



Statement of Purpose

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Registered Provider	Person in Charge
The Anne Sullivan Centre CLG	Mark Harding

CHY 20838

CRN 20083007

Contents

1.0 Background	3
2.0 Introduction	4
3.0 Vision	5
4.0 Aim.....	5
5.0 Goals	5
6.0 Objectives	6
6.1Values.....	6
7.0 Facilities	6
8.0 Services.....	8
9.0 Specific Therapies.....	10
10.0 Registered Provider Details	12
11.0 Conditions attached by the chief inspector to the designated centre's registration	14
12.0 Staffing.....	14
13.0 Organisational structure	15
14.0 Specific care and support needs.....	16
15.0 Admissions criteria	17
16.0 Arrangements.....	19
17.0 Fire procedures.....	23
18.0 Complaints procedure	23
19.0 Day services	24
20.0 Key policies	24

1.0 Background

In 1989 a group of concerned parents whose children had been diagnosed with Congenital Rubella Syndrome came together and formed the Anne Sullivan Foundation for people who are deafblind in Ireland. The Foundations' name was chosen to pay tribute to an Irish immigrant who came to prominence as a deafblind teacher in the United States.



Anne Sullivan's parents left Limerick during the famine and settled in Massachusetts, where Anne was born in 1866. At five years old, Anne contracted an eye infection and began losing her sight. Three years later, Anne's mother passed away and she and her younger brother were abandoned by their father and sent to an Alms house in Tewksbury. She attended Perkins School for the Blind in Boston where having begun as a difficult student, she graduated as Valedictorian of her class, aged 20.

During her time at Perkins, Anne learned to communicate with friends who were deafblind, including Laura Bridgeman, the first deafblind person to be educated. It was a skill that would be critical when in 1886 she was hired by the Keller's to care for their daughter Helen in Alabama. Helen was a profoundly challenging student, but Anne was determined and managed to help Helen to communicate.

Anne Sullivan served as Helen Keller's educator for over a decade and accompanied her to Radcliffe College where she became the first person who was deafblind to graduate with a Bachelor of Arts Degree. The pair remained lifelong companions and when Anne died in 1936, Helen was holding her hand.

2.0 Introduction

The Anne Sullivan Centre provides residential, outreach, advocacy and day services to people who are deafblind and may have additional complex needs. We are a small organisation that provides intensive professional support to adults who are experiencing significant multi- sensory and/or physical/intellectual challenges. The level of support needed necessitates a high level of specialised staff engagement with our service users who often have complex support needs and experiences that are unique.

The condition of deafblindness is much more than a combination of deafness and blindness

“Deafblindness is a unique disability. Deafblindness is a combined hearing and vision disability. It limits activities of the person and restricts full participation in society to a degree which requires that society compensates by means of specific services, environmental alterations and or technology”.

(Nordic definition 2006 www.nordicwelfare.org)

A person who is deafblind can be affected in one of the following ways:

- Totally deaf and blind from birth
- Totally deaf and blind after losing residual vision/hearing
- Totally blind with residual hearing
- Totally deaf with residual vision
- Some residual hearing and vision

The Anne Sullivan Centre is an independently governed, not for profit care and support service for people who are deafblind. The Anne Sullivan Centre receives funding from the HSE and provides the following activities

- Residential support for adults who are deafblind
- Day services for adults who are deafblind

The Anne Sullivan Foundation funds

- Outreach services for children and adults who are deafblind
- Advocacy services

3.0 Vision

We want to see a society where **all** people are given an equal opportunity to participate fully and equally in society in line with the commitments set down in the United Nations Convention on the Rights of People with disabilities.

4.0 Aim

We continue Anne Sullivan's legacy by empowering people who are deafblind to pursue meaningful, active and fulfilling lives. We do this by providing care, advocacy and support services in partnership with people who are deafblind, their families, statutory and non-statutory organisations and local communities.

We aim to provide services to each service user which encourages growth and independence based on an individual's strengths, wishes and needs. The Anne Sullivan Centre strives to create a community where each service user has opportunities for self-expression and self-development within a setting that is caring and supported.

5.0 Goals

Our Goals 2021-2026

By 2026 we will expand and maximise the level of meaningful support and advocacy to people who are deafblind and to the network of people who support them to ensure that those we engage with:

- Feel valued and included.
- Develop their potential.
- Are equipped to make their own personal choices regarding communication, education, living, working and participating in society.

To achieve these goals, we have embarked on a five-year strategic plan (2021-2026) and investment programme under 5 strategic pillars-Services; Innovative Tools and Technologies; Campaigning and Influencing Policy, Sustainable Funding and Governance.

6.0 Objectives

We strive to ensure that:

- Our services are compliant with national regulations and standards and benchmarked against international best practice.

- Service users are supported through innovation in augmentative and alternative communication systems and tools.
- Service users receive effective support and intervention to best support their individual needs and wishes.
- The rights and needs of service users are respected, valued and listened to.
- Staff are supported and nurtured to achieve excellence, empowered to develop and excel and recognised for their skills and knowledge.

These objectives reflect our original mission of “providing a home from home” for the residents of the Anne Sullivan Centre.

6.1 Values

- We are a **person-centred** organisation that strives for equality, fairness and respect.
- We provide **quality** services that are inclusive; focussed on empowerment, communication and advocacy.
- We are **accountable** to each other, our service users and our funders; we use our **resources** in a way that is effective and efficient.
- We work as part of a **team**; always challenging ourselves to do better and measure our performance.
- We are guided by the principles and commitments inherent in the **UNCRPD**.

7.0 Facilities

House	Room	Size M ₂	Comment
No 7	Bedroom	8m ²	Downstairs 1 resident
	ensuite	4m ²	
upstairs	Bedroom 1	10m ²	1 resident
	ensuite	4m ²	
upstairs	Bedroom 2 and living area	7m ² 11m ²	1 resident
	Downstairs Living Room 1	18m ²	
	Living Room 2	15m ²	
	Kitchen/dining room	20m ²	
	Office (upstairs)	8m ²	
	Main Bathroom upstairs	5m ²	
No 19	Bedroom 1	12m ²	1 resident
	Ensuite	2m ²	

	Bedroom 2	11m ²	1 resident
	Bedroom 3	6m ²	1 resident
	Sitting Room	18m ²	
	Kitchen	16m ²	
	Bathroom (upstairs)	5m ²	
	Toilet (downstairs)	1m ²	
No 20	Bedroom 1 ensuite	12m ² 3m ²	1 resident
	Bedroom 2	11m ²	1 resident
	Bedroom 3	6m ²	Staff sleepover room
	Kitchen	16m ²	
	Living Room	18m ²	
	Bathroom (upstairs)	5m ²	
	Toilet (downstairs)	1m ²	
	Outdoor log cabin	12.35m ²	Multi-sensory space
No 21	Upstairs Apartment (3 rooms)	12m ²	Bedroom
		5m ²	Kitchenette
		6m ²	Living Space
	Living room	11m ²	Living space
No 21 Downstairs	Bedroom 1	10m ²	1 resident
	Office	277 X 348 160 X 120	Office
No 21 Downstairs	Shower room	6m ²	
ASC Centre Apartment 2	Bedroom Kitchen Office Living Room Bathroom Communal area	9m2 9m2 3m2 9m2 3m2 11m2	Self-contained apartment for 1 resident,
Apartment 1	Bedroom 1 Ensuite Bedroom 2 Ensuite Office Kitchen Living room Communal area	9m2 3m2 9m2 4m2 3m2 10m2 10m2 11m2	Self-contained Apartment for 2 residents

Staff room & ensuite	Staff room and Ensuite	10m2 3m2	Staff room and ensuite
Auxiliary services	ASC building	159 m ²	multi-sensory facilities, Gym, Jacuzzi, kitchen and communal areas
Kinsella Building	Canteen Filing Store Multi-purpose room Toilet Activities room	25m ² 6m ² 41m ² 3m ² 20m ²	

Outdoor recreational areas

The Anne Sullivan Centre is in a quiet cul de sac on Brewery Road in Stillorgan, Dublin. The centre is a short walk from Sandyford Luas station and is well serviced by public transport and other recreation and leisure facilities. Recreational areas surrounding the Anne Sullivan Centre are accessible and well maintained. There are walkways throughout the garden areas and benches for resting at frequent intervals. There is a recreation area which contains adapted swings.

There is a sensory garden and an herb garden that seeks to stimulate residents' sense of smell and touch. The recreational area has trailing bars to enable residents to walk around independently and safely.

8.0 Services

- Residential Care – 365*24
- Day Services- Monday- Friday.

Services Provided

Residential Services: the Anne Sullivan Centre has capacity to offer residential services to 13 adults who are **deafblind**. This is offered on 24-hours 7 days a week, 52 weeks of the year. Residents are deafblind; some residents also have physical or intellectual disabilities. The Anne Sullivan Centre seeks to employ people who have qualifications in Social Care, Psychology or in other related health / social care/vocational disciplines.

Each resident has an allocated key worker who advocates for and on behalf of the resident. Their focus is to ensure that the resident's strengths, wishes and needs are heard and that the very best support is provided to each resident as outlined in their personal plan.

Our therapeutic model is a person-centred approach which focuses on each residents' individual rights, wishes and support needs. Our service is underpinned by a positive behavioural support model of care and support. Positive Behaviour Support (PBS) is an approach which supports an individual to change negative behaviours/communication which is based on humanistic values and research and focusses on the principle that quality of life can be improved. If negative behaviour is an obstacle to optimising quality of life, it is addressed through teaching the individual more effective ways of communicating/functioning.

A PBS Plan is developed, where appropriate, to support a resident who might be experiencing difficulties. The plan contains a range of strategies which not only focus on behaviour(s) but also include ways to ensure the person has access to things that are important to them. The strategies used are referred to as Proactive Strategies and Reactive Strategies. For more detailed information please see ASC PBS policy.

In addition, where appropriate, assessed and deemed necessary, a Crisis Prevention Intervention (CPI) approach using Management of Actual or Potential Aggression (MAPA) is used within the service. The ultimate focus is to prevent, decelerate and de-escalate crisis situations so that restrictive practices can be avoided where possible and risks can be minimized.

The staff work within a care planning framework which incorporates the recommendations of a multi-disciplinary clinical team. Staff are supported through regular line management, supervision, training and formal and informal mentoring and team support.

Day Service: the Anne Sullivan Centre provides a day service to adults who are deafblind and are living at home with their families. The day service

is located in a wing of the Kinsella building. Day service users' can avail of all therapeutic/ancillary services provided by the Anne Sullivan Centre based on their assessed needs and wishes.

9.0 Specific Therapies¹

Physiotherapy services. The physiotherapist is a consultant who provides a needs-based service to each individual service user which is provided in accordance with the guidelines of her registered body. The focus of the physiotherapist's work is to offer the best possible physio care whilst endeavouring to contribute to the quality of life of each resident/service user. Physiotherapy is offered to all service users free of charge. The physiotherapist is registered with CORU and provides services in line with her professional body. The Physiotherapist is accompanied by staff during her visits to the ASC.

Occupational Therapy service is provided by an independent occupational therapist. Occupational therapy is a client-centred approach which promotes health and well-being through occupation. It involves enabling residents/service users to do the things that they need and want to do in everyday life and assist them to develop and maintain a meaningful lifestyle. Our O.T. focuses on the following areas

- 1) The individual person - improving or maintaining their level of physical, cognitive (thinking), affective (emotional) and social ability.
- 2) The environment - manipulating or adapting the physical, social, cultural environment. OT is provided free of charge to service users.

The Occupational therapist is a registered practitioner and operates under her registration body. She is accompanied by staff when she visits service users of the ASC.

Positive Behaviour Support is a psychological approach that focuses on a positive model of intervention with residents/service users. The focus of PBS is on the development and review of person-centred behaviour plans which are based on quality and evidence-based practice. The Anne Sullivan Centre supports staff to develop a specialism in PBS; these staff members work across all houses developing, reviewing and overseeing behavioural support strategies and plans. PBS is provided free of charge to service users. The Anne Sullivan Centre avails of an external psychologist who oversees the development and review of its PBS plans on a periodic basis. The psychologist is registered with the Psychological Society of Ireland and is supervised by staff when on site.

¹Therapies may be delivered if appropriate through on line consultations.

Dietician: The Anne Sullivan Centre employs a consultant dietician to ensure that all residents'/service users' nutritional requirements and preferences are met. The dietician works alongside the staff team and our visiting G.P. ensuring that the dietary and health requirements of residents/service users are continuously assessed and reviewed. This is funded by the Anne Sullivan Centre therefore there is no charge to service users. The dietician works within the guidelines of her registered body and is accompanied by staff when visiting service users.

Music Therapy: Music Therapy combines psychology and the art of music to improve the quality of life of a person. Music therapists use music-based methods to support a person's physical, emotional, cognitive and social wellbeing. Music Therapy is provided by an external consultant to those service users who wish to avail of it. It aims to provide a creative space for self-expression, to enhance communication and to experience sensory stimulation through vibrations and motion. There is a small fee to service users however, most of the cost is borne by the Anne Sullivan Centre. Service users are supported by staff when the music therapist is on site.

Movement for Wellbeing & Dance – Ability: This therapy is provided by an external consultant who combines her skills as a professional dancer, healing yoga and movement facilitator to create customised sessions for our residents/service users. The sessions provide a safe space for residents with the support of staff to explore movement potential within their body and experience it's associated positive benefits. It is an opportunity for residents/service users and staff to engage in a joint activity where movement is experienced in partnership with each other, spatial awareness is explored, and balance and posture is enhanced. These group classes are funded by the Anne Sullivan Centre therefore there is no charge to service users. However, if service users wish to avail of individual classes these classes are jointly funded by the ASC and the service user.

Psychiatry: The Anne Sullivan Centre avails of the services of a visiting HSE psychiatrist who specialises in working with people who have intellectual disabilities. The psychiatrist works as part of the multi-disciplinary team to ensure that the quality of life and wellbeing of our residents are assessed, reviewed and addressed in a holistic and ongoing way. There is no charge to service users. Consultations are held both virtually and in person - when in house consultations take place these are carried out under the supervision of a staff member(s).

General Practitioner: The Anne Sullivan Centre engages the services of a local G.P. who visits residents at least monthly. The GP is very familiar

with the health, welfare and social care needs of residents. The ASC also uses the out-of-hours services of D-Doc as well as VHI Swiftcare. The GP service is funded by the Anne Sullivan Centre. Each resident has their own private health insurance. The GP is accompanied by a staff member when carrying out on site visitations.

Speech and language Therapist: The Anne Sullivan Centre engages the services of a consultant speech and language therapist who is available to all residents/service users on an individual need's basis. Working with the other professionals on our multidisciplinary team, the therapist works closely with our residents/service users and staff team to establish an individualised programme to assist each person communicate as effectively as possible. Our SALT is also involved in recommending augmentative and assistive forms of communication and in assessing if residents have any eating, drinking or swallowing difficulties. This is funded by the Anne Sullivan Centre therefore there is no charge to service users. The SALT is registered with CORU and carries out her reviews with service users accompanied by staff.

Communications Specialist: The Anne Sullivan Centre avails of communications specialists who have completed masters in congenital deafblindness/Multi-sensory Impairments. The development and planning of all communication, assistive and adaptive technologies are central to this speciality. Daily Schedule Boards, PECS, Picture based communications, tactile strategies are all critical care planning components that are central to the lives of residents/service users who are deafblind. This is funded by the Anne Sullivan Centre therefore there is no charge to service users. The communication specialists are employees of the Anne Sullivan Centre and are recruited in line with Schedule 2 of the regulations.

Other services: Other services that are available to residents/service users include Optician, Dentistry, Chiropody, massage therapy, Intellectual Disability Nursing, counselling, art therapy and involvement in community activities through the use of volunteer drivers.

10.0 Registered Provider Details

Name: The Anne Sullivan Centre C.L.G

Principal Address: Silver Pines, Brewery Road, Stillorgan, Co Dublin
A94Y763

Principal Telephone number: 01 289 8339

Alternative Telephone Number: 087 7035074/087 6690459

Fax number: 01 289 8408

E-mail address: info@annesullivan.ie

Website: www.annesullivan.ie

Person in Charge (PIC)

Name: Mark Harding

Address for correspondence: as above

Principal Telephone number: 01 289 8339

Alternative Telephone Number: 087 7035074

Fax number: (01) 289 8408

E-mail address: mharding@annesullivancentre.ie

Arrangements when the person in charge is absent:

1. Grace Kelly Hartnett: PPIM and CEO
2. Colm Lennon: Social Care Manager
3. Steve Sheppard: Quality and Systems Support Manager
4. Louise Smyth: HR Manager

The above staff members are designated as Persons in Charge and are delegated responsibility as appropriate when the Person in Charge is absent.

Residential Support workers are rostered 24/7. Each house has a Team Leader and Social Care Workers who can act as PIC /senior member of staff whilst on shift. There is an on call /escalation policy available to all staff on www.epic.ie

Management Team.

Grace Kelly Hartnett	PPIM and CEO
Mark Harding	PIC & Day and Residential Services manager
Steve Sheppard	Quality and Systems Support Manager
Louise Smyth	HR Manager
Colm Lennon	Social Care Manager
Team Leaders	Team Leaders have management responsibility for houses/areas of responsibility.
Social Care Workers	

	Social Care Workers are senior staff who undertake additional duties as delegated e.g. key working, acting TL etc.
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Registration Details

Registration number: 0032983

Date of registration: 17 December 2022

Expiry date of registration: 16 December 2025

11.0 Conditions attached by the chief inspector to the designated centre's registration.

Condition 1

Subject to any prohibitions or restrictions contained in any other condition(s), the designated centre shall be operated at all times in accordance with the Statement of Purpose within the footprint of the designated centre on the floor plan dated March 2023. The registered provider shall only provide for the specific care and support needs, and services, within the facilities as set out the Statement of Purpose, as agreed with the Chief Inspector at the time of registration. Any changes to the specific care and support needs and services provided must be agreed in advance with the Chief Inspector.

Condition 2

Only persons aged 18 years or older shall be accommodated at the designated centre at any time.

Condition 3

The maximum number of persons that may be accommodated at the designated centre is 13.

Capacity of the centre: the capacity of the centre is 13.

12.0 Staffing

The total staffing complement, in whole time equivalents, for the designated centre with the management and staffing complements given by grade, as required in the regulations.

Position	Number Employed	Whole time equivalent
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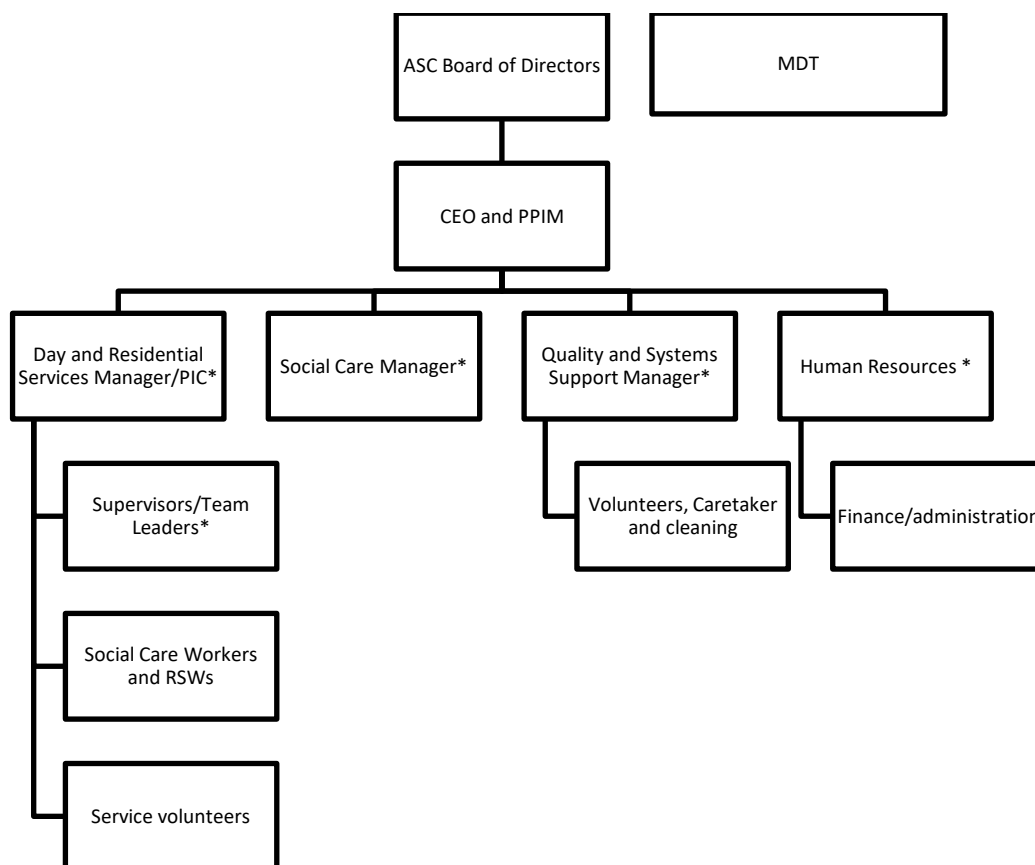
PPIM and CEO	1	1
Person in Charge	1	1
Service Managers	2	2
HR/Finance	3	2.23
Supervisors/Social Care Workers	15	15
Support Workers	31	27.69
Relief Staff	13	5
General Operative	2	0.95

The Anne Sullivan Centre employs care staff who are on duty 24 hours a day, seven days a week. All residents/service users have a minimum of one staff assigned to them during the day (8am – 8pm) as residents/service users have a high level of support needs. In addition, the Anne Sullivan Centre employs waking night staff to ensure that residents' needs are appropriately met on a 24/7 basis.

Each resident/service user has an allocated key worker whose aim is to develop a professional relationship with each resident and take responsibility for ensuring that all support and care needs inclusive of supporting paperwork e.g. personal plans, behavioural support plans etc. are up to date and completed to a very high standard. The keyworker is a key member of the resident's support team and acts as an advocate for the residents/service users ensuring that all quality-of-life issues are raised and supported by the Anne Sullivan Centre. They act as a liaison person with the extended family and ensure that communication between the service and the family is regular, open and transparent.

13.0 Organisational structure

The organisational structure of the designated centre.



* Management Team Member

The Registered Provider Representative is Aidan Waldron, Chair of the ASC Board

14.0 Specific care and support needs

The number, age-range and sex of the residents for whom it is intended that accommodation should be provided.

Age Range	Sex	Number
18 +	Male	6
18+	Female	7

The specific care and support needs that the designated centre is intended to meet.

Residents in the Anne Sullivan Centre have many complex needs, strengths and abilities in addition to being deafblind. Residents/service users, in the main, are nonverbal and utilise alternative and augmentative communication systems, based on their sensory needs, abilities and

preferences. This includes tactile symbols, drawings, photographs, swell symbols and sign language. In general, the care and support needs of residents/service users are in the high to maximum dependency category.

The type of nursing care to be provided.

We do not employ nursing professionals as care givers however we constantly review the need for same in line with resident's current needs.

The Anne Sullivan Centre employs a multi-disciplinary team of professionals on a consultancy basis which is inclusive of Speech and Language therapy, Occupational therapy, Psychology, Physiotherapy, Psychiatry, General Practitioner, Dietician, Music Therapist. An intellectual disability nurse is a member of our wound management committee.

15.0 Admissions criteria²

Criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions.

In line with the Anne Sullivan Centre's admissions policy, criteria for admission to the centre includes a diagnosis of multi-sensory loss, specifically in vision and hearing. Admissions are considered on the assessed needs of the individual referred, the needs of our current residents and whether the Anne Sullivan Centre is in a position to offer an appropriate placement to that individual. The Anne Sullivan Centre does not take emergency admissions.

Admissions are initially assessed by one of our specialist team members.

The ASC has a five-step process for admissions:

- Referral
- Application
- Assessment
- Admissions team meeting
- Follow up with the individual and/or representatives.

Referral

A referral can be made by phone or by email to a member of the ASC Team.

² This admissions procedure is also applicable to Day Services intake.

Assessment

Prior to an admission to the Anne Sullivan Centre an assessment is carried out by team member(s) to assess if the Anne Sullivan Centre can meet the needs of the person referred. The assessment determines the degree of deafblindness, the supports needed and whether the Anne Sullivan Centre can meet the needs of the individual.

Assessment Process

- (A) Information Gathering
 - a. Background/medical
 - b. Hearing/vision
 - c. Communications
 - d. Cognitive
 - e. Social/Emotional
 - f. Physical
- (B) Observation
 - a. Natural Environment
 - b. Home
 - c. Other services attended
- (C) Consultation where applicable
 - a. Referred person
 - b. Parents/carers
 - c. Tutors
 - d. SNA where applicable
 - e. Social Worker
 - f. GP
 - g. Community resource worker
 - h. Specialists (e.g. OT, SALP, Physio, Chime, NCBI etc)

Following the assessment, the assessor will compile a report which will outline the following:

- A. Recommendations
- B. Concerns
- C. Strengths
- D. Needs
- E. Admission? Yes/No
- F. Reasons for the decision

Admission meeting

The Person in Charge arranges an admission meeting with the team to review the findings of the assessment. This team will most likely consist of the PIC, Social Care Manager, Quality and Systems Support Manager, PPIM, Communications Specialist and anyone else deemed necessary to assist in assessing the impact of an admission on both a new referral and the current residents. The Anne Sullivan Centre Board will be kept informed throughout the process.

Consultation with representative (Family, Social workers etc.)

A member of the admissions team will ensure that representatives and the prospective resident are consulted on an ongoing basis prior to any admission to the Anne Sullivan Centre. Where possible a prospective resident will be provided with an opportunity to visit the ASC prior to admission.

Right to refuse

The Board of Directors in consultation with the CEO and PIC of The Anne Sullivan Centre reserves the right to refuse an application for admission to the service. The Board will advise the person and their parents/carers that, in the event of the person being refused entry to The Anne Sullivan Centre, an appeal may be made in writing to the Board within 14 days of the decision being conveyed to the person and/ or their parents/carers. The person will be informed (and/or their parents/carers) in writing of the Board's decision and the reasons why the person was not accepted. The right to appeal will be restated. Any appeal must be made within 30 calendar days from the date on which the decision of the Board was notified to the person and/ or their parents/guardians.

The Board will hear any appeal from representatives and/or the person who is being referred in the event of a refusal of admission.

16.0 Arrangements

The arrangements for residents to engage in social activities, hobbies and leisure interests.

Based on the residents Personal Plan, residents/service users are facilitated to participate in a variety of social activities such as swimming,

athletics, social outings and other specific community based engagements/activities with the support of staff members.

The residents are supported to go on holiday every year, as well as participating in regular day trips to community events and places. This is facilitated using the house buses and public transport.

Optional group activities in e.g. art, cooking, movement/ yoga, music therapy etc. are provided on a choice basis. Residents have access to the art room, multisensory room, kitchen, gym, music room and Jacuzzi in the centre.

The arrangements for residents to access education, training and employment.

Residents are facilitated to engage in a life skills and education programme using the ASDAN Programme. ASDAN is a UK based organisation which provides certified educational and vocational programmes for children and adults with additional needs. The programme focuses on independence, vocational skills, literacy, numeracy, communication and hobbies. The ASDAN Programme is supported by the keyworkers and the communications specialist.

Through the person-centred planning process, residents are supported to gain employment, develop independence, expand their daily living skills and support their communication needs.

The arrangements made for consultation with, review and participation of residents in the operation of the designated centre.

Every effort is made to consult service users and offer choice & inclusion where possible. Families/guardians and service users have input at Board level, through Person Centred Planning meetings, and through a "customer service" feedback mechanism "Viewpoint". Person centred planning meetings are inclusive of residents where possible and a family representative.

Consultation and participation is an important principle of how the Anne Sullivan Centre delivers its services. The Centre and staff endeavour to ensure that residents/service users' voices are heard. "Viewpoint" feedback is sought from each service user on a regular basis either directly, through a family representation or through a key worker. The Anne Sullivan Centre has a Human Rights Committee where issues can be openly discussed and addressed. Residents are supported through a keyworker system- this role also includes articulating resident's views,

needs, will and preferences. The Board of the Anne Sullivan Centre seeks to hear the voice of service users at Board level through participation in community events e.g. Christmas lunch as well as more formally via presenting at a Board meeting. Where appropriate residents are encouraged to participate in the recruitment of staff and volunteers.

The arrangements made for residents to attend religious services of their choice.

Where indicated by the residents and recorded in their Personal Plan, arrangements are made, where applicable, for each person to attend services and observe religious customs and practices. If residents wish to avail of religious services every effort is made by the staff team to facilitate same. The closest church is in Sandyford parish.

The arrangements made for contact between residents and their relatives, friends, carers, representatives, and the local community.

The Anne Sullivan Centre operates a visiting policy which recognises the right of all residents/service users to maintain personal relationships and links with their families, friends and community. The Service does not place restrictions on visits unless requested by the resident/advocate, or reasons of privacy and safety. Visits and online contact with relatives and friends are actively encouraged. A key strategic goal is the development of assistive and augmentative technology to enable and empower service users to maintain independent contact with family and friends. All visitors are expected to treat service users, staff and all those associated with the Anne Sullivan Centre, with dignity and respect at all times.

Family contact is supported and encouraged. Open days, annual gatherings and an annual Christmas party encourages participation from the community, family, staff, volunteers and the Anne Sullivan Centre and Foundation Boards. Families are encouraged to visit their relatives as often as they like in consultation with the individual and the PIC endeavours to meet family members throughout the year. There is a service user representative on the Anne Sullivan Centre Board.

Home visits are supported and encouraged. The role of the person's keyworker includes family liaison and involvement. A core group of selected, trained and vetted volunteer drivers facilitate home visits where possible and appropriate. These volunteers are supported and supervised by the Anne Sullivan Centre Volunteer Coordinator.

The arrangements made for dealing with reviews and development of the resident's individualised personal plan referred to in regulations.

The Anne Sullivan Centre has a policy on Care Planning and Person-Centred Planning including reviews. Each resident has a Multidisciplinary (MDT) meeting as well as an annual Person-Centred Planning (PCP) meeting which provide opportunities for a formal annual review of the care and support given, bearing in mind the wishes of the resident/service user. The MDT meetings are attended by the resident if they wish, appropriate members of the multi-disciplinary team, the HSE Social Worker (where relevant) any other person with a bone fide interest in the resident/service user and staff. This review may comprise a number of meetings made up of different members as outlined above e.g. resident's family members are invited to attend an annual Person Centred Planning meeting which is an in-depth review of the person's preferences, wishes and goals. In addition, staff carry out a review of each person's Personal Plan at least three times throughout the year.

Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

The main therapeutic approach, in line with Regulation S.I. 367, is Positive Behavioural Support. The Anne Sullivan Centre has trained staff member(s) who lead on this approach and ensure that all PBS plans are relevant, reviewed and updated. An external consultant provides oversight and professional guidance pertaining to these plans.

The staff work within a care planning framework which incorporates the recommendations of a multi-disciplinary clinical team which is supported through regular line management, supervision and support. As all service users experience multi-sensory issues, we also incorporate specific deafblind communication techniques and strategies.

The arrangements made for respecting the privacy and dignity of residents.

The Anne Sullivan Centre has a detailed policy and commitment to the rights of residents to privacy and dignity which is in line with Human Rights Instruments. We have a Human Rights Policy and a Human Rights Committee, which is made up of internal and external members, who

review restrictive /rights issues and seek to ensure that resident's rights are upheld at all times within the Anne Sullivan Centre. Each resident has their own private room where they can retire to at any stage throughout the day for personal space.

17.0 Fire procedures

The fire precautions and associated emergency procedures in the Designated centre.

The Fire Safety and Health & Safety Statement incorporates arrangements for:

- the prevention of an outbreak of fire through the establishment of fire prevention practices
- the instruction and training of staff
- the holding of fire and evacuation drills
- the maintenance of escape routes
- the provision of adequate fire protection equipment and systems
- the inspection and maintenance of the fire protection equipment and systems
- maintenance of a fire safety register

There are emergency evacuation procedures in each house and Personal Emergency Evacuation Plans for each resident. In addition, there is an externally monitored alarm system.

Fire safety training is provided and fire safety equipment is present in each location and regularly monitored by an external company.

18.0 Complaints procedure

The arrangements made for dealing with complaints.

It is the policy of the Anne Sullivan Centre to ensure that there is an effective and comprehensive system in place for the recording and investigation of complaints. The centre welcomes feedback from all stakeholders to support the delivery of high-quality standards at all times. All complaints, verbal or written are acknowledged, reviewed, investigated thoroughly, treated with confidence and responded to fully in a timely manner. Where necessary quality improvement plans are developed to prevent reoccurrence.

Complaint's statistics are reported to the HSE each quarter and complaints are logged on EPIC. Families and guardians are sent the Complaints Procedure and reminded of who the Complaints officers are and how to contact them directly. Posters and information pertaining to the HSE Confidential Recipient is displayed throughout the Centre.

The complaints officers are Colm Lennon (089) 4773522 clennon@annesullivancentre.ie and Stephen Cassin (01) 2898339 scassin@annesullivancentre.ie Details of the safeguarding and complaints officers are available on www.annesullivan.ie and complaint forms are available throughout the ASC.

In the event of a public incident involving residents or staff, staff are provided with a card with the Complaints Officers contact details. Staff are encouraged to give these cards to members of the public should they witness an incident that they are concerned about.

19.0 Day services

Any separate facilities for day services.

Day services are currently offered in a building adjacent to the Anne Sullivan Centre and is not provided within the designated centre. There are two service users currently availing of the day service. Day services are delivered in line with the HSE New Directions Policy (2012).

20.0 Key policies

A list of key policies that inform practice in the residential centre.

Policy	Existing
The prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse to statutory agencies.	Yes
Admissions, including transfers, discharge and the temporary absence of Residents.	Yes
Incidents where a resident goes missing	Yes
Provision of personal intimate care	Yes
Provision of behavioural support/behaviour management	Yes
The use of restrictive procedures and physical, chemical and environmental restraint	Yes
Residents' personal property, personal finances and possessions	Yes
Communication with residents	Yes
Visitors	Yes
Recruitment, selection and Garda vetting of staff	Yes
Staff training and development	Yes
Monitoring and documentation of nutritional intake	Yes
Provision of information to residents	Yes
The creation of, access to, retention of, maintenance of and destruction of Records	Yes

Temporary absence and discharge of residents	Yes
Health and safety, including food safety of residents, staff and visitors	Yes
Risk management and emergency planning	Yes
Medication management, to include: the ordering, prescribing, storing and administration of medicines to residents; the handling and disposal of unused or out of date medicines.	Yes
The handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre	Yes
Education policy which complies with relevant legislation in respect of the education needs of children with disabilities (in centres where children reside)	N/A
Access to education, training and development	Yes
CCTV	Yes
End of Life considerations	Yes
Emergency Planning	Yes
Volunteer Policy	Yes
Debriefing Policy	Yes
Staff Supervision and Appraisal Policy	Yes
Advocacy Programme	Yes
Staff training and development	Yes
Induction Policy	Yes
Lone Working Policy	Yes
Manual Handling Policy	Yes
Staff and Volunteer Driving Policy	Yes
Adverse Events and Incident Management Policy	Yes
On Call and Escalation Policy	Yes
Residents Funds Policy	Yes
Privacy and Dignity Policy	Yes
Charter of Rights	Yes
Policy on Human Rights and the Human Rights Committee	Yes
Compliments, Comments and Complaints	Yes
Advocacy Policy	Yes
Child Protection Policy	Yes
Speak Up Policy	Yes
Wound Management Policy	Yes
Restrictive Practices and Interventions Policy	Yes
Relationships and Sexuality Policy	Yes
Person Centred Care Planning Policy	Yes
Standard Operating Procedures (Medication)	Yes
Social Media Policy	Yes
Employee Communications Policy	Yes

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