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## Ormonde Square Residential Service, OSV-0005697, 09 January 2018

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**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Ormonde Square Residential Service
<b>Centre ID:</b>	OSV-0005697
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Carriglea Cáirde Services
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 09 January 2018 09:30 To: 09 January 2018 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of this centre which was a proposed new centre. This was an announced inspection to inform the decision of the Chief Inspector following the provider's application to register the centre. All documentation required for the purposes of the registration were submitted.

The proposed centre was commissioned in response to identified needs and concerns for two individuals within service. These were also identified as part of previous inspections for those centres and opening this centre would complete the actions identified by the provider to address issues in those centres. However, it is acknowledged that the provider had already commenced planning for this prior to HIQAs intervention.

How we gathered the evidence:

The centre was unoccupied at the time of the inspection therefore the inspector did not meet with the residents and observe practices. A number of the findings are based on the plans available and outlined to the inspector. However, the proposed

residents were residing in other centres within the provider organisation. Therefore the inspector was familiar with their circumstances and was able to access their personal plans, multidisciplinary assessments and the decision making process for admission/ transition to the centre.

Twelve of the outcomes required for regulation were inspected against. In accordance with the regulatory process for such new services, a further inspection will be undertaken within a defined time frame to ascertain the ongoing compliance with the regulations and the quality of life for the residents.

The inspector met with staff members, the person in charge, deputy, the provider nominee, and quality assurance officer. The inspector also spoke with a family member who reported high levels of satisfaction with the current care provided within the organisation and with the plans for the change of residence. They had been fully involved and consulted at all stages.

#### Description of the Service:

This statement of purpose outlines that the centre is designed to provide long-term care for two adults, male and female with intellectual disability and high support needs. To this end the findings indicate that the service / facilities and staffing ratios to be provided will be congruent with the statement of purpose.

The accommodation consists of two separate but interlinked apartments located in a small development of similar housing units. They were both found to be suitable for the intended purpose. Suitable high support, individualised day services are also provided.

#### Overall judgement of our findings:

This inspection found that the provider was in compliance with the regulations which had would promote positive outcomes for the residents,

Good practice was observed in the following areas;

- proposed governance systems were effective and robust (outcome 14)
- transition planning was robust and reflective of the individual residents needs
- residents social care needs were well supported and being further developed (outcome 5)
- safeguarding systems were effective and pertinent to the identified needs
- residents would have good access to healthcare and multidisciplinary specialists and good personal planning systems were evident (outcome 5)
- risk management systems were effective and proportionate ( outcome 7)
- medicine management systems were safe (outcome 12)
- numbers and skill mix of staff proposed and currently available were suitable which provided continuity and supportive care for the residents (outcome 17)

Some minor improvements were required in documentation and these were addressed during the course of the inspection.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

This outcome was not inspected in its entirety but from a review of records and speaking with parents and staff it was evident that the residents needs and preferences had been considered and supported in the decision to move to this proposed alternative living arrangement. The changes to the day care service and implementation of additional day-to-day activities were being carefully trialled and monitored to ascertain their preferences in regard to their routines. They and their representatives on their behalf had been involved and consulted in all of the decision.

The accommodation is designed in a manner to ensure both residents have separate living areas and need only be together as they wish for chosen activities. This move itself demonstrates that the managers and key workers had acted as advocates on resident's behalf to seek this alternative accommodation and additional supports where this was needed to improve their quality of life. Their individual preferences for personal belongings well known by staff and these were to be included in the move.

The accommodation afforded privacy and dignity to each individual resident.

Residents were assessed for competency to manage their finances and in most instances could not do so. However where they wished to carry their own monies this was supported. Staff maintained detailed records and receipts of all transactions and there was also an internal auditing system which the inspector saw was focussed on protecting resident finances.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The policy on admission takes count of the suitability of the service to deliver the care required and the compatibility of residents to live together.

The decision making and admission process for this centre was comprehensive with full consultation and multidisciplinary guidance evidence.

From a review of the transition plans the inspector was satisfied that both of these were being managed in a careful and phased manner in order to support the best outcome for the residents.

The sample contracts for service these were satisfactory and pertinent to the specific care and staffing arrangements for the residents. Fees and additional charges were detailed and any additional charges were reasonable.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Good practice was found in systems to identify and respond to the residents overall

needs. The residents had frequent access to a range of multidisciplinary assessments and interventions. There were comprehensive assessments of their health, psychosocial and mental health needs undertaken which informed residents care and personal plans. There were regular multidisciplinary meetings and internal reviews held as required and as residents' needs changed. The decisions to create and move the resident to this centre were made within this framework. This was based on their assessed needs for a separate and quite living environment.

The transition plans to the new centre were carefully arranged to support the best outcome and ensure the residents were happy with the change. The time spent in the new centre during the day was carefully structure to help them acclimatise to it prior to moving in. Social stories were also used to enable the residents understand what was happening.

The move included a significant change to the type of day service available to the residents. A range of different social activities and outings were being trialled to monitor the residents' response and satisfaction with them. Familiar staff however was deployed to undertake these events.

The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and their representatives as required by their needs. There was evidence of regular consultation with families and representatives and they attended the reviews held.

The personal plans were very person-centred and demonstrated a good understanding of and support for the residents across a range of domains including health, self care, communication, personal relationships and community access, and behaviour support. The plans were very detailed as required by the resident's dependency levels and demonstrated that the person in charge was aware of the need to monitor and support the changing needs of the residents.

The inspector was satisfied that the assessed needs of the proposed residents could be met within the centre and that decisions regarding admissions were being made according to clear criteria and in consultation with all persons.

The resident's social care needs were very well supported and individually tailored. These included sensory therapy, physical activity, swimming, going to the cinema. There is a swimming pool on the grounds of the organisation which was used frequently. The change to the physical environment was also planned to facilitate easier access to day-to-day activities and allow them to undertake their preferred tasks person tasks such as doing their laundry and cooking without the previous undue restrictions.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The premises are suitable for their purpose. It comprises two adjacent two bedroom newly built single story houses. They are interlinked by a door which can be locked. Each unit has a combined living kitchen dining area separate entrance and back garden area with suitable bathroom facilities. One unit contains the staff office and the other a staff sleep-over room.

Both units are well equipped and domestic in style, very comfortable and finished to a high standard of decor with good heating systems and easy access.

There is an interlinked monitored fire and intruder alarm.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Systems for identifying and responding to risk were found to be proportionate and proactive to ensure residents safety. Fire safety management systems were found to be good with equipment including the fire alarm, extinguishers and emergency lighting and self closing fire doors installed and commissioned. The systems were in accordance with the revised guidance for community housing. There were arrangements in place for servicing if all equipment quarterly and annually as required.

The proposed residents were using the premises as part of their revised day care service and fire drills had already being held to familiarise them and staff with the process. There were suitable and detailed evacuation plans available for all of residents.

Records showed that all staff identified to work in the centre had undergone fire safety training and further training was also scheduled for the small number of new staff to be recruited. Manual handling was also up to date for all staff.

There was a signed and current health and safety statement available. A significant safety audit had been undertaken to ensure safety of the environment and individual issues pertinent to each resident were considered and acted upon prior to admission. There was a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff who confirmed this. The emergency plan had been reviewed for effectiveness following recent storms.

The risk management policy complied with the regulations with systems identified for learning from and review of untoward events and was implemented in practice. The risk register was detailed and identified pertinent risks including environmental, clinical and behavioural or safeguarding concerns. There were detailed and demonstrates a robust knowledge of the residents with controls in place and identified for the new arrangement to mitigate these. These includes soft flooring to and other measures to prevent injury from falls.

The policy on infection control and the disposal of sharps was detailed. The vehicle had not been purchased at the time of this inspection but arrangements were in place for this.

Each resident had a comprehensive individual risk assessment and management plan implemented for risks identified as pertinent to them. These included risks of falls, choking inadvertently, going absent and self-harm. The detail and control measures identified were seen to be satisfactory and pertinent to the specific risk or level of risk. Staff were very familiar with these practices for the individual residents.

The systems for learning and review were evident and included responses to individual incidents of behaviour, medicines errors, accidental injury, detailed audits of such incidents and remedial actions taken.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The proposed residents had complex needs in relation to safeguarding and behaviour that challenged. These had been identified in inspections of both previous units but the provider had already initiated this plan to alleviate them.

The proposed plans for the admission and ongoing support of the residents took account of the complexity of needs presented. The planning, including the layout of the physical environment took account of the need for 1 to 1 staffing at all times It also mitigated safeguarding issues where the proximity of others created potential safeguarding concerns and challenging behaviours and subsequent additional restriction on the residents .

The residents had been using the premises with individualised staffing arrangements as part of the revised day service and transition plan. This had already significantly reduced incidents in the current units where others were negatively affected. There were appropriate safeguarding systems evident.

There were very detailed behaviour support systems implemented and additional resources, environmental structures and one to one staffing made available. There was good oversight and intervention by both psychiatric and psychological services in behaviour support plans evident.

While residents were currently subject to a number of restrictions, mainly due to the need to protect others, the person in charge advised that they would not be instigating these in the environments as the change in itself should mitigate the need for them. Those restrictions which remained in a place were primarily for potential self-harm or accident .For example, some equipment such as the kettle, the television and some fire safety equipment was secured. They were appropriate to the needs identified, regularly reviewed and to be implemented only as required. They were in accordance with national policy.

The records available indicated that staff had training in challenging behaviours and in the use of any minimal physical intervention which may be initiated. Intimate and personal care plans were in place for each individual resident.

The policies and procedures for the prevention, detection and response to allegations of abuse reflected the national guidelines.

The provider had a dedicated social work service and a suitably experienced designated officer appointed. From a review of notifications the inspector was satisfied that the provider acted responsibly where any concerns were raised in relation to any such concerns within the organisation. Records demonstrated that all current staff working in and identified to work in centre had received up to date training in the prevention of and response to abuse.

A range of other systems were in place to protect the residents. There was regular access to managers for oversight of their care and safety; evidence of good communication with families and monitoring of practices.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority in relation to both centres the residents currently live in demonstrated that the person in charge was in compliance with the requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally and a reduction in potentially abusive interaction between peers was evident.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The residents healthcare needs were currently well supported and monitored and this was to continue. A local general practitioner (GP) service was responsible for the healthcare of most residents and they were seen either at the day service or in the clinic. Records and interviews indicated that there was frequent, prompt and timely access to this service.

There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, and neurology. Psychiatric and psychological services were available internally. Chiropody, dentistry and

ophthalmic reviews were also attended regularly.

Healthcare related treatments and interventions and plans were detailed and staff were aware of these. These included dietary supports. The inspector saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine and specific health issues.

The documentation indicated that all aspects of the president's healthcare and complexity of need was monitored and reviewed.

Nutrition and weights were also monitored and residents were encouraged with healthy eating plans. Meals were to be prepared in each of the units where each resident had a fully equipped kitchen.

There was detailed information available should a resident required transfer to acute services.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems as outlined for the receipt of, management, administration, storage and accounting for all medicines, including returns of medicines were found to be satisfactory.

The inspector saw evidence that medicines were reviewed and altered as necessary regularly by both the residents GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored and were known by staff. There was data provided to staff to ensure they were familiar with the nature of the medicines. It is proposed that the nurse with responsibility for the centre will primarily oversee the management of medicines. Non nursing staff either have or will receive training in medicines management .This includes a competency assessment. The provider already undertakes detailed medicines audits in the established centre and has plans to do so in this centre.

There were detailed protocols in place for the administration of emergency medicine which was required.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The statement of purpose had been forwarded and was compliant with the requirements of the regulations. Admissions and care as outlined will be in accordance with this statement.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the governance arrangements as outlined were suitable, effective and accountable to ensure the safe and effective delivery of care. The chief executive officers act as the representative of the provider under the auspices of the board of directors .

The senior management team consists of the person in charge/clinical lead, deputy person in charge, administrator/quality and standards manager, human resources manager, and a finance manager. There are social work and psychology services

integral to the organisation.

The person in charge works full-time and is a registered nurse intellectual disability and a general nurse. She had significant experience working in services for people with disabilities with 15 years in a management role. It was apparent that the person in charge, and deputy although responsible for two other centres was very familiar with the residents care needs and preferences.

All roles were clearly defined and carried out effectively within the organisation.

Both the nominee and the person in charge continued to demonstrate their knowledge of their responsibilities under the Health Act.

There were robust systems for quality improvement, health and safety reviews and reviews of accidents and incidents. The managers meeting records demonstrated evidence of good auditing, analysis of practices and prompt remedial actions taken where necessary. This is further demonstrated by the considerable planning undertaken in commencing this new centre and the actions of the provider in responding to the identified needs which prompted this.

Audits of adherence to the standards and regulations were undertaken for this centre. These were seen to be very detailed reviews of the environmental, clinical and personal care needs of the proposed residents. There were actions identified and evidence that these were addressed.

There were systems in place to elicit the views of residents and relatives including a twice yearly open forum for relatives. The views expressed were seen to be very favourable. The inspector was satisfied with the systems and oversight processes currently and as planned.

All of the legal documentation required for the purpose of registration had been forwarded in a timely and complete manner

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider

had made suitable arrangements for periods of absence of the person in charge with all documentation forwarded and the person was suitably qualified and experienced with a thorough knowledge of the residents.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the skill mix and numbers of staff identified was suitable to meet the needs of the residents and the high support service required. The residents were assessed as requiring a level of nursing oversight and this was planned. One fulltime nurse was appointed and already working with the residents. Further clinical oversight was available via the person in charge, deputy person in charge and on call nurses in the organisation available out of hours.

As both residents are already within the service a number of staff both from the day service and residential units had been identified to transfer with them to support continuity of care. Each resident will have 1 to 1 staff at all times or if on activities a 2 to 1 ratio. One waking and one sleepover staff is agreed for overnight. FETAC level five is the minimum training requirement for staff but most staff identified had social care qualifications.

A review of a sample of the personnel records showed evidence of good recruitment procedures with all the required documentation procured prior to staff taking up post. All staff identified to work in the new unit either had undergone all the required mandatory training or this was scheduled to take place prior to the centre opening.

There was a detailed induction programme outlined which in this case included guidance from psychology in addressing the residents needs. From a review of the annual supervision records these were pertinent to the role and responsibility of each grade and focused on residents care needs. Planning for frequent team meetings overseen by the senior manager and formal communication systems was evident  
The provider had made a significant commitment to the provision of additional staff to

provide 1:1 supports for the residents.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Noelene Dowling  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority