



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

## Issued by the Chief Inspector

Name of designated centre:	Oropesa
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	08 March 2022
Centre ID:	OSV-0002987
Fieldwork ID:	MON-0027627

## About the designated centre

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

This is a service providing full-time residential care and support to eight adult residents (both male and female) with disabilities in Co. Louth. The centre comprises of one detached two story dwelling and two small bungalows, all in close proximity to each other. Each resident has their own bedroom, decorated to their individual style and preference. Communal facilities in each house include fully furnished kitchens cum dining rooms, sitting/TV rooms, laundry facilities, private garden areas and adequate parking facilities. Residents are supported to experience best possible health and have as required access to GP services and a range of other allied healthcare professional supports. Residents are also supported to use their local community and where required, transport is provided so as residents can access local shops, beauticians, shopping centres, pubs, cafés, hotels and trips further afield. The service supports some residents to attend day services however, some residents have retired and a range of in-house and community based activities based on residents preferences is provided. There is a person in charge of the centre who is a qualified nurse and is supported in their role by a nurse manager. The two story house is staffed on a 24/7 basis and the bungalows (where residents are more independent) are staffed so as to ensure the needs of the residents are provided for. One waking night staff provides care and support to the bungalows at night-time.

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

Number of residents on the date of inspection:	8
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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
Tuesday 8 March 2022	09:50hrs to 17:50hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

From what residents told the inspector and from observations, the inspector found residents were enjoying a good standard of care and support, in which their choices and aspirations were respected and supported. Residents were active both in their homes and in the community, and the services were planned around the expressed preferences and needs of residents.

The centre was located in a town, and two of the three units were located within close proximity of each other. The inspector met with all eight residents living in the centre, and visited the three units that made up the centre. Some of the residents preferred not to talk to the inspector, and some of the residents were supported by staff with their communication, to express their views and experiences of living in the centre.

From speaking with residents it was evident that residents were being supported to enjoy a fulfilled life. In one unit, two of the residents attended day services and two of the residents were supported with community and centre based activities by staff. Since the public health restrictions had eased, one of the residents had recommenced attending a day centre in the community in the afternoon, and the resident showed the inspector their advertisement for an upcoming fundraising event they were organising for the day centre. Two of the residents had recently tried training for Special Olympics and one of the resident told the inspector they really enjoyed this and would definitely be going back again.

The resident also told the inspector he still enjoys going to the pub in the local town during the week. Another resident showed the inspector a photo of a trip they had gone on recently to a lights show, and staff told the inspector the resident had a plan to go on an overnight hotel break. Three of the residents had recently enjoyed hotel breaks, for example two residents had enjoyed a country music event with an overnight stay. Following on from this stay a resident was planning to have a party in the hotel to celebrate a significant birthday in the coming months.

In the second unit, the inspector briefly met two residents. One of the residents said they preferred not to talk to the inspector. Another resident was being supported by staff to do some preferred household chores. Both residents went out to a community activity shortly after.

In the third unit two residents had just returned from an activity in the community. Both residents appeared happy and comfortable in their home. One of the residents told the inspector they liked to smoke, and there was smoking area provided on the patio. The resident also told the inspector they liked tattoos, and had recently got a new tattoo. The other resident said they liked living in the centre and got on well with their peer. This resident had a particular interest in photographs, and had an electronic device, photos albums and a camera. The resident spoke about their family and showed the inspector photos of them when they were younger,

describing past stories and experiences in their younger years.

It was evident in all units visited, that residents felt very comfortable with staff, and there was a relaxed and homely atmosphere in the centre. Staff knew the residents well, and described the supports in place to ensure residents had a meaningful day, and their independence was promoted. For example, a staff member described a plan to promote activities in the centre for a resident, and outlined a dedicated activity space had been developed, with the aim to support the resident to do some preferred work and art tasks. One of the residents was attending an appointment and told the inspector they were looking forward to going out to breakfast with one of the staff members beforehand. Due to the changing needs of a resident, there was a focus on maintaining their independence skills, and staff were observed to provide that support when helping the resident with household tasks. Similarly, the person in charge described a strategy to promote a resident's participation and independence in personal care, and the inspector saw that this teaching skill had been planned for through the personal planning process.

The inspector reviewed four questionnaires completed by, or on behalf of residents, prior to this registration inspection. All four residents stated they felt safe living in the centre, and they were happy with the support staff gave them, and with the facilities in the centre. Residents also said they were happy with the activities offered in the centre and in the community such as baking, watching television, reading magazines, art, going out for meals, visiting family and friends, and going to the cinema. Similarly one of the residents had a keen interest in current affairs and a staff member told the inspector they enjoyed having the news read to them from the newspaper or online.

The inspector spoke to one family member by phone, who told the inspector the staff in the centre were marvellous. The family member described how the person in charge and the staff were in constant contact, and that their family member was safe, well cared for and had everything that they needed. They told the inspector that the person in charge facilitated video calls between them and the resident, and kept them up-to-date on the resident's wellbeing.

The centre was homely, comfortable and accessible for residents. Each of the residents had their own bedroom, which were decorated with personal photographs and paintings. One of the residents showed the inspector their bedroom which had recently been redecorated with the resident's choice of paint colour and wallpaper. The centre had assistive equipment to promote residents' mobility and accessibility, for example, a wheelchair ramp, handrails, call alert devices and walking aids.

Residents were supported with picture communication aids, for example, for choosing meals, planning daily schedules and to communicate the staff who were on duty. A staff member described how a resident used pictures to choose their preferred meal. The inspector observed that staff had a good knowledge of residents' preferred communication ways and understood the communicative intent of both vocal and gestural modes used by some residents.

There was a focus in the centre on celebrating key events such as residents'

birthdays, as well as seasonal cultural events. For example, International Women's Day was being celebrated in the centre on the day of inspection, as well as a service anniversary event.

Residents were supported to maintain relationships with their friends, families and the community, and used telephone and video calls to link in with their loved ones. Visitors were welcomed into the centre, for example, residents in two units had hosted a garden party last year and a fundraiser the week before the inspection, and neighbours and friends attended these events. Similarly staff helped residents to meet up with friends, for example, a resident had invited a friend over for dinner in their home and celebrated a seasonal event.

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

## Capacity and capability

The management systems in place ensured the service provided was safe and effective in meeting the needs of the residents. The provider had ensured appropriate resources were provided and the service was monitored on an ongoing basis.

This inspection was carried out following an application by the provider to renew the registration of the centre. A full application was received, and the arrangements in the centre were reflective of the services and facilities described in the statement of purpose.

The inspector also reviewed the actions which had been outlined in the provider's compliance plan following the last inspection in April 2021, and information received by the Health Information and Quality Authority (HIQA) through solicited and unsolicited information.

There was a full-time person in charge employed in the centre, and the person in charge was also responsible for three other designated centres. The person in charge had the required managerial experience and qualifications to fulfil this role. The person in charge was supported in their role by a clinical nurse manager, and by a person participating in management. The person in charge met the person participating in management, specific to this centre on a four to six weekly basis.

There was a clearly defined management structure. Staff reported to the person in charge, and in their absence the clinical nurse manager was on duty to provide support. The person in charge reported to the director of nursing, who was also a person participating in management. The director of nursing reported to the regional director, who reported to the chief executive officer. Staff told the inspector they

could raise concerns about the quality and safety of care and support with the person in charge and the clinical nurse manager, and that both managers provided good support to staff.

There was ongoing monitoring of the services provided to residents in the centre. A schedule of audits was completed in the centre such as fire safety, infection control, medicines management and residents' finances. The inspector reviewed a sample of audits and found where issues were highlighted, all of the actions were complete by the day of inspection. For example, emergency lighting had been serviced, a handrail had been installed and the arrangement for safe storage of residents' finances had been reviewed and agreed with residents.

A six monthly unannounced visit had been completed since the last inspection, and the actions relating to staff training were complete on the day of inspection. An annual review of the quality and safety of care and support had also recently been completed, and the views of residents and their representatives had been sought in this review. The review also considered key achievements in the preceding year and a range of plans residents had for the upcoming year. The inspector found these plans were either complete or planned for in the coming months.

The provider had ensured there was appropriate resources deployed in the centre including transport for each location and sufficient staffing. The staffing levels were in line with the statement of purpose and there were sufficient staffing levels and experience to meet the diverse needs of residents. There were nurses, social care workers and health care assistants employed in the centre. Since the last inspection, some of the residents in one unit had returned to day services, which meant that the number required to be on duty were two staff during the day and one staff at night time. In the second and third unit combined, there were two staff on duty during the day and one staff at night time. These units were located beside one another in a housing complex. The person in charge told the inspector that staffing levels at night were currently under review for these two units in anticipation of the changing needs of residents.

Schedule 2 documents were reviewed on a date prior to the inspection, and while most documentation was in place, details relating to the professional registration of some staff had not been available on that day. This was made available on the day of inspection. There were no volunteers employed in the centre.

A record of complaints for the preceding year was reviewed by the inspector. A complaints procedure was available in the centre, as well as accessible information for residents on who to contact if they had a complaint. Complaints had been reviewed and investigated, and arrangements had been made for improvements in response to complaints.

There had been no admissions to the centre since the last inspection. Residents had been provided with a contract for the provision of services.

A complete directory of residents was maintained in the centre. All records pertaining to Schedule 3 and Schedule 4 were available in the centre, and up-to-date policies and procedures as per Schedule 5 of the regulations were also



available.

### Registration Regulation 5: Application for registration or renewal of registration

A complete application was received for the renewal of registration of this centre.

Judgment: Compliant

### Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge was knowledgeable on the regulations and had the required managerial experience and qualifications to fulfil this role. The arrangement for the person in charge to manage this, and three other designated centres was found to be satisfactory, and the arrangement ensured the effective management of the centre.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff employed with the right skills and experience to meet the diverse needs of the residents. Planned and actual rosters were appropriately maintained, and staffing levels were under review by the management team in anticipation of the changing needs of residents.

All the required documents as per Schedule 2 of the regulations were available in staff files.

Judgment: Compliant

### Regulation 19: Directory of residents

A complete and up-to-date directory of residents was maintained in the centre.

Judgment: Compliant

## Regulation 21: Records

All of the records as per Schedule 3 and Schedule 4 of the regulations were available in the centre.

Judgment: Compliant

## Regulation 22: Insurance

The service submitted a copy of their insurance as required for the renewal of registration of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were appropriate management systems in place to ensure the safe and effective provision of services, and the centre was monitored on an ongoing basis. There was a clearly defined management structure in place. The actions arising from audits and the unannounced visit by the provider were completed on the day of inspection. An annual review of the quality and safety of care and support had been completed, and the views of residents and their representatives had been sought as part of this review. The provider had appropriate resources in place to ensure residents received a good standard of care and support. Staff could raise concerns about the quality and safety of care and support with the person in charge and clinical nurse manager if required.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

There had been no admissions to the centre since the last inspection. Residents had been provided with a written agreement which set out the services to be provided and the fees to be charged. Additional fees were also set out in this agreement.

Judgment: Compliant

### Regulation 3: Statement of purpose

An up-to-date statement of purpose had been submitted to HIQA as part of the application to renew the registration of the centre. The details in the statement of purpose were reflective of the services and facilities on the day of inspection. The statement of purpose contained all of the information as per Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers employed in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an up-to-date complaints policy in the centre, and the procedure for residents to make a complaint was made available in an accessible format. A records of complaints was maintained in the centre, and all complaints had been reviewed and investigated. The person in charge had put measures in place to ensure improvements were made in response to complaints.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Up-to-date policies and procedures were available in the centre as per schedule 5 of the regulations and had been reviewed within the past three years.

Judgment: Compliant

## Quality and safety

Residents were provided with a good standard of care and support, in which their identified needs were met, and their goals and aspirations were realised. There was a focus on developing and maintaining residents' autonomy and independence, through skills teaching, accessing the community, the provision of meaningful activities, and contributing to both their home life and the residents' broader personal and community relationships. This meant that residents' wellbeing, sense of achievement, and contributions were actively promoted and celebrated in the centre.

Since the last inspection the provision of meaningful days and activities had been reviewed for residents in the centre. Due to the easing of public health restrictions, day services had resumed for residents who had previously attended. In addition, a risk measure relating to the use of the centre transport in one unit, had been discontinued, meaning residents could access a range of activities in the community, and visit people and places of importance to them. Residents were supported to develop goals in line with their wishes and plans were implemented to realise these goals. The inspector reviewed goals for three residents, and found plans outlined the support resident required to achieve these goals. Residents had been supported to achieve a number of goals in the previous year, for example, going on holidays, attending a sensory show, and attending a music event. Residents' representatives had been invited to attend an annual review of residents' personal plans.

Personal plans had also been reviewed in light of changing needs and circumstances of some residents. For example, support plans were implemented following a recent healthcare diagnosis for a resident, and a skills teaching plan was in place for a resident to support them to learn a personal skill.

Measures were in place to ensure residents were protected. There had been some safeguarding incidents reported to HIQA since the last inspection, and the inspector found safeguarding measures had been implemented following these incidents. This meant that residents were provided with the necessary knowledge for self-care and protection. All safeguarding incidents had been investigated and reported appropriately. There were measures in place to ensure residents finances were protected and all money spent by or on behalf of residents was recorded with corresponding receipts available.

Residents were provided with the appropriate support to manage their nutritional needs, and where required residents with additional needs, had been assessed by a speech and language therapist. The person in charge described the specific support relating to a resident's modified diet, and the recommendations from a speech and language therapist were set out in personal plans. Residents were provided with a varied and nutritious diet of their choice, and there was ample supply of alternative meals, snacks and drinks. Food was observed to be stored in hygienic conditions, and residents helped to prepare some simple meals and snacks, and to purchase food as they so wished.

The communication needs of residents had been assessed and as mentioned staff were knowledgeable on the communication preferences of residents. Supports were in place to help residents with their communication including the use of picture

schedules, menu plans and technology for video calls with families. Residents had access to media such as newspaper, the internet and phones.

There were suitable facilities in the centre for residents to receive visitors. A second sitting room was available in one unit, and residents in the other two units usually met their visitors in the community or in an area provided in the housing complex. There were no current restrictions on visitors to the centre.

Residents were provided with suitable facilities to store their personal possessions and clothes, and staff supported residents when they needed help with their finances. Bank accounts in financial institutions were held in the name of residents and residents could access their money when they needed to.

The designated centre was operated in a manner which respected the diversity of each resident, and the care and support was directed by the wishes, needs and consent of residents. As mentioned residents could choose how they wished to spend their day, and who they would like to spend time with. The person in charge had ensured that residents' personal relationships with significant others were supported and respected. Personal information relating to residents was securely stored. Each of the residents had their own bedroom, meaning they could be supported with their personal and intimate care, while maintaining their privacy. Staff were observed to be very respectful in their interactions with residents.

In response to information received, the inspector discussed with the person in charge any current plans to discharge or transfer residents. The person in charge confirmed that following a review, there were no plans for residents to transfer to another designated centre.

The premises were clean, homely and well maintained, and there was sufficient private and communal space in the three units to meet the needs of the residents. One of the units was a dormer style bungalow, which could accommodate four residents, and two of the units were single storey houses, both of which could accommodate two residents each. There was adequate cooking and laundry facilities, and sufficient bathrooms for residents' use. Assistive equipment was provided to promote residents' safety and mobility.

Suitable fire safety systems were in place, including fire alarm, fire extinguishers, emergency lighting and fire blanket. All equipment had been serviced, and daily, weekly and monthly checks were completed on fire safety equipment, and escape routes. There were adequate arrangements for the containment of fire, and fire doors with self-closing devices were installed throughout the centre. Personal emergency evacuation plans were in place for residents and staff were aware of the support needs of residents in order to evacuate the centre. Regular timely fire drills had been completed including a night time drill. Residents had been provided with accessible information on fire safety.

Suitable measures were in place for the prevention and control of infection. Environmental cleaning was completed twice a day and staff were observed to complete cleaning of high touch areas. One staff was assigned as a COVID-19 lead person each day and completed checks of infection prevention and control criteria,

as well as a COVID-19 safety pause check with staff at the beginning of the shift. There were adequate hand hygiene facilities and sufficient personal protective equipment. Staff were observed to adhere to public health guidelines relating to hand hygiene, the use of personal protective equipment (PPE) and social distancing. Residents', staff and visitors' temperatures and symptoms were checked as required. There was a COVID-19 contingency plan, which had been implemented recently in the centre. Accessible information was available for residents to support them with hand hygiene.

There was an up-to-date risk management policy which included the arrangements for risk identification, assessment and control of risks throughout the centre. Risks had been assessed, for example, individual risks relating to manual handling, accidental falls, swallowing difficulties and healthcare conditions had been identified. Risk management plans outlined the measures in place to mitigate the risk of harm to residents or staff, and were implemented in practice. For example, following adverse incidents, a resident had been reviewed by the relevant allied healthcare professionals and handrails and a profile bed had been provided.

Risks were reviewed on an ongoing basis and there was a proactive response to emerging risks. For example, the changing healthcare needs of a resident, had been resulted in an interdisciplinary plan of care being implemented, and all follow up care either completed or planned for in the coming months. This meant that the staff had identified the potential impact these changing needs may have on the resident and took proactive steps to ensure the resident's needs would be met and risks mitigated.

The inspector reviewed one of two vehicles in use the centre. There was up-to-date vehicle insurance, as well as four weekly maintenance checks. A valid certificate of road worthiness was available and a daily vehicle checklist was completed. The vehicle was cleaned after each use.

## Regulation 10: Communication

Residents' communication needs were assessed and supported through the use of pictures, assistive devices, and accessible information. Staff knew the residents communication needs well and were observed to interact with residents in line with residents preferences. Residents had access to newspapers, telephone, television and the internet.

Judgment: Compliant

## Regulation 11: Visits

Residents were supported to have visitors in the centre, and there were ample

facilities to receive visitors should the residents wish to do so. There were no current restrictions on visiting the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to and retained control over their own possessions and were provided with suitable storage for their belongings. Staff supported residents to manage their finances, and residents could access their money as they needed.

Judgment: Compliant

### Regulation 13: General welfare and development

Appropriate care and support was provided to residents, and was based on their assessed needs and their own choices. Residents were supported to access a range of activities and amenities both in the centre and in the community. Some of the residents attended day services, while other residents were supported with community activities by staff in the centre. Residents were actively supported to develop links with the community, for example, hosting charity events and inviting neighbours to garden parties.

Judgment: Compliant

### Regulation 17: Premises

The premises was homely, clean and overall well maintained. Each of the residents had their own bedroom, and there was adequate communal living space for residents' use. There were sufficient numbers of bathrooms, and assistive equipment was provided to ensure residents safety and maintain their mobility. Each of the units were equipped with cooking, dining and laundry facilities, and residents were supported to do their own laundry should they wish to. Each of the units had a small patio area to the rear of the properties.

Judgment: Compliant

### Regulation 18: Food and nutrition

The nutritional needs of residents were provided for, and where required, modified diets were provided to residents following an assessment by a speech and language therapist. Residents talked to staff about the meals they would like to have and there was ample supply of nutritious food available should residents prefer an alternative meal. Food was observed to be safely stored, and residents were supported to buy food and prepare meals if they wished.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had submitted a residents' guide to HIQA as part of the application to renew the registration of this centre. The residents' guide contained all of the required information, and was reflective of the service and facilities in the centre, and of the specified arrangements.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The inspector discussed the arrangements for the discharge or transition of residents from the centre, and the person in charge confirmed that following a review, there were no planned transfers or discharges of residents in the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks had been identified and assessed in the centre, and control measures were recorded and implemented to mitigate the risks presented. There was a system in place to respond to adverse incidents in the centre, and records were maintained of all adverse incidents. The inspector found adverse incidents were managed appropriately at the time of the incidents, and follow up actions were taken to ensure residents safety going forward. For example, a resident had been reviewed by a clinical nurse specialist in health promotion, an occupational therapist and a physiotherapist, and assistive equipment and footwear had been provided to support them with their mobility.

Similarly, risks relating to a residents healthcare diagnosis were being proactively



managed, with measures in place to mitigate any potential impact. Valid insurance and road worthiness certificates were available for a centre vehicle, vehicle checks and cleaning was completed by staff as required, and four weekly maintenance checks were also completed.

Judgment: Compliant

### Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection, and the provider had ensured that all measures as per public health guidelines were in place. This included enhanced environmental cleaning, the use of appropriate PPE, adequate hand washing facilities, and monitoring of residents', staff and visitors' symptoms. A COVID-19 lead person was appointed each day and completed a range of checks to ensure infection control measures were in place and potential risks mitigated. The provider had developed a COVID contingency plan, which had been recently implemented in response to cases of COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety management systems were in place and the centre had equipment and facilities for the detection, containment and fighting of fire, and for the safe evacuation of the centre. All equipment had been regularly serviced as required, and additional fire safety checks were completed on a daily, weekly and monthly basis by staff. The support needs of residents were set out in personal emergency evacuation plans, and timely fire drills had been completed throughout the year.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Since the last inspection, the social care needs of residents had been reviewed and meaningful activities were provided for residents both in the centre and in the community. Residents were supported to develop a range of goals, and plans were implemented to support residents to achieve these goals. Residents' families were invited to attend an annual review of residents' personal plans and goals. Personal plans were up-to-date and took into account changing circumstances and emerging

needs of residents. Staff were knowledgeable on residents' needs, and described the plans in place for residents needs to be met and their goals to be achieved.

Judgment: Compliant

### Regulation 8: Protection

Arrangements were in place to ensure residents were protected in the centre. Safeguarding incidents had been reported and investigated, and follow up actions taken to prevent reoccurrence. Residents were provided with information about protection and self care. Suitable arrangements were in place to ensure residents finances were safeguarded. All staff had been provided with up-to-date training in safeguarding.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were upheld in the centre, and the individuality and diversity of residents was respected and promoted. Residents chose how they wished to live their life, and the care and support was arranged around the specific needs and wishes of residents. Residents participated in and consented to decisions about their care and support, discussing at weekly residents' meetings and at personal planning reviews, their choices of outings, meals and longer term goals. The privacy and dignity of residents was respected and promoted through personal and intimate care practices, security of personal information and support of personal relationships.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
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 25: Temporary absence, transition and discharge of 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant