



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

Issued by the Chief Inspector

Name of designated centre:	Landscape
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	15 August 2024
Centre ID:	OSV-0002397
Fieldwork ID:	MON-0036352

About the designated centre

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

Landscape is a designated centre operated by Saint Michael's House located in South County Dublin. It provides a community residential service to five adults with a disability. Residents with additional physical or sensory support needs can be accommodated in the designated centre. The designated centre 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 diagnosis.

The centre comprises of a two-storey house which consists of five resident bedrooms, office, staff sleepover room, two sitting rooms, dining room/kitchen, three bathrooms and utility room. The centre is staffed by a person in charge and social care workers. Staff are educated and trained to provide care and support to people with intellectual disabilities in a social care model. The focus of the centre is to support and assist residents to gain experience, live as independently as possible and to live lifestyles similar to their peers without a disability.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 15 August 2024	09:00hrs to 16:55hrs	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.

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. 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 "provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives". In addition, it aims to "ensure a healthy and safe environment is maintained where everyone feels at home and secure". 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 comprised of one two-storey detached house, in a large residential suburb on the southside of Dublin. The house was comprised of six bedrooms, including one staff sleepover bedroom, a kitchen / dining room, a sitting room, a quiet room, a utility room, a staff office and a number of accessible bathrooms. The centre was close to many amenities and services including shops, cafes, restaurants, and public transport. It was home to four residents and the inspector had the opportunity to meet all residents over the course of the inspection.

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 provider had refurbished the kitchen and laid new wooden flooring in the hallway, sitting room and front staff office. In addition, new carpet had been laid on the stairs, which further improved the interior aesthetics of the home.

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.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. One resident commented that "staff bring me for coffee, cinema and to play tennis". Another resident commented "staff help me with my food, my favourite is curry" and "we had a lovely house holiday".

Residents had been made aware of the upcoming inspection, gave the inspector a warm welcome and were very comfortable with the presence of the inspector in their home. One resident showed the inspector their bedroom, which they said they really liked. Their bedroom was decorated with items that were important to them, including medals they had received and family photographs. Other residents the inspector spoke with said that they were very happy with the service. They told the inspector they felt safe, liked the food, their bedrooms and the layout and décor of their home.

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 good rapport between residents and staff. The inspector spent time talking with residents together at the kitchen table and it was apparent to the inspector that residents enjoyed being in each others company and had built up strong connections with each other. Residents spent time talking through their person-centred plans and goals they had achieved and set for the year ahead, which included going on holidays together.

Residents were supported to engage in meaningful activities on an individual basis. Examples of activities that residents engaged in included; going out for coffee, independent living skills, family home visits, dining out and swimming. The centre had its own transport, which was used by staff to drive residents to various activities and outings.

The inspector also had the opportunity to briefly meet with a family member of one of the residents. Although the inspector did not have an opportunity to sit and talk with the family member it was apparent they had a good rapport with the staff on duty, felt comfortable speaking with them and were at ease in the home. It was evident that visitors were welcome in the service and encouraged to participate in the resident's life. In addition, residents had access to suitable communal facilities or a private space, other than their bedroom, in which to receive visitors. In the afternoon one resident's family friend came to the home to visit with the resident's pet dog. In this instance the provider had ensured the residents' right to meaningful contact was promoted and respected.

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.

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 by a service manager who in turn reported to a Director of Adult Services.

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 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. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023, which included consultation with residents and their families and representatives.

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.

There was an effective complaints procedure in place that was accessible and in a format that 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 found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

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 to renew 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 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 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 residents at all times in line with the statement of purpose and size and layout of each premises.

The person in charge maintained a planned and actual staff roster. The inspector reviewed planned and actual rosters for the months of May, June, July and August and found that regular staff were employed, meaning continuity of care was maintained for residents. In addition, all rosters 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 two 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 staff in the centre 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 feeding, eating, drinking and swallowing (FEDS), fire safety, food safety, safe administration of medication, infection, prevention and control (IPC) and human rights. The person in charge ensured that staff were supported and facilitated to participate in training development in order to best support all residents.

All staff were in receipt of supervision and 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 were in line with organisation policy and 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 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.

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. Positive feedback from residents included; "enjoyed holidays and visiting sets and places of favourite television shows" and favourite activities included; playing mini golf, bowling, cinema trips and going out for walks. Positive feedback from residents' family members included; "feel welcome in Landscape" and "loved ones look well and appear happy living in the home".

In addition, a suite of audits were in place including monthly local audits and six-monthly unannounced visits, as per the regulatory requirement. Audits carried out

included monthly data reports, incident and accident tracker, health and safety, medication management, fire safety and infection, prevention and control (IPC).

The inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit carried out in June 2024. The action plan documented a total of two actions. Following review, the inspector observed that both actions identified were in progress 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 each 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 and staff support when making a complaint or raising a concern.

There were no open complaints on the day of the inspection. However, the inspector reviewed the complaints log and found that previous complaints made were responded, managed locally and had been resolved. In addition, the person in

charge was aware of all complaints and ensured they were followed up and resolved in a timely manner, as per the provider policy.

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.

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.

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 repair. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their 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 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.

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.

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.

Regulation 12: Personal possessions

Residents were able to access their possessions and property as required or requested. Records of residents' possessions deposited or withdrawn from safekeeping were maintained. For example, the inspector reviewed two residents' private property logs, which were found to be accurately maintained and up-to-date.

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 and all residents had finance support plans on file. Records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on "Management of Service Users' Monies and Possessions".

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 previous inspection the provider had refurbished the kitchen and laid new wooden flooring in the hallway, sitting room and front staff office. In addition, new carpet had been laid on the stairs, which further improved the interior aesthetics of the home.

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.

The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. 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 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS 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 care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements. The inspector observed the timing of meals and snacks throughout the day were planned to fit around the assessed needs and preferences of residents being supported. For example, meals were planned around residents' daily activities and schedules allowing all residents plenty of time to eat and drink. In addition, residents were encouraged and supported to dine with their families and friends. For example, the inspector observed residents being supported by staff to attend a local coffee shop with friends and family.

Residents had opportunities to be involved in food and drink preparation in line with their wishes. For example, the inspector observed two residents making their own coffees and being supported by staff to learn independent living skills. The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. The fridge and presses were well stocked with lots of different food items, including fresh fruit and vegetables.

Residents spoken with confirmed that they felt they had choice at mealtimes and that they had access to meals, refreshments and snacks at all reasonable hours. Residents were consulted with and encouraged to lead on menu planning and could choose to participate in the preparation, cooking and serving of their meals as they wished.

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 of both homes and all fire doors, including bedroom doors closed properly when the fire alarm was activated.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed four resident's personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

The inspector observed that all fire doors were thumb lock operated which ensured prompt evacuation in the event of an emergency. In addition fire safety records reviewed by the inspector including fire drill details evidenced that regular fire drills were completed, and the provider 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 for medicinal products and a review of two residents' medicine administration records by the inspector indicated that medicines were administered as prescribed.

Medicine administration records reviewed 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.

There was a clear focus on medicines management, monitoring and review aims to reduce medicine related incidents and adverse events in the centre. For example, medicine error forms were completed as required and learning from this was used to further support staff knowledge and understanding and mitigate the risk of future errors occurring.

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.

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:

- Communication
- Emotional wellbeing
- Physical and intimate care
- Money management
- Rights

The inspector reviewed two residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and individual to each resident. Examples of goals set for 2024 included; house holiday

with peers, join a dance class, attend a family wedding abroad and join a local sports club.

The provider had in place systems to track goal progress, which included; actions taken, status of the goal, any barriers identified 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, support plans had been developed to support residents with their behaviours. The inspector reviewed one emotional wellbeing support plan and found that it was detailed and comprehensive in guiding staff on supports to use 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.

On the day of the inspection there were two restrictive practices used in this centre. 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 the provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were consented to by residents, subject to regular review by the provider's restrictive practice committee, clearly documented, and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions in conjunction with the resident and their support network.

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. Staff spoken with on the day of the inspection were knowledgeable about their safeguarding remit.

At the time of this inspection there were no safeguarding concerns open. However, the inspector found that previous safeguarding concerns had been reported and responded to as required and interim safeguarding plans were in place to manage these concerns. The inspector reviewed two preliminary screening forms and found that previous incidents, allegations or suspicions of abuse were appropriately investigated in line with national policy and best practice.

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
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 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 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