	MON-0042556

## About the designated centre

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

Lakeview Accommodation Service is a large detached bungalow located in a rural area but within relatively short driving distance of a number of towns. The centre provides full-time residential support for a maximum of four male/female residents aged over 18 years with a diagnosis of Autism and/or learning disability and/or mental health issues. Residents are supported through a social model of care. The design and layout of the building can support residents who may need assistance with mobility aids. The layout includes hallways and communal areas which are wide and spacious, with a large kitchen-dining area and adjoining utility room. Individual bedrooms for four residents and one for staff sleep-over which also operates as the staff office. There are three bathrooms, one of which is fully wheelchair accessible, and two living areas/visitor rooms. There is a secure large garden space to the side and rear of the building and a green area to the front of the property with ample space for parking. The staff team comprises of the person in charge, a team leader and care workers who provide support in line with the assessed needs of the residents attending the service both by day and night.

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

Number of residents on the date of inspection:	3
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## How we inspect

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 10 July 2024	10:30hrs to 17:15hrs	Elaine McKeown	Lead
Wednesday 10 July 2024	15:30hrs to 16:50hrs	Lucia Power	Support

## What residents told us and what inspectors observed

This was an short announced inspection, completed to monitor the provider's compliance with the regulations and to meet with the residents currently living in the designated centre. This designated centre was registered by the Chief Inspector of Social Services on 9 January 2024 and three residents moved into their new home gradually over the following months. This was the first inspection of the designated centre since the residents had moved in.

The lead inspector required the assistance of the person in charge to locate the rural designated centre at the start of the inspection as she experienced difficulties locating the premises. On arrival the lead inspector was greeted by the person in charge and one of the residents. The lead inspector presented their identification for review to both of the individuals and was welcomed into the property. The well maintained and refurbished property was found to be bright, well ventilated and very spacious. The hallways, door access and single floor level throughout the property assisted with ease of movement and all communal areas were wheelchair accessible. While this was not an assessed need of the current residents at the time of this inspection, it did facilitate safe transition from one area to another for the residents while maintaining their independence within the house.

The lead inspector was informed that there were two residents availing of services in the designated centre on the day of the inspection and one resident was at home with relatives. This resident had been informed of this inspection in advance but had declined to meet or speak with the inspector as they had a number of activities and jobs already planned with a family member.

The lead inspector was introduced to both residents in the large kitchen/dining room at the start of the inspection. One resident was being supported by a staff member to have their breakfast at the time, so the lead inspector completed a tour of the communal areas with the other resident and the person in charge remained close by to provide assistance if required. This resident spoke of how they enjoyed being in the designated centre, they liked the staff team supporting them and was learning lots of new skills. This included safe meal preparation.

During the walk about, the lead inspector noted that the resident did not enter other resident's bedrooms. They did proudly show the lead inspector their own bedroom which had bright colours and they spoke of plans to get additional furniture to store more of their personal belongings. The resident asked to meet with the lead inspector again later in the morning and this was facilitated in a visitors room. They also requested the person in charge to remain with them and this assisted the resident to be able to express themselves and what they wanted to talk to the inspector about. During this conversation, the resident spoke of how they had been living at home with family but looked forward to spending time during the week in the designated centre. They explained they knew they could stay over the weekend in the designated centre also if they wished to do so. They had attended concerts in

a nearby large town and spoke of how they had begun looking at plans to visit family members living in Dublin with staff support.

The resident also showed the lead inspector a project that they were working on with staff support. Together with their key worker they had compiled an easy-to-read information booklet on how to test the temperature of cooked meat. The resident explained this was working well and later on the lead inspector noted that the key worker and resident planned to compile a similar booklet regarding using the microwave safely. The resident also had a scrap book of memories that reflected the many activities that they had completed since they started to stay in the designated centre since early March 2024. The photos were taken in many different locations and showed the resident appearing happy and smiling. They had photographs of themselves, staff members and the other two residents attending a play, celebrating a milestone birthday and visiting many scenic locations to name but a few of the memories contained within the scrap book. There was also information on the food pyramid to assist the resident to make healthy choices.

The second resident came to the room where the lead inspector was reviewing documents when they had completed their morning routine. They invited the lead inspector to visit their bedroom where they had re-organised the layout of the furniture in recently. The resident had informed staff that they wished their bed to be moved to another part of the room to assist them to maintain a better sleeping position. The resident had pictures of their beloved pet whom they spent a lot of time with when they were at home at weekends. The resident had moved into the designated centre in January 2024 and had celebrated a milestone birthday with their peers and staff members invited to the celebration.

Prior to moving into the designated centre the resident had lived at home with family members and attended a day service during the week. The resident and family were supported to visit the designated centre before they started staying overnight in the house. The person in charge had also visited the resident in their family home on a few occasions so the the resident could get to know them and be informed of relevant issues pertaining to the designated centre. The resident picked out their bedroom and was supported to decorate it in line with their own preferences. Since moving into this designated centre the resident usually stayed week nights and goes home at weekends. They continued to attend their day service two days a week while also engaging in community and social activities with the staff team on the other days. The staff team also outlined how the resident was looking forward to spending some time with family members during their planned holidays commencing the week after this inspection.

The resident was supported to settle into the house by a consistent group of staff. Issues relating to noises from the water system and shower were new to the resident and they had made complaints to the staff team regarding these matters. It was evident the staff team took time to explain what the noises were from and offered solutions to reduce the impact felt by the resident. For example, when another resident moved into the designated centre in March 2024, their routine was to have a shower before their breakfast. However, the staff explained that the noise of the shower early in the morning disturbed the sleep of their peer and the resident

subsequently had their breakfast first before having their shower to reduce the adverse impact on others.

All three residents had been used to living at home with family members and sharing their new home with other peers was a new experience for them. Some issues that arose included how peers closed doors or made comments which were not intended to offend. However, the staff team were supporting each resident to become aware of the impact their own actions might have on others and were facilitated to raise any concerns they had so a resolution could be attained to the satisfaction of all of the residents.

The person in charge explained to the lead inspector that the residents were also being visited by a member of the tenancy group from which the residents rented the property from on the day of the inspection. This had been pre-planned and one resident had not attended their day service on the day of the inspection so they could meet this person. This visit took place during the morning both residents engaged with this visitor and were observed to proudly show them around their home.

On the day of the inspection, both residents were observed to be consulted as to what activity they would like to do for the afternoon with plans made to visit a local scenic area. Staff were observed to give each resident time to complete their sentences during conversations and to complete activities independently. It was evident residents' choices and preferences were considered by the staff present. They were familiar with individual routines and spoke of adjustments made to ensure all residents were being supported to enjoy their time while living in the designated centre.

The staff team were actively supporting residents to get to know their peers while also being provided with individual staff support to engage in their own preferred activities each week. Ongoing supports were in place to enhance skills and independence in many areas which included meal preparation and budgeting. Staff explained that while they continued to work with the residents and their families, ongoing work was required to ensure all residents were consistently supported to be consulted in decision making in all aspects of their lives, including managing their finances, this will be further discussed in the Quality and Safety section of this report. Since the designated centre opened there had been four compliments made regarding the service being provided, the positive outcomes for the residents and the support provided by the dedicated staff team to encourage residents to experience and trial new experiences in the community.

Another inspector, had completed their inspection of a designated centre under the remit of the same provider located nearby in the early afternoon. This inspector provided additional support to the lead inspector and assisted with the review of some of the documentation and had been introduced to the two residents in this designated centre.

In summary, residents continued to be supported to become used to living in a residential service for the first time in their lives. They were being supported to

become familiar with their peers and enjoyed many different social activities in recent months together. Family members were welcomed to visit and one resident had requested to cook a meal for their relative in their new home which had been supported by the staff team and described as a lovely experience for both the resident and their relative. Residents were being supported to enjoy new experiences in the community, learn new skills and further enhance their independence. This included supports with managing their personal finances. In addition, it was evident both residents had been informed of the inspection taking place by the staff team. This included providing each resident with a copy of the Nice-to-meet-you document which outlined the purpose of the lead inspector's visit.

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

## Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in positive outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to 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 was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. As the residents had only commenced moving in to the house in January 2024 one internal audit had been completed at the time of this inspection. This was completed in April 2024 and there were three actions that had been identified. These had been progressed by the person in charge.

In addition, the provider also had other monitoring systems in place to ensure governance and oversight in this designated centre which included a health and safety audit in December 2023 prior to the designated centre opening and a visit in March 2024 by the provider's regional director. The inspector also reviewed other audits completed in the designated centre which included weekly service monitoring, monthly residential services audits and medication audits as well as a training audit of the staff team which was completed in June 2024. Actions identified had up-to-date information regarding the dates of closure of actions or if actions remained in progress while the person responsible for actions was documented. For example, the review of person centred plans were scheduled for the weeks after this inspection with residents and their family representatives.



## 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.

They were supported in their role in this designated centre by a team leader. 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. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. In addition, staff demonstrated their flexibility in changes to their planned shifts, sometimes at short notice, to support the assessed needs of the residents. An inspector reviewed actual and planned rotas from the 9 June 2024.

The staff team assisted residents to travel to their day services which they had attended prior to moving into this designated centre.

Residents were supported to attend social events and engage in group activities. For example, one resident celebrated a milestone birthday in recent months and invited the two other residents to join them in their celebrations. Another resident was supported to attend a music event on an evening when a staff member started their shift early to facilitate getting there on time before the event started.

Staffing resources at night time were reflective of the specific assessed needs of residents in the designated centre. For example, the provider ensured a waking staff was present to support the assessed needs of one resident. When this resident was at home with relatives, the remaining residents were supported by a sleep-over staff in the house at night time.

There was a core group of consistent staff supporting the residents to deliver person-centred, effective and safe care. Regular relief staff were also available to support residents when required. The inspector was informed that there was one whole time equivalent social care vacancy at the time of this inspection and one part time role. The person in charge and team leader were supporting the staff team

when there were gaps in the roster to ensure consistency for the residents in the designated centre.

The person in charge had held monthly team meetings since the designated centre opened to ensure all staff were familiar and had up-to-date knowledge of the assessed needs of the residents and were aware of their roles and responsibilities. These meetings also reviewed/discussed the findings of audits completed in the designated centre to ensure shared learning, consistent approaches and addressing actions identified in a timely manner.

Inspectors met with two of the staff team over the course of the day. These were the person in charge and team leader. Both staff were observed to interact in a professional manner with the residents they were supporting. In addition, all demonstrated that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

### Regulation 16: Training and staff development

At the time of this inspection six staff members including the person in charge worked regularly in the designated centre. The inspector reviewed a detailed training matrix which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents. These included training in mandatory areas such as infection prevention and control, fire safety, and safeguarding of vulnerable adults, .

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 medication management and the administration of emergency medication. One staff was attending training in crisis prevention and intervention (CPI) on the day of the inspection. Once completed by that staff member, all of the core staff team would have attended that training course.

The staff team had completed training modules in human rights as requested by the provider.

Staff supervision was occurring in-line with the provider's policy and scheduled in advance. The provider had processes in place to ensure ongoing support for staff members if they were experiencing difficulties with their duties, such as completing documentation. There was also evidence of review and shared learning within the staff team through the auditing systems place.

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 senior managers. 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.

The provider ensured site specific environmental health and safety audits were completed in-line with the provider's own procedures. There was also a schedule of audits which included weekly service monitoring and monthly audits such as medications.

The provider had also ensured a six monthly internal audit had been completed in the designated centre as required by the regulations. Actions identified had been completed and updates on their progress documented by the person in charge. Time lines for completion and the person responsible were also clearly documented.

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.

All three residents availing of services in this designated centre at the time of this inspection had been provided the opportunity to visit the designated centre with family representatives on a number of occasions before their admission to the designated centre.

Each resident had an individual transition plan which was updated to reflect the progress, consultation and involvement in decision making such as picking out their bedroom and decor. There were also details of peers meeting each other socially at events in the community to get to know each other with staff support.

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.

A minor change was made on the day of the inspection to reflect the process in place for the review of a resident's personal plan within 28 days of admission to the designated centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had ensured written notice had been submitted to the Chief Inspector as required by the regulations, these included the reporting of adverse incidents and quarterly notifications.

Judgment: Compliant

### Regulation 34: Complaints procedure

On review of the complaints log, the inspector noted that three complaints had been made since this designated centre opened in January 2024. The complaints had been made by the residents and related to a variety of issues such as temperature regulation in the shower, the impact of early morning routine on peers and activities. All of the issues raised were discussed with the complainant and resolved to their satisfaction. For example, one resident was encouraged to have their breakfast in the morning before having their shower. This assisted with less noise being made from the water system while another resident rested a bit longer in the morning time.

Residents and staff were aware of the provider complaints' policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

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.

As all three residents had not been in receipt of residential services prior to moving into this designated centre, there was a lot of support and phased transitions in-line with the expressed wishes of the residents and consultation with their family representatives. These were found to be well documented for all three residents, person centred and reflective of individual circumstances and assessed needs. Staff outlined the supports that one of the residents needed when they first moved into the designated centre as they missed their family home a lot. This included tailoring the nights that they stayed in the designated centre to suit their preference at the beginning to help them settle in. Providing additional staff support at night time which included regular checks to provide assurance to the resident that they were safe. In addition, providing them with opportunities to engage in new activities in the community such as attending concerts and plays with peers. Social stories and visual aids had also been developed to help the resident to understand supports being provided to them, for example relating to their medicines and their personal plan. Both inspectors met this resident during the inspection and the resident was observed to be very happy and engaging with the staff supporting them throughout the inspection.

While each resident had individual arrangements in place to access their own finances, ongoing support from the staff team was required to ensure residents were happy with the arrangements in place. Adjustments had already been made for one resident who had been supported by their family to attain their own bank card to access finances each week to purchase items such as food. This resident had expressed their disappointment at not having access to enough finances to complete all the activities they wished each week after they had moved into the designated centre. The staff team and the resident's family provided education to the resident regarding the cost of activities such as beauty treatments and offered alternatives such as painting their nails and other beauty treatments being done from time to time with staff in the designated centre. Participating in table top activities was also another way to spend time in the evening without costing the resident any money. Staff were at the same time assisting the resident to link with family members to ensure the resident had arrangements in place to access their finances in-line with their will and preference. In addition, staff were supporting the resident to educate them on the cost of everyday items, budgeting and savings.

Another resident had their own post office account and the staff team were working with the resident's family to ensure the resident had arrangements in place to access their personal finances. As all of the residents had been supported by their families at home prior to moving into the designated centre, assurance for all parties regarding the safe and effective management of the residents personal finances was an ongoing priority at the time of this inspection. The staff team were working with all of the families towards ensuring residents rights were being supported including the management of the each resident's finances.

## Regulation 10: Communication

The provider and staff team ensured each resident was supported and assisted to communicate in accordance with their wishes and assessed needs. This included the use of visual schedules and social stories where required by residents. Easy-to-read documents which included personal plans and contracts were also available to each resident if required.

Residents had access to phones and other media such as television. For example, staff outlined how one resident spoke with a relative on the phone every evening they were staying in the designated centre. Another resident spoke frequently to different family members while they were in the designated centre on the phone. Video calls were also supported if the resident wished to participate in such calls.

Judgment: Compliant

## Regulation 11: Visits

The provider ensured residents were being facilitated to receive visitors in accordance with their wishes. For example, one resident cooked a meal for a relative in the designated centre as per the resident's request after they moved into the designated centre.

Other family members had visited with their relative before they moved into the designated centre and subsequently after they moved in at times that suited the residents.

There was ample space for residents to meet with their visitors privately both within the designated centre and outside in the garden areas.

Residents were also being supported to visit their family homes each week in line with their wishes.

In addition, the staff team hoped to facilitate visits from peers living in a nearby designated centre, if this was something the residents would like to engage with during the summer months. The inspector was informed If this was a successful activity further visits may become a regular occurrence with residents visiting each others homes.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured each resident was being provided with the appropriate care and support in -line with their assessed needs. Residents were being supported by the staff team to attend the same day services as they had attended prior to their admission to the designated centre.

Residents maintained personal relationships with their families and were being supported to build new links and relationships in the wider community such as participating in tidy towns groups or completing their grocery shopping in local shops.

Residents were also being supported to identify social and recreational activities which they enjoyed to participate in. This included going to concerts, swimming and enjoying refreshments in social environments in the community.

Judgment: Compliant

### Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and assessed needs of residents living in the centre. Communal areas were found to be warm, clean and comfortable. Areas were decorated to reflect the individual preferences and interests of the residents.

The designated centre was found to be in a good state of repair both internally and externally. Outdoor spaces were well maintained with ample space for parking and group activities including socialising.

The person in charge was seeking to provide a suitable area for residents to dry their clothes outdoors at the time of this inspection. The inspector was also informed that a local tidy towns group had donated some picnic tables to the designated centre and these were in the process of being decorated in colours chosen by the residents.

The person in charge was also seeking a solution to address issues of local wildlife attempting to go at the external bins. While there was no health and safety concerns identified for residents at this time the person in charge had contacted wildlife agencies to seek a resolution.

There were no actions open regarding the premises at the time of this inspection.

Judgment: Compliant

## Regulation 18: Food and nutrition

The person in charge ensured residents were being supported to buy, prepare and cook their own meals if they wished to do so. The staff team were supporting residents to attain new skills in the kitchen while ensuring safe storage and food preparation at all times. For example, supporting one resident to become independent in checking the temperature of cooked meats.

Residents were being supported to make healthy food choices such as being provided with copies of the food pyramid.

Each resident was supported to have their own foods stored in dedicated areas both in presses and in the refrigerator, with labels including dates of opening evident.

Where additional input from health and social care professionals, such as a dietitian, were required for a resident, a referral had been sent. Interim supports required for the resident were in place which included a review by their general practitioner (GP) to ensure adequate dietary intake for the resident. Supplements and encouragement to assist the resident to have regular meals was being supported by a consistent approach from both the staff team and family representatives.

A review by a speech and language therapist (SLT) had also been undertaken with recommendations made and guidelines provided for staff of the risk associated with certain foods for the resident. A meal planner had been developed in consultation with the resident to ensure their nutritional status while including preferences and foods the resident enjoyed to eat.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had ensured a residents guide had been developed and was available in a suitable format for all the residents availing of services within the designated centre. This contained details of the services and facilities, the terms and conditions of the residency and the arrangements for residents to be involved in the running of the designated centre.

Residents were also provided with their own copy of their service level agreement and the principals of human rights in easy-to-read format

Judgment: Compliant



## Regulation 26: Risk management procedures

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

The provider and person in charge had identified risks, such as safety issues, they put risk assessments and appropriate control measures in place. In addition, risk assessments were subject to regular review by the person in charge and the multidisciplinary team with the most recent reviews clearly documented and the updated information/control measures recorded. For example, a control measure to ensure the ongoing safety of all residents required all staff to complete first aid training. The person in charge had two staff scheduled to complete this training but ensured at least one staff on duty at all times had up-to-date training in this while a specific resident was in receipt of services in the designated centre. All other staff working in the designated centre had completed this training in recent months to ensure the safety of the resident.

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to regular review with evidence of a reduction in the need for some control measures in recent months or a reduction in the risk rating due to the changing needs of the residents. For example, one resident was supported to have a specific seating plan when seated in the rear of the transport vehicle so that they remained in the line of sight of the driver should they need assistance.

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 consistently completed which included daily, weekly and monthly checks. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. In addition, fire safety checks had been completed in November 2023 while the provider awaited registration of the designated centre to be progressed.

All residents had personal emergency evacuation plans in place which were subject to regular and recent review. This included a review of the mobility status of all the residents in April 2024. Residents were also able to raise the alarm if required to do so in the event of an emergency.

All of the residents had participated in fire drills and demonstrated consistently quick response and evacuation times. The details documented of the drills completed to

date included the exits used during the evacuation and the scenario of where the fire was located at the time of the drill to ensure staff and residents did not cross the source of the fire and used the nearest exit available to them. At the time of this inspection a minimal staffing drill with two residents had been completed as not all three residents had yet stayed overnight at the same time due to their ongoing phased transition into the designated centre and regular visits to their family homes each week.

All staff had attended training in fire safety. Staff spoken to during the inspection were aware of the fire evacuation plan and had participated in fire drills.

During the walkabout of the designated centre, the inspector observed an incomplete seal around pipe work accessing into the attic space in the utility room. This was brought to the attention of the person in charge and the issue was resolved immediately. Members of the maintenance department were on site at the time of the inspection and addressed the issue with a fire resistant sealant used to close in the pipe work and eliminate the opening into the attic space.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspectors reviewed all three of the residents' personal plans during the inspection. Each resident had an assessment of need completed prior to their admission to the designated centre. Each resident was supported to actively participate in the development of their personal plan within 28 days of their admission into the designated centre. These plans were found to be well organised which clearly documented residents' needs and abilities. Residents had also been consulted and included in decisions being made when the next reviews of their personal plans were being scheduled to take place in the weeks after this inspection.

Each resident and their key worker had worked together since their admission to identify areas of interest, personal goals and to assist with learning to live with peers in their new home. All residents' goals and the progress made in achieving these were subject to monthly review with residents and their key worker. For example, a number of social events had been attended by residents during the month of May, this included a concert and a musical show. In addition, progress attaining more independence with cooking and money management were also documented. One resident referred to the "projects " that they were working on with their key worker to assist them to become more independent with their cooking skills and safely using appliances in the kitchen.

The person in charge had ensured a residential needs assessment, pre-admission assessment and compatibility assessment had been completed for each resident during their admission process. Residents were provided with social stories about their new home, medication management and safeguarding to name a few topics.

Residents had their favourite activities included in their weekly plan such as going into the local community and visiting cafes, restaurants, beauty treatments and going to the beach to watch surfers. All residents had copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured residents were supported to attend health and professionals such as an occupational therapists and an SLT when required.

All residents were supported by the staff team or family members to access their own GP as required.

The provider had sought to ensure all residents received appropriate support with health assessments and at times of illness which met their physical, emotional, social needs while respecting their dignity, autonomy, rights and wishes.

One resident had required admission to hospital in recent months on two occasions for the same medical condition. A detailed health management plan was in place to support the resident with ongoing input from their GP and a referral had been sent to the dietitian to ensure ongoing support for the resident.

Recommendations from a consultant were also part of health management plan for one of the residents and staff were aware of the specific assessed needs to support this resident with a known respiratory condition.

Judgment: Compliant

### Regulation 8: Protection

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.

Residents were provided with information relating to a range of safeguarding topics including cyber bullying in an easy-to-read format and this topic was also discussed regularly at resident meetings.

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.

The provider had resources in place to support each resident to have one-to-one staffing support to attend their preferred activities regularly. In addition, residents were also supported to part take in group activities such as going to a cafe or attending concerts. There were photographs throughout the designated centre which showed the residents smiling while visiting different locations or part taking in preferred activities. Residents had daily and weekly planners which were reflective of personal interests while ensuring attendance at their day service if they wished to attend.

At the time of this inspection one transport vehicle was available to the current residents. This was working effectively due to the different schedules of each of the residents. The inspector was informed the addition of another dedicated transport was in progress/under review at the time of the inspection. The inspector noted that the residents guide referred to two transport vehicles being available for the use of the residents in this designated centre. This was discussed with the person participating in management but it was acknowledged that the designated centre was not yet at full capacity at the time of this inspection.

Residents were being supported to attain skills to increase their independence such as cooking, personal care and medication management.

The staff team were promoting and encouraging residents to become actively involved in their local community, while also planning short and long term goals which included travelling to another county to visit family members for one resident.

The staff team were actively supporting residents to increase their awareness of safe money management and there was a review of the personal finances arrangements in place for all residents to ensure adequate and appropriate supports were in place for all of the residents to access their personal finances. For example, one resident had their own bank card which they had access to their finances with the support of their family. The staff team supported the resident to purchase their own groceries while ensuring safe practices to keep their card safe.

Access to advocacy services was also supported by the staff team if required/requested by residents.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant