



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

## Issued by the Chief Inspector

Name of designated centre:	Kennington
Name of provider:	St Michael's House
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	24 June 2024
Centre ID:	OSV-0002405
Fieldwork ID:	MON-0034776

## About the designated centre

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

Kennington is a designated centre operated by St Michael's House located in South Dublin. It provides community residential care to six adults with an intellectual disability. Residents with additional physical or sensory support needs can be accommodated in Kennington. Kennington can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual disability and mental health.

The centre is a two-storey building and comprises two sitting rooms, a kitchen/dining room, two bathrooms, utility room and seven bedrooms of which six are used by residents. The centre's seventh bedroom is used as an office and for staff overnight accommodation. The centre has a back patio garden area which includes a seating area and outside storage facilities. The centre is staffed by a full-time person in charge and a team of social care workers. In addition, the provider has arrangements in place to provide if required, management and nursing support outside of office hours and at weekends.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Monday 24 June 2024	09:00hrs to 14:15hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a high level of compliance with all of the regulations inspected. Residents were happy and safe in the centre, and received person-centred care and support, in line with their individual needs and wishes, to maintain a good quality of life.

There were five residents living in the centre, and one vacancy. The residents had active lives, and on the day of inspection were engaged in different activities, including attending day services, working, and spending time with family. The inspector met them at different times during the inspection. Overall, their feedback on the service provided to them was very positive.

The first resident told the inspector that they felt safe in the centre and liked everything about it. They described the centre as being "lovely and calm". They got on with their housemates and was happy for a new resident to move in. They knew all the staff and was satisfied with the support they provided, such as helping to organise holidays and healthcare appointments. They worked in paid employment, and travelled to their workplace independently using public transport. In their leisure time, they liked to go into the city centre, cook, and spend time with their family. They said that they had enough control and choice in their life and were aware of their rights. For example, they controlled their own finances. They had no 'worries', but said that they could raise complaints with the person in charge if need be.

Another resident told the inspector that they got along with their housemates, and described the staff as being "amazing people" that made the resident "laugh a lot". They liked to be involved in the preparing of meals, and said that they could choose from different options. They also liked to do their own household chores such as cleaning their bedroom and ironing their clothes. They enjoyed their day service, and at the weekends enjoyed coaching for the Special Olympics, playing golf, and relaxing by watching movies. They also enjoyed holidays, and was looking forward to upcoming trips with their key worker and family members. They had a large family, and kept in regular contact with them through visits and video calling. They told the inspector that they were aware of their rights. For example, they had recently exercised their right to vote in local and European elections.

Another resident told the inspector that it was "great" living in the centre. They felt safe, and had participated in fire drills to be familiar with the evacuation procedure. They said that the premises were comfortable, and they were satisfied with the space in their bedroom. They liked being active, and said that they had enough

choice and opportunities for outings and community activities, such as meeting friends, eating out, bowling, attending social clubs, and shopping. They also enjoyed going to musicals and on holidays. Last year, they went to visit their favourite soap set in England. They had no complaints, but said that they could speak to their key workers if they had.

One resident spent most of the morning in the centre. They told the inspector that they liked to attend social clubs, play pool, watch football matches, and spend time with their family. They also enjoyed holidays, and told the inspector about a recent break to Kerry, and showed the inspector some of their newly purchased summer clothes. They liked the food which was provided and had their favourite meal often, but was not interested in cooking. They got on with their housemates, and said that everything was "good" in the centre. They knew to evacuate the centre if the fire alarm sounded, and said that they could talk to staff if they ever had a problem. They also spoke to the inspector about how their rights were promoted and respected. For example, they were involved in managing their own finances, and they understood and consented to having some of their personal property stored in the staff office for their wellbeing.

One resident had limited verbal communication, and was supported by staff to speak with the inspector. The inspector observed that staff supported the resident in line with their individual communication means, and they appeared to understand each other. The resident told the inspector that they liked their day service, and enjoyed listening to music, discos, swimming, and attending a social club. They were also looking forward to going to a large holiday park in July with their key worker.

In advance of the inspection, residents completed surveys on what it was like to live in the centre (three residents had received assistance from staff in completing the surveys). Their feedback was very positive, similar to the verbal feedback they gave to the inspector, and indicated that they felt safe, had choice and control in their lives, got on with their housemates, could receive visitors, and were happy with the services available to them. The comments included "I love my bedroom", "I choose my own foods", and "I am very happy".

The inspector found that effective arrangements were in place to support residents to communicate their wishes, and make decisions about the care they received. For example, residents attended regular house meetings, where they discussed different topics relevant to the operation of the centre. In addition to the house meetings, residents attended individual meetings where they were supported to plan personal goals, such as going to social events and on excursions.

The provider's recent annual review had also ensured that residents (and their representatives) were consulted with and given the opportunity to express their views on the service provided in the centre. Residents' feedback was positive, and they spoke about their "highs" of 2023, such as going on different holidays. Representatives' feedback indicated that they were happy with the service provided to their loved ones and had no complaints.

The inspection was facilitated by the person in charge, and the inspector also had the opportunity to speak with staff working during the inspection and to observe their interactions with residents. The inspector observed staff engaging warmly and respectfully with residents, and residents appeared to be very familiar and comfortable with staff.

The person in charge told the inspector that residents were safe and happy, and that the service provided to them was individualised and of a high quality. For example, residents' healthcare needs were being met to a high standard, and they had choice and control in how they lived their lives. They had no concerns, and were satisfied with the staffing and management arrangements. They told the inspector that staff had completed human rights training, which had helped them in their reflective practice. It was clear that the person in charge was promoting a human rights-based approach to care, and was an effective advocate for residents. For example, they told the inspector about how they had supported residents in another centre they managed to access their own finances.

There was one resident vacancy which was due to be filled by a new resident. The person in charge was satisfied that the new resident's needs could be met in the centre, and that they would be compatible with the other residents. The new resident had visited the centre, and some of the residents already knew them from their shared day services.

A social care worker told the inspector that residents were well supported to lead active lives in line with their needs and wishes. They had no concerns for residents' wellbeing or safety, however were aware of the procedures for reporting safeguarding concerns and escalating any risks to the management team. They told the inspector about the residents' interests and some of their required care interventions, and it was clear that they had a good understanding of their individual personalities and needs.

The person in charge accompanied the inspector on an observational walk-around of the premises, which comprised a large single-storey house. The bedrooms were comfortable, and decorated to the individual residents' tastes. The communal living areas included two sitting rooms, an open plan kitchen dining area with an adjoining utility room, and a rear garden with nice flowers and seating furniture. The kitchen was well-equipped, and the inspector observed a good selection of food and drinks available to residents. There were also shared bathrooms, and a staff office.

Overall, the premises were clean, comfortable, and nice decorated. Parts of the premises had been renovated since the previous inspection of the centre in November 2023, such as the replacement of flooring in the downstairs bathroom.

There was one restriction in the centre affecting one resident. The rationale for the restriction was clear, it was deemed to be the least restrictive option, and it had been fully agreed to by the resident. Overall, the inspector observed an open, relaxed and restraint-free environment in the centre.

The inspector also observed good fire safety precautions, including fire detection and fighting equipment, and emergency lights. Fire safety, the premises, and

restrictive practices are discussed further in the quality and safety section of the report.

From what the inspector observed, read, and was told, it appeared that residents had a good quality of life, and were very happy and safe living in the centre. Overall, the inspector found that residents were in receipt of person-centred care and support and that appropriate arrangements, such as staffing levels, were in place to meet their individual needs and wishes.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application contained an up-to-date statement of purpose, residents' guide, and certificate of insurance for the centre. These documents met the requirements of their associated regulations.

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs. The provider had also ensured that the centre was well-resourced. For example, staffing levels were appropriate to residents' needs.

There was one resident vacancy that was due to be filled by a new resident. Another potential resident had been deemed incompatible with the other residents and therefore had no longer been considered for admission. This demonstrated responsible decision-making from the provider. The new resident for admission was familiar to some of the residents, and the person in charge was satisfied that their needs could be met in the centre. Their admission plan was to be under ongoing review to ensure that the admission was appropriate for them and the current residents living there.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and suitably qualified, experienced, and skilled for their role. The person in charge had a clear understanding of the service to be provided to residents, and was promoting the delivery of a human rights-based approach to their care and support. The person in charge reported to a service manager, and there were effective arrangements for them to communicate with each other.

The person in charge had ensured that incidents and adverse events were notified to the Chief Inspector of Social Services in line with the requirements of Regulation

### 31: Notification of incidents.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The registered provider had provided an effective complaints procedure for residents to avail of. The procedure was in an easy-to-read format, and had been discussed with residents to help them understand it.

The staff skill-mix consisted of social care workers. The person in charge was satisfied that it was appropriate to the number and assessed needs of the residents. Staff were required to complete training relevant to their role, and as part of their professional development.

The inspector viewed the recent staff rotas, and found that they clearly showed the staff working in the centre and the hours they worked. There were no vacancies, and staff leave was covered by staff working additional hours and regular relief staff to support continuity of care for residents.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed recent staff team meeting minutes from April and June 2024 which reflected discussions on residents' updates, incidents, premises matters, infection prevention and control, and the upcoming inspection.

## Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably skilled and experienced for their role, and possessed relevant qualifications in social care and management. They also had responsibility for another centre operated by the provider. However, there were appropriate arrangements to ensure their effective governance, management, and administration of the centre concerned. For example, the person in charge worked supernumerary hours to ensure they had sufficient time to carry out their duties.

The person in charge demonstrated a clear understanding of the service to be provided to residents, and was promoting the delivery of person-centred care and support in the centre.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection. There were no vacancies. However, staff leave was covered by staff working additional hours and regular relief staff to support residents' continuity of care.

The person in charge was satisfied with the staffing arrangements, and some of the residents told the inspector that there was enough staff on duty to meet their needs and to facilitate their wishes. The inspector observed staff engaging with residents in a kind, familiar, and respectful manner, and in line with their support plans.

The person in charge maintained planned and actual staff rotas. The inspector viewed the actual rotas for May, and June 2024, and the planned rota for July 2024 and found that they clearly showed the names of the staff working in the centre during the day and night, and the hours they worked.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, emergency first aid, administration of medication, manual handling, supporting residents with modified diets, infection prevention and control, positive behaviour support, and fire safety. The training records viewed by the inspector showed that staff were up to date with their training requirements. To enhance the service provided to residents, staff had also completed additional training in areas such as total communication, human rights and the Assisted Decision-Making Capacity Act (2015).

The person in charge provided informal support and formal supervision to staff in line with the provider's supervision policy, and records of formal supervision were maintained. The inspector reviewed the 2024 supervision records for two staff, and found that they were up to date with their supervision meetings. Staff told the inspector that the person in charge provided "brilliant" support, and they were satisfied with the supervision they received.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

## Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, staffing arrangements were appropriate to the residents' needs, and there was a vehicle to facilitate their community activities.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and reported a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including scheduled formal meetings, regular phone calls, and sharing of comprehensive governance reports. The inspector viewed the recent governance report for quarter one of 2024, and found that it was wide in scope to inform the management team on the running of the centre.

The provider and person in charge had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports (which had consulted with residents) were carried out, along with a suite of audits in the areas of health and safety, medication, safeguarding, and infection prevention and control (IPC). The audits identified actions for improvement where required, which were monitored by the management team to ensure progression. For example, rusty handrails in the main bathroom had been replaced following a recommendation from an IPC audit in April 2024.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could raise any concerns with the management team, including the on-call service during out of normal working hours. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was last reviewed in March 2024, and was available in the centre to residents and their representatives. Parts of the statement had been prepared in an easy-to-read format using pictures to make it easier for residents to understand.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre in the previous 12 months, such as injuries to residents, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The inspector viewed the policy and found that it outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services.

The procedure had been prepared in an easy-to-read format and was readily available in the centre. Making complaints had also been discussed at residents' meetings to support their understanding of the topic. There were no open or recent complaints. However, residents told the inspector that they knew that they could make complaints if they ever wished to.

Judgment: Compliant

## Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support in the centre. Residents told the inspector that they were happy and safe in their home and with the service provided to them.

The inspector observed a homely environment, and staff engaged with residents and attended to their needs in a kind and professional manner. For example, staff communicated with residents in accordance with their individual communication means. The inspector also found that the provider, person in charge and staff team were promoting and supporting a human rights-based approach to the care and support provided to residents.

Residents had active lives, and were supported to participate in activities in accordance with their interests and needs, such as attending day services, working in paid employment, and using community services. Some residents were independent in these activities while others required staff support. Residents were also supported to maintain important relationships. For example, family and friends could freely visit residents in the centre, and residents were supported to visit families outside of their local area.

Residents were supported to make decisions about their care and support, and on the running of the centre. The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support. For example, residents were supported to plan personal goals, and attended house meetings to discuss topics concerning the centre. The provider had also arranged for staff to complete human rights training to further enhance the quality of the care and support provided to residents.

The centre's restrictive practice log recorded one restrictive practice in the centre. The inspector found that the restriction was appropriately managed in line with evidence-based practice to ensure that it was monitored, consented to by the resident affected, and assessed as being the least restrictive option.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse, and the provider's social work department were available to provide guidance.

The premises comprised a large single-storey house located in a busy Dublin suburb. The house was close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces, including two sitting rooms, a utility room, an open-plan kitchen and dining room, and bathrooms. The kitchen was well-equipped for residents, and there was a good selection of food and drinks for them to choose from. There was also a garden space for residents to use, and a staff office. Overall, the house was homely, comfortable, and clean.

The inspector observed good fire safety precautions. For example, there was fire-fighting and detection equipment throughout the house, and staff had received fire safety training. Individual evacuation plans had also been prepared, and were tested during scheduled fire drills.

## Regulation 10: Communication

The inspector found that residents were assisted and supported to communicate in accordance with their individual needs and wishes. One resident had limited verbal communication and communicated in their own means. Staff spoken with were knowledgeable on the content of the resident's communication plan (which was found to be up to date), and the inspector observed them communicating with the resident and ensuring that they were being understood to and responded to.

The provider's speech and language department had provided support and guidance to the staff team in effectively communicating with residents. For example, they had developed 'social stories' to help residents understand different topics.

Residents had access to a wide range of media sources. Residents had televisions in their bedroom and the sitting rooms, and there was Internet for them to stream streaming entertainment and communicate with their families using smart devices. Some residents also liked to buy newspapers.

Judgment: Compliant

## Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes. There was also a local visitor policy. It had been discussed with residents during a house meeting in April 2024, and they agreed to it.

The premises provided suitable communal facilities and private space for residents to spend time with their visitors. Residents told the inspector that they could receive visitors, such as friends and family, as they wished. For example, one resident's family recently visited them to celebrate their birthday.

Judgment: Compliant

## Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities for recreation, and opportunities to participate in activities in line with their interests, capacities, and wishes.

The centre was close to community services and amenities such as public transport, and there was a vehicle available in the centre to facilitate residents accessing their

day services and community activities.

Residents planned their activities during residents' meetings, goal planning meetings, and on a general day-to-day basis. Residents enjoyed different activities depending on their wishes and individual needs. Resident told the inspector that they had enough choice and control over how they spent their time, and had enough opportunities to engage in activities meaningful to them. They also told the inspector about the activities they included, such as working in paid employment, attending day services, going to musicals and shows, eating out, shopping, and going on holidays. The inspector also read information about residents' interests and likes and dislikes in their care plans to guide staff in supporting and facilitating their preferences.

Residents were also supported to maintain personal relationships. Residents' families and friends were welcome to visit the centre, and residents also visited their families and friends. For example, on the afternoon of the inspection, one resident visited their parent, and another resident told the inspector about their plans to visit family member who lived outside of the Dublin area.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised a large single-storey house in a busy suburb close to local amenities and services, such as shops, and public transport links. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The premises were found to be clean, bright, homely, and nicely furnished. The communal space included two sitting rooms, and an open-plan kitchen and dining room. There was also a rear garden for residents to use. There were sufficient bathroom facilities, and the kitchen was well equipped. Residents' bedrooms were personalised to their tastes. Residents spoken with told the inspector that they were very happy with the premises, and were satisfied with the space and facilities it provided.

Generally, the centre was well maintained and tidy. Since the previous inspection of the centre in November 2023, some renovations had taken place, including refurbishment of the downstairs bathroom. Some additional upkeep was planned such as replacement of the shower in the upstairs bathroom.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

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. Residents planned their main meals on a weekly basis, but they could also make decisions on a daily basis. Residents told the inspector that they liked the food in the centre and often had their favourite meals. Some residents liked to cook and grocery shop, while others preferred not to. One resident in particular enjoyed cooking, and cooked a weekly Sunday roast for the house. Residents also enjoyed eating out on occasion.

Some residents required modified diets. Associated care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. The inspector found that the plans were up to date and readily available in the centre. Staff had received training in supporting residents with modified diets, and the inspector found that staff spoken with were knowledgeable on the contents of the associated care plans.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format using pictures. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had implemented effective fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights, and it was regularly serviced to ensure it was maintained in good working order. The inspector released the fire doors, including the bedroom doors, and observed that all doors closed properly.

There was good arrangements for reviewing the fire precautions. Staff completed daily and monthly checks of the equipment and escape routes, and the person in

charge completed a more extensive quarterly check. The person in charge had prepared evacuation plans which outlined the supports residents required to evacuate the centre. The inspector found that the plans were up to date. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans. The inspector also observed that the exit doors had easy-to-open locks to aid prompt evacuation of the centre.

Staff had completed fire safety training, and fire safety was also discussed with residents at their house meetings to remind them of the evacuation procedures. Residents told the inspector that they knew how to evacuate in the event of a fire.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were good arrangements to support residents to manage behaviours of concern. Staff had completed positive behaviour support training, and the provider's multidisciplinary team, including psychology and psychiatry services, were available to provide support and input on residents' assessments and care plans.

Generally, there was an open and restraint-free environment in the centre. There was one restriction impacting one resident. Some of their personal property was stored in the staff office. The resident could access the office as they wished and had consented to the arrangement. It was deemed to be the least restrictive option, and the resident told the inspector that they were happy with the arrangement. There was a written plan on the arrangement and staff were aware of the contents. There were good arrangements to manage and review the restriction. The restriction had been approved by the provider's group with responsibility for reviewing and approving restrictive practices. The person in charge also recorded the practice on the centre's restrictive practice log.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to. The provider's social work department also provided guidance and oversight as required. For example, they completed a safeguarding audit in June 2024.

The inspector found that previous safeguarding incidents had been appropriately reported and managed. For example, they had been reported to the relevant parties, and safeguarding measures were put in place.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector viewed three of these plans and found that they were up to date.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider, person in charge and staff team had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. The inspector found that residents had control in their lives and were being supported to exercise their rights, and be active participants in making decisions about their lives and in the running of the centre. For example:

- Residents were supported to choose, plan and achieve individualised goals meaningful to them, such as going on holidays and attending musicals. Residents reviewed the progress of their goals with their key workers (and families as applicable).
- Key information had been prepared in easy-to-read formats to be more accessible to residents. For example, 'All About Me' documents had been prepared using pictures. The documents were written using personal and person-centre language, and described the residents' individual personalities and what is important to them, such as their families, hobbies and interests.
- Residents attended regular house meetings to discuss matters related to the running of the centre. The inspector reviewed the meeting minutes from March to June 2024, and found that a wide range of topics were discussed, such as the weekly menus, the upcoming inspection, social activities, infection prevention and control, fire safety, and planned renovations to the centre. The residents had also been consulted with during the meetings regarding the storage of their money in the centre, and they indicated that they were satisfied with the current arrangements.
- Topics had also been discussed at the meetings to support residents' understanding of their rights. For example, residents were reminded of the principles of having the right to privacy and to be treated with respect, and how to utilise the providers' complaints procedure.
- Residents told the inspector that their rights were promoted and protected in the centre. For example, residents were registered to vote, and made decisions on how they managed their money.

The provider had also arranged for staff to complete human rights training to inform their practices. The person in charge told the inspector that the training had being

useful for staff to reflect on and reaffirm positive practices.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant