



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

Issued by the Chief Inspector

Name of designated centre:	Sarto Rise
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	14 January 2025
Centre ID:	OSV-0002347
Fieldwork ID:	MON-0036911

About the designated centre

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

Sarto Rise is a community residential centre operated by St. Michael's House. Sarto Rise can accommodate up to five residents. Sarto Rise supports residents with intellectual disabilities and additional physical or behavioural support needs. The designated centre comprises a large two-storey house which is located in a residential area in north Dublin. The house is in close proximity to various shopping centres, restaurants and public transport networks. The centre is managed by a person in charge and a person participating in management as part of the provider's governance oversight arrangement for the centre. A team of social care workers provide direct support to residents..

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
Tuesday 14 January 2025	09:15hrs to 16:15hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. From what residents told us and what the inspector observed, it was evident that residents living in this centre were leading active lives as members of their local community, and that the service was a person-centred one which had focus on their human rights. The inspection had positive findings, with high levels of compliance across all regulations inspected.

The inspection was facilitated by the person in charge for the duration of the inspection. 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.

The inspector found that the centre was reflective of the aims and objectives as set out in the centre's statement of purpose. The statement of purpose detailed that the service's objectives included "Support individuals to develop meaningful relationships, to make a valued contribution and to become active members of their community", "Empower people to make choices about where they work, live and socialise" and "Reflect the individual needs and choices of residents". 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 was located in a mature cul-de-sac in North County Dublin and home to five residents. The inspector had the opportunity to meet with two of the residents over the course of the one day inspection. The centre comprised a large two-storey house close to many amenities and services, such as shops, cafés, and public transport. The premises included five resident bedrooms, a staff sleepover / office, a utility room, bathrooms, a kitchen, two sitting rooms, a garage and a spacious back garden that provided outdoor seating for residents to use, as they wished.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and feedback about what it was like to live in this designated centre. Completed surveys were reviewed by the inspector. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, food and the premises. Positive feedback included "Everyone likes the food", "I like my newly painted bedroom", "I like dates with my girlfriend. Sometimes she hangs out in my house and other times we go to the pub" and "I am happy with the people I live with".

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with

residents' personal items such as photographs and artwork. Since the previous inspection, the kitchen and utility room had been renovated, which provided residents with better and more accessible facilities. Residents' bedrooms were laid out in a way that was personal to them and included items that were of interest to them. The inspector observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in the home. In addition, the person in charge ensured that the centre's certificate of registration, complaints policy and advocacy information was on display.

The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be in good structural and decorative condition.

The person in charge spoke about the high standard of care all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. Observations carried out by the inspector, interactions with residents, feedback from staff and documentation reviewed provided suitable evidence to support this.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport.

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, safe administration of medication 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 and told the inspector they really enjoyed working in the centre. In addition staff had completed training in human rights and the inspector observed this in practice on the day of the inspection. For example, one resident attended their day service three days a week and enjoyed two days at home, which was their choice. This enabled them to choose their own routine and participate in activities of their own choosing in line with their likes and interests and at their own pace.

The inspector had the opportunity to meet with two residents during the course of the inspection. Residents were observed to have busy and active lives. They told the inspector that they were happy with their home and liked the staff that supported them. They told the inspector they liked their bedrooms and the layout and décor of their home. They also spoke about the activities they like to do including watching their favourite television programme, going out for coffee and visiting the local church. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were observed to be relaxed and happy in their home. It was clear during the inspection that there was a very good rapport between residents and staff. The centre presented as a relaxed and calm

environment and not restrictive in nature.

The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

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. Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

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, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and were supported in their role by a service manager who in turn reported to a Director of Adult Services. There was a regular core staff team in place. They were very knowledgeable of the needs of the residents and had a very good rapport with them. The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents living in the centre.

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. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any

support and to make choices.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs.

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation. Records set out in the regulations were maintained and made available during the inspection for review.

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. A six-monthly unannounced visit of the centre had taken place in September 2024 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023. Residents, staff and family members were all consulted in the annual review.

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 provider had ensured that there was an effective complaints procedure for residents to utilise. The procedure had been prepared in an easy-to-read format to aid residents' understanding. All staff on the day of the inspection were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

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 renewal of 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 2 and Schedule 3 were included in the application.

In addition, the provider had ensured that the fee to accompany the renewal of registration of the designated centre under section 48 of the Health Act 2007 (as amended) was paid.

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 the residents at all times in line with the statement of purpose and size and layout of the designated centre.

The staff team comprised of the person in charge and social care workers. On the day of the inspection there were three staff on duty during the day, and one staff at night-time, in a sleepover capacity. There was one Social Care Worker vacancy open. The inspector saw evidence that this post had been advertised and the person in charge was endeavouring to ensure continuity of care for residents through the use of a small panel of relief staff.

The person in charge maintained a planned and actual staff roster. The inspector reviewed both rosters for the months of December 2024 and January 2025 and found that regular staff were employed and 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 three staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of the individuals who lived in the designated centre.

The inspector reviewed four staff records and found that they all contained 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 maintained by the person in charge in the designated centre 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. This included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding.

In addition, training was provided in areas such as food safety, emergency first aid, safe administration of medication and infection prevention and control (IPC). Staff had also completed training in human rights and spoke to the inspector about how they implemented this training into their everyday work. For example, one resident had a set a personal goal of staying in hotel and this had been arranged to take place the week after the inspection.

The inspector saw evidence that all staff were in receipt of regular formal supervision and informal support relevant to their roles from the person in charge in line with the provider's policy. For example, the inspector reviewed two staff members supervision records completed throughout 2024. The inspector observed that both records included a review of the staff members' personal development and covered items such as key worker responsibilities, learning and development and residents' goals.

Staff meetings took place on a monthly basis. The inspector reviewed the previous staff meeting minutes and found that the agenda covered a range of topics including residents' assessed needs, safeguarding, and learning from incidents. These meetings ensured that relevant information and learning was discussed across the staff team to ensure consistency of care.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The inspector reviewed a selection of records across Schedules 2 and 4.

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

Similarly, the registered provider had ensured information and documentation on matters set out in Schedule 4 were maintained and were made available for the inspector to view. For example, a copy of the the current statement of purpose, residents' guide, copies of all inspection reports and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre were maintained in the centre.

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 arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was off-duty or absent.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review. Examples of positive feedback from residents included "There are a lot of things that I like here. I like going out with staff and having good times. I like it when my brother visits", "The staff are really nice", "We have house meetings, we can choose what we want to do for the week" and "The staff make good dinners". In addition feedback was sought from residents' family members and positive feedback included "Highest standard of care is provided", "Communication is excellent, The staff in Sarto always keep in touch telling me how my brother is doing" and "My sister is very lucky to live in Sarto Rise. My family really appreciate the care my sister gets".

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included infection prevention and control (IPC), fire safety, restrictive practices, health and safety, residents finances and medication. These audits identified any areas for service improvement and action

plans were derived from these. A review of monthly staff meetings showed regular discussions on all audit findings.

The inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit carried out in September 2024. The action plan documented a total of five actions. Following review, the inspector observed that the majority of actions had been completed and that they were being used to drive continuous service improvement.

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

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure in place was accessible and in a format that the residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaints log maintained by the person in charge in the designated centre. On the day of the inspection there were no open complaints. There was one complaint lodged in 2024 and the inspector saw evidence that this had been responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the

provider policy.

Residents spoken with were aware of the complaints procedure and told the inspector who they would speak to if they were unhappy with any aspect of the service.

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.

Overall, the findings of this inspection were that residents reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner.

Residents were encouraged and supported to make decisions about how their room was decorated and residents' personal possessions were respected and protected. Residents had easy access to and control over their clothing, and there were systems in place to ensure that residents' clothing and other items were laundered regularly, and were returned to them safely and in a timely manner. Residents had easy access to and control over their personal finances, in line with their wishes. Information, advice and support on money management was made available to residents in a way that they could understand.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. The inspector completed a walk around of the 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 the premises, both internally and externally, was of sound construction and kept in good condition. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences.

The provider had implemented a range of infection prevention and control measures. There was an infection control policy available that was reviewed at planned intervals. This policy clearly outlined the roles and responsibilities of staff members and gave clear guidance with regard to the management of specific infection control risks. The policy also guided comprehensive cleaning and monitoring of housekeeping in the centre, and these practices were observed on the day of inspection.

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 the 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, medication audits, medicine sign out sheets and ongoing oversight by the person in charge. All staff had attended safe administration of medication training.

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. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. 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.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 12: Personal possessions

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, residents' art work, soft furnishings, photographs of residents and decorative accessories were displayed throughout the home, which created a pleasant and welcoming atmosphere.

Each resident was encouraged and supported to make decisions about how their room was decorated. Resident bedrooms were decorated to their individual style and preference. Bedrooms were decorated in colours chosen by residents and in line with their likes and preferences. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

Residents were able to access their possessions and property as required or requested. Records of residents' property and possessions were maintained. For example, the inspector reviewed the private property log, which was found to be

accurately maintained and up-to-date.

The provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard resident's finances and access to their monies, which included a policy for the management of residents' monies and possessions. The inspector found that residents had assessments completed that determined the levels of support they may require regarding money management.

The inspector reviewed two residents' financial records where residents received support from staff to manage their finances. Each resident had their own bank account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

Judgment: Compliant

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and calm, and residents appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of the centre, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Since the last inspection, a number of home improvements works had been completed to the centre, which resulted in positive outcomes for residents. For example, the kitchen and utility room had recently been renovated, which provided residents with better and more accessible facilities.

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 the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. In addition, the inspector observed that residents could access and use available spaces both within the centre and garden without restrictions.

To the rear of the centre, was a well-maintained large garden area, that provided outdoor seating for residents to use, as they wished. The person in charge informed the inspector about plans they had to renovate the garden to include a patio area. The inspector observed raised flower beds, an outdoor swing chair and a bird feeder which one resident was responsible for.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control procedures were in place in the designated centre to protect residents and staff were seen to be in line with national guidance. This included written policies and procedures on infection, prevention and control (IPC) matters and protocols for the management of laundry and linen which were readily available for staff to refer to.

The designated centre was observed to be clean and appropriate hand washing and hand sanitisation facilities were available to staff, residents and visitors. The premises was well maintained and appropriate control measures, such as the appropriate use of PPE, were in place to reduce the probability of residents being exposed to infectious agents. Appropriate guidance was also available to staff to refer to and staff spoken with on the day of the inspection were knowledgeable of policies and protocols in place.

Cleaning schedules were in place. These were reviewed by the inspector which evidenced that all cleaning duties were being completed daily. Records provided indicated that all staff had completed relevant training in infection prevention and control.

There were systems in place for the management of laundry and staff were aware of these procedures. Colour coded mops and buckets were stored in a clean dry area and the registered provider had systems in place for the management of waste.

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. Following a review of servicing records maintained in the centre, 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 and all fire doors, including bedroom doors closed properly when the fire alarm was activated. In addition, all fire exits were thumb lock operated, which ensured prompt evacuation in the event of a fire.

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

awareness of the fire safety procedures. For example, the inspector reviewed five residents' personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Residents spoken with were knowledgeable of evacuation routes and what to do in the event the fire alarm sounded and staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

The inspector reviewed fire safety records maintained in the designated centre, including fire drill records and found that regular fire drills were completed as per the provider policy, and the provider had demonstrated that they could safely evacuate residents under both 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 for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed.

The inspector reviewed five medicine administration records which 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 residents' individual plans on medicine management.

All 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 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, two positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included 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.

Since the previous inspection the person in charge had completed a comprehensive review of all restrictive practices. On the day of the inspection there were two restrictive practices in use. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible.

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, clearly documented and appropriate multi-disciplinary professionals were involved in the assessment and development of the evidence-based interventions with residents.

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. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The person in charge and staff spoken with were knowledgeable about their safeguarding remit.

There were no current safeguarding concerns. Previous concerns had been responded to and appropriately managed. For example, safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed six preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of three 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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant