

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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 35
Name of provider:	Stewarts Care DAC
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	05 September 2024
Centre ID:	OSV-0008650
Fieldwork ID:	MON-0042924

## About the designated centre

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

Stewarts Care Adult Services Designated Centre 35 is a designated centre operated by Stewarts Care DAC. Designated Centre 35 is comprised of three buildings and is located in a town in North County Kildare. Residents are provided with long stay residential supports and is registered to accommodate up to 9 residents. The centre is staffed by a person in charge, nursing staff, social care workers and healthcare assistants.

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

Number of residents on the date of inspection:	5
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 5 September 2024	09:05hrs to 15:30hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre, which had been newly registered in February 2024.

The inspection was facilitated by the person in charge. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities". The inspector found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The designated centre is registered to accommodate nine residents and is comprised of three homes. Following registration in February 2024, the provider applied to vary the conditions of registration and added the third home to the registration of the designated centre. For the purpose of this inspection, the inspector visited two of the homes within the designated centre, both of which were located in a town in north County Kildare. There were four residents living in one house and one resident living in another. On the day of the inspection the inspector had the opportunity to meet with all of the residents.

The inspector carried out a walk around of each home in the presence of the person in charge. The physical environment of the centre was found to be clean, tidy and well-maintained. The design and layout of the centre ensured that residents could enjoy living in an accessible and comfortable environment. In general, the inspector found the atmosphere of the centre presented as welcoming and as an inviting sense of familiarity for residents.

The inspector observed that residents' bedrooms were laid out in a way that was personal to them and included items that were of interest to them. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with their personal preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal tastes. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

Each home had adequate private and communal space for residents to use, a

separate utility room, accessible garden spaces and a sufficient number of showering facilities. The inspector observed that residents could access and use available spaces both within each home and garden without restrictions. There was adequate suitable storage facilities for residents to securely store personal belongings and each home was found to be in good structural and decorative condition.

The provider recognised the importance of residents' property and had created the feeling of homeliness to assist all residents with settling into the centre. For example, wall art, soft furnishings, photographs of residents and decorative accessories were displayed throughout each home, which created a pleasant and welcoming atmosphere.

To the rear of the centre, was a well-maintained garden area, that provided outdoor seating for residents to use, as they wished. In addition, the provider had installed a purpose built multi-sensory room, which was accessible to all residents in the designated centre. The multi-sensory room was furnished with a large television, fibre optic lighting, water feature and vibrating cushion. This was a calming space which the inspector was told was enjoyed by many of the residents.

Some residents did not use verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. However, observations, a review of documentation and staff supported communication indicated that residents were very happy with the care and support they received and with their new home. It was apparent to the inspector that residents enjoyed being in each others company. Residents had lived together for many years and had built up strong connections with each other and with the staff team who worked with them.

There was an abundance of assistive technology, in one house in particular, including a switch to support residents to turn on/off appliances like bedroom blinds, music system and the television. Some residents used communication devices and all staff had received training in their use.

The inspector had an opportunity to speak with another resident. The resident told the inspector they were unhappy with the size of their home and would like to live in a bigger house. However, they also told the inspector they really liked the staff team and were happy with their daily routine and activities. The inspector asked the resident to show them around their home. The home was laid out to meet the assessed needs of the resident and the resident had their own bedroom and bathroom. The inspector observed interactions between the resident and the staff supporting them. Interactions were warm and kind and plans were discussed of how the resident would like to spend their day, which included a trip to the local supermarket.

The person in charge spoke about the high standard of care all residents receive and had no concerns in relation to the well-being of any of the residents living in the centre. They described the service as "very person-centred" and informed the

inspector there were no open complaints. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, medication management and managing behaviour that is challenging. The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes.

Staff had completed training in human rights and the inspector observed this in practice on the day of the inspection. For example, the inspector observed residents engaging in an individualised service, which enabled them to choose their own routine and participate in activities of their own choosing in line with their likes and interests.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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 on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The provider had implemented management systems to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their assessed needs.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. For example, the person in charge reported to a programme manager who reported to a Director of Care. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role.

The provider ensured that there were suitably qualified, competent and experienced

staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing. In addition, the provider had also ensured that the centre was well-resourced. For example, a vehicle was available for residents to access their wider community.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider ensured that the building and all contents, including residents' property, were appropriately insured. The insurance in place also covered against risks in the centre, including injury to residents.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including unannounced visit reports, and audits on medication, personal plans, safeguarding, staffing and training, fire, infection prevention and control, risk management and the premises.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative. Contracts of care were written in plain language, and their terms and conditions were clear and transparent.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

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

The registered provider had submitted an application seeking the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 1 and



Schedule 3 were included in the application.

In addition, the provider had ensured that the fee to accompany the registration of the designated centre under section 48 of the Health Act (as amended) was paid.

This application was granted and the designated centre was registered in February 2024.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in nursing and management.

The person in charge was knowledgeable about the requirements of the Health Act 2007 (as amended), associated regulations and relevant national standards. In addition, they demonstrated appropriate knowledge of best practice and professional guidance.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of each premises.

The staff team comprised of the person in charge, nurses, social care workers and health care assistants. There were six staff on duty during the day, and three staff at night-time, all in a waking capacity.

The person in charge maintained a planned and actual staff roster. The inspector reviewed the planned and actual roster for the month of August and found that regular staff were employed, meaning continuity of care was maintained for residents. In addition, the roster reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both

day and night shifts.

The inspector spoke to four staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

The inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

## Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. The inspector reviewed the staff training matrix and found that all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as human rights, communication, infection, prevention and control (IPC) and feeding, eating, drinking and swallowing (FEDS).

All staff were in receipt of regular formal supervision and informal support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members.

The inspector reviewed three staff members supervision records, all of which included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

## Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

In addition, the insurance in place also covered against risks in the centre, including

injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home. For example, staffing levels were appropriate to their needs, multidisciplinary team services were involved in the development of care plans, and there was a vehicle for residents to access their wider community.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge and they were supported in their role by a programme manager and Director of Care. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities. In addition, they were supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including unannounced visit reports, and audits on medication, personal plans, safeguarding, staffing and training, fire, infection prevention and control, risk management and the premises. The audits were comprehensive, and where required identified actions to drive continuous service improvement.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge or the programme manager. In addition to the supervision arrangements, staff also attended monthly team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

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

Prior to moving into the designated centre in February 2024, the inspector was informed that all residents had visited the property regularly as part of their transition plans, which included community mapping of the local area and visits to local restaurants and amenities. In addition, the person in charge informed the

inspector that all residents were consulted with in relation to the design and layout of their home.

All residents had signed a written contract with the provider, that clearly specified the terms on which they would live in the centre. The inspector reviewed three resident's contracts of care.

Contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred.

Individual communication passports had been prepared by the staff team on each residents' individual communication means, such as using communication devices and gestures and staff were observed communicating with residents in accordance

with their assessed needs and communication means. Staff were also in receipt of communication training which supported and informed their communication practice and interactions with residents.

The inspector found the atmosphere in each home to be warm and relaxed, and residents appeared to be very happy with the support they received. The inspector completed a walk around of each home within the designated centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that each premises, both internally and externally, was of sound construction and kept in good repair. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their individual taste and preferences.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were encouraged to eat a varied diet, and equally their choices regarding food and nutrition were respected. Residents were supported by a coordinated multidisciplinary team, such as medical, speech and language therapy, dietitian and occupational therapy and during the inspection staff were observed to adhere to advice and expert opinion of specialist services.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in each home within the designated centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, medicine sign out sheets and ongoing oversight by the person in charge.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Good practices were in place in relation to safeguarding. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff and the

support of a designated safeguarding officer within the organisation.

## Regulation 10: Communication

The inspector found there was an individual approach to supporting residents that recognised the uniqueness of each resident's communication skills and abilities. For example, where residents presented with limited or no verbal communication, staff were observed to use gesture in conjunction with simple consistent phrases and non-verbal cues.

Residents had up-to-date communication support plans on file, which were regularly reviewed by appropriate multidisciplinary team members. Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

There was an abundance of assistive technology, including a switch to support residents to turn on/off appliances like bedroom blinds, music system and the television. Residents were supported to make choices around what they wanted to watch on TV using a play station handset, which they could control.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had ensured that both premises were designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations. In addition, one home had also been adapted to meet the individual needs of residents. For example, the provider had installed adjustable kitchen counter worktops for wheelchair users.

Residents had their own bedroom which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with their personal preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal tastes. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

Equipment used by residents was easily accessible and stored safely and records

reviewed by the inspector evidenced that this equipment was serviced regularly.

Overall, the centre was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living in the designated centre. Residents indicated to the inspector that they were happy with the centre.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS and nutrition care plans on file. The inspector reviewed one FEDS care plan and found that there was guidance regarding resident meal-time requirements including food consistency and their likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS and nutrition care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. For example, staff were observed during lunch preparation to adhere to the therapeutic and modified consistency dietary requirements as set out in the resident's FEDS care plan. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from, and it was hygienically stored. The kitchen was also well-equipped with cooking appliances and equipment.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment in both homes visited by the inspector. Following a review of servicing records maintained by the provider, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed in the entrance hallway in both homes and all fire doors, including bedroom doors closed properly when the fire alarm was activated. All emergency exits were thumb lock operated, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's

awareness of the fire safety procedures. For example, the inspector reviewed five resident's personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. All staff had completed mandatory fire training and staff spoken with on the day of the inspection were aware of the individual supports required by residents to assist with their timely evacuation.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place in both homes for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed.

The inspector reviewed two residents' medicine administration records and found they clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

The provider and person in charge ensured that all residents received effective and safe supports to manage their own medicines. For example, residents had been assessed to manage their own medicines. Outcomes from these assessments were used to inform resident's individual plans on medicine management. No residents were self administering medicines on the day of inspection.

Medicine errors and incidents were recorded, reported and analysed and learning was fed back to the staff team to improve each resident's safety and to mitigate against the risk of recurrence.

In addition, the inspector observed there were regular medicine audits being completed in order to provide appropriate oversight over medicine management.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan



The inspector reviewed two residents' files and saw that files contained up to date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Feeding, eating, drinking and swallowing (FEDS)
- Communication
- Personal and intimate care
- Social development and community access
- Positive behaviour support

The inspector reviewed three residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and individual to each resident.

Personal plans included information relating to the following:

- About me
- How I communicate
- My home
- Things I like
- My goals

Examples of goals set for 2024 included; "using communication device", "using power wheelchair", "go bowling" and "go to the cinema".

The provider had in place systems to track goal progress. For example, goals were discussed with residents during monthly key working meetings. The inspector reviewed one resident's monthly key working meeting minutes and saw evidence that the following was discussed and recorded; goal description, actions taken, progress made, supporting evidence and how the resident celebrated after achieving their goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, three positive behaviour support plans reviewed by the inspector were detailed,

comprehensive and developed by an appropriately qualified person. In addition, each plan included trigger and antecedent events, proactive and preventive strategies in order to reduce the risk of behaviours that challenge from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were three restrictive practices used within the designated centre. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible. Residents had consented to the use of restrictions. For example, consent was clearly documented in restrictive practice protocol documents reviewed by the inspector. Easy-to-read documents had been prepared for residents and these were discussed during key working meetings.

The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review by the provider's restrictive practice committee, appropriately risk assessed and clearly documented and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with the resident.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

On the day of the inspection there were no open safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit and regulatory responsibilities. For example, staff spoken with were aware that all safeguarding concerns were to be reported to the Chief Inspector of Social Services in line with the regulations.

Following a review of two residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

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 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant