



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Guidance on safeguarding for designated centres for people with disabilities and for older people

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Safer Better Care

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Introduction by the Chief Inspector of Social Services

The Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA) is responsible for registering designated centres and inspecting and monitoring compliance by providers with regulations and standards. This safeguarding guidance document has been published by the Chief Inspector to support these functions.

Safeguarding is one of the most important responsibilities of a provider within a designated centre. All residents have the right to be safe and to live a life free from harm. It is fundamental to high-quality health and social care. Every resident living in a designated centre places their trust in the provider, person in charge and staff to support them to feel and be safe. Safeguarding, therefore, relies on people and services working together to ensure that people using services are treated with dignity and respect and that they are empowered to make decisions about their own lives.

Safeguarding is more than just the prevention of abuse, exploitation and neglect. It is about being proactive, recognising safeguarding concerns, and having measures in place to protect people from harm. Safeguarding is about promoting people's human rights, empowering them to exercise choice and control over their lives, and giving them the tools to protect themselves from harm. Empowering residents to protect themselves and equipping staff aims to support residents to make safe life choices.

Providers have a responsibility to ensure there is awareness among residents, staff and visitors to the centre about what constitutes safeguarding concerns and abuse and what to do if there are practices that put people at risk.

Safeguarding is about creating a culture of openness where safeguarding concerns and poor practices are discussed, reported and investigated. Providers must have procedures in place to prevent abuse and safeguarding concerns.

Having appropriate procedures in place ensures that the provider and staff take proportionate responses about safeguarding concerns that do not place restrictions on the rights of residents. Effective safeguarding procedures are underpinned by access to training for staff to support better understanding and awareness of safeguarding and abuse.

Poor safeguarding practices could result in residents being at increased risk of abuse which could severely and detrimentally impact on their quality of life.

It is essential that providers take a holistic and human-centred approach to safeguarding which ensures that everyone recognises their individual and collective responsibilities to ensure that people who are at risk are supported to live free from harm.

Good safeguarding practice requires a partnership approach with the person, to understand their wants, needs and preferences to ensure that they can be supported in line with their wishes to achieve the best possible outcomes.

As Chief Inspector, I am committed to ensuring a human rights-based approach to care and support and safeguarding. This safeguarding regulatory programme builds on the current regulatory framework by putting a focused lens on adult safeguarding in designated centres.



Carol Grogan

Chief Inspector of Social Services

Purpose

The purpose of this safeguarding guidance is to complement the overarching guidance for the assessment of designated centres. This document will offer additional supporting information on assessing compliance and will offer guidance on reviewing the key regulations related to safeguarding and the applicable safeguarding standards. The current programme of assessment is focused on the safeguarding of adults. In relation to centres for people with a disability, this means that the current programme will focus on centres for adults with a disability. In those mixed centres which principally accommodate adults with a disability, but where there are also a limited number of young people who are transitioning to adulthood, decisions as to inclusion in the programme will be made on a case-by-case basis. It is envisaged that a separate focused programme to assess the safeguarding of children will follow in due course.

National Standards for Adult Safeguarding

The *National Standards for Adult Safeguarding* were published in 2019.¹ The standards were a joint initiative between HIQA and the Mental Health Commission and are intended to apply to all residential services for older people and people with disabilities and all publicly-funded health and social care services in Ireland. The standards are structured under eight themes. For each standard there is a 'standard statement' which

¹ <https://www.hiqa.ie/sites/default/files/2019-12/National-Standards-for-Adult-Safeguarding.pdf>

describes a high-level outcome. This is then followed by 'features' which list more detailed outcomes and provides a non-exhaustive guide for services as to the type of outcomes they should be striving to achieve to meet the standard. While it is expected that all health and social care services will work to achieve each standard, not all features within each standard are relevant to all services. Finally, the 'what does this mean for me?' section describes how a standard will impact the care of people using the services.

The standards are underpinned by the following key principles:

- **Empowerment** — people are empowered to protect themselves from the risk of harm and to direct how they live their lives on a day-to-day basis according to their will and preferences. This requires people having access to the right information in a way they can understand, making decisions about their lives and being supported to engage in shared decision-making about the care and support they receive.
- **A rights-based approach** — people's rights should be promoted and protected by health and social care services. These include the right to autonomy, to be treated with dignity and respect, to be treated in an equal and non-discriminatory manner, to make informed choices, the right to privacy and the right to safety. A rights-based approach is grounded in human rights and equality law.
- **Proportionality** — staff working in health and social care services should take proportionate action, which is the least intrusive response appropriate to the risk presented and takes account of the person's will and preferences.
- **Prevention** — it is the responsibility of health and social care services to take action before harm occurs. Preventative action includes care, support and interventions designed to promote the safety, wellbeing and rights of adults.
- **Partnership** — effective safeguarding requires working in partnership, that is, health and social care services and the person using the service, their nominated person and professionals and agencies working together to recognise the potential for, and to prevent, harm.
- **Accountability** — health and social care services are accountable for the care and support they deliver and for safeguarding people using their services. This requires transparency in the ways in which safeguarding concerns are responded to and managed.

Supporting documentation

This guidance document should be applied in conjunction with the following for designated centres for people with a disability:

- Health Act 2007 as amended

- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 as amended
- *National Standards for Residential Services for Children and Adults with Disabilities* (2013)
- *National Standards for infection prevention and control in community services* (2018)

- ***National Standards for Adult Safeguarding*** (2019)
- *Guidance for the assessment of designated centres for people with disabilities* (Available from www.hiqa.ie)
- *Guidance on a Human Rights-based approach in Health and Social Care Services* (Available from www.hiqa.ie)
- *Regulation Handbook* (Available from www.hiqa.ie).

This guidance document should be applied in conjunction with the following for designated centres for older people:

- Health Act 2007 (as amended)
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (S.I. 415 of 2013) as amended
- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (S.I. 61 of 2015) as amended
- *National Standards for Residential Care Settings for Older People in Ireland* (2016)
- *National Standards for infection prevention and control in community services* (2018)

- ***National Standards for Adult Safeguarding*** (2019)
- *Guidance for the assessment of designated centres for older people* (Available from www.hiqa.ie)
- *Guidance on a Human Rights-based approach in Health and Social Care Services* (Available from www.hiqa.ie)

Additional resources

- *Regulation Handbook* (Available from www.hiqa.ie).

How this document is structured

The guidance document is set out in two overarching sections which are termed 'dimensions'. These are:

- 1. Capacity and capability of the provider to deliver a safe quality service**
- 2. Quality and safety of the service**

The regulations and national standards² are linked to the relevant dimension — **capacity and capability** or **quality and safety** — and, for ease of reporting, do not appear in numerical order.

The dimension of **capacity and capability** focuses on the governance, leadership and management arrangements in place in the centre with respect to safeguarding. It covers how effective these are in ensuring that people are kept free from harm. It outlines how people who work in the centre are supported through education and training, and whether there are appropriate systems in place to underpin the safe delivery and oversight of the service.

The dimension of **quality and safety** evaluates whether this is a good quality and caring service which ensures people are safe. It includes information about the environment where the service is provided.

Both dimensions are inter-dependent: good governance and oversight procedures, the right resources, active use of information and a competent and confident workforce are essential to the delivery of a sustainable quality and safe service. Essentially, person-centred care and support, safeguarding and protection, and better health, wellbeing and development for people living in the centre all happen because the capacity and capability arrangements are there to make sure they happen.

² Where possible, the national standards are aligned to one regulation only, as a 'best fit' simply for the purposes of reporting. This does not negate the provider's responsibility in meeting these standards.

Section 1. Capacity and capability of the provider to deliver a safe quality service

Dimension: Capacity and Capability	
Disability	Regulation 15: Staffing
Older persons	Regulation 15: Staffing
National Standards for Adult Safeguarding	<p>Standard 6.1</p> <p>The service plans, organises and manages the workforce to reduce the risk of harm and to promote the rights, health and wellbeing of each person.</p>
What a service meeting this regulation looks like	
<p>A well-run service ensures that residents’ core human rights of fairness, respect, equality, dignity and autonomy are upheld by staff. The provider has ensured that there is a sufficient number of staff at the appropriate levels and with the necessary skills and experience working in the service to meet the needs of all residents, and the staff are suitably qualified and trained, and are committed to providing care that promotes people’s rights and keeps them safe.</p> <p>The culture of the provider organisation at the centre facilitates staff to fulfil the role of advocate for residents. This is especially important for residents that may have communication difficulties or those that do not have capacity to direct their care.</p> <p>The provider has the appropriate number and skill-mix of staff to meet the safeguarding needs of all residents. This means that residents are adequately supervised at all times and that they can exercise choice in how they spend their day. Good recruitment practices ensure that staff have met all of the requirements prior to working with potentially at risk people (for example, An Garda Síochána [police] vetting disclosures, reference checks and professional registration or licensing). The provider has obtained all of the documentation required by Schedule 2 of the regulations and maintains comprehensive and accessible records for each staff member.</p> <p>The provider makes every effort to ensure that residents experience continuity of care. This means that staff turnover is kept to a minimum and staffing resources are deployed in a fashion that takes account of residents’ expressed wishes and preferences. Staff are also given time to get to know residents and establish relationships of respect and mutual trust. There are appropriate contingency arrangements in place to guard against shortfalls in staffing levels. The provider</p>	

thereby ensures that levels of individual support for residents are maintained and the risk of institutionalised practices is reduced.

What this means for the resident

Residents are supported by staff who play an active role in helping them live a fulfilling life. Staff act as advocates and this promotes a rights-based approach to care and support which delivers positive outcomes for residents.

Residents live in a centre where there are enough staff to meet their care needs and support them to live a life of their choosing. Residents and their loved ones are assured that all staff members have the appropriate qualifications, are registered with their respective professional bodies, and that the provider has carried out all of the relevant background checks.

Residents know the names of staff members and are comfortable speaking with them and receiving care from them. Staff are available to spend time with residents to chat or engage in social activities in the centre. Residents can indicate which staff they prefer to receive care from and this is facilitated by the person in charge in so far as is practicable.

Sources of evidence

Through observation

Inspectors will observe:

- if staff levels are sufficient to meet the needs of residents in the centre
- staff interactions with residents to determine if they are warm, caring and respectful
- if care and support is task-led or resident-led
- if requests for support are answered promptly

Through communication

Inspectors will communicate:

- with residents (and, where possible, relatives, friends, decision-supporters, advocates and visiting professionals) to establish their views on:
 - whether they feel supported by staff to express choice and preference
 - whether they can always call on a staff member if they require care or support
 - if they can share concerns or worries with a member of staff or an identified resident advocate

- with the provider to determine:
 - how they are assured that the staffing levels and skill-mix is adequate to meet the assessed needs of all residents
 - how their recruitment processes ensure good practice with respect to safeguarding
- with the person in charge to identify:
 - how they make contingency plans to ensure an adequate staffing level is maintained at all times
 - how they supervise staff to ensure that residents receive high-quality care and are kept safe

Through a review of documents

Inspectors will review documents such as:

- staff rosters (planned and actual)
- the policy on staff recruitment, selection and Garda vetting
- a sample of staff files
- records of complaints
- residents' questionnaires
- audits or surveys relating to staffing.

Dimension: Capacity and capability	
Disability	Regulation 16: Training and staff development
Older persons	Regulation 16: Training and staff development
National Standards for Adult Safeguarding	<p>Standard 6.2</p> <p>The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.</p>
What a service meeting this regulation looks like	
<p>Providing high-quality safe services depends on high-quality training for all staff that is relevant to the role they hold. A well-run service embodies a learning culture that integrates learning into working practices which support residents in receiving consistently good care and support that is person centred. The provider recognises and values the importance of training and development for staff and its impact on the service provided to residents.</p> <p>Staff are supported and encouraged to develop professionally and personally. All staff are trained to take a person-centred approach to care. All staff are supported and given sufficient time to receive training in safeguarding to providing safe services and supports to residents.</p> <p>Orientation, induction and ongoing training programmes include safeguarding practices. Training and development programmes also support staff to understand their roles and responsibilities in reducing the risk of harm while promoting the rights, health, wellbeing and quality of life of residents.</p> <p>On completing induction, new staff can clearly articulate what is meant by safeguarding, are familiar with the safeguarding procedures in the centre and are clear on who to speak with should they have any concerns.</p> <p>The person in charge has made a comprehensive training schedule available which ensures that staff:</p> <ul style="list-style-type: none"> ▪ know their safeguarding responsibilities ▪ can identify risks and put controls in place that reduce risk ▪ are aware of the potential indicators of abuse ▪ know how to report a safeguarding concern or respond to one ▪ can provide care in a manner that is empowering for residents and promotes their human rights. <p>Training is made available at regular intervals in accordance with regulatory requirements. The person in charge tailors the type of available training to meet the</p>	

needs and profile of residents living in the centre and ensures that the work duties of staff do not conflict with attending such training.

Systems to record and regularly monitor staff training are in place and are effective. A training needs analysis is completed periodically for all grades of staff. Based on this analysis, relevant staff training and refresher training are planned and implemented as part of a continuing professional development programme. The training needs analysis includes consideration of agency and contract staff.

The training provided is reflective of the assessed needs of residents.

As aspects of service provision change and develop over time, the provider supports staff to continually update and maintain their knowledge, competencies and skills. Arrangements are in place in the centre to assess the impact of training on practice. Evaluation of the effectiveness of training and staff development informs an element of the continual quality improvement cycle, which in turn forms part of the annual review.

The provider and person in charge have appropriate supervision arrangements in place for all staff. All staff receive support and supervision relevant to their roles from appropriately qualified and experienced personnel. Those who supervise staff are provided with clear guidance on their role as a supervisor, as well as training in performance management and other training relevant to their role. Each staff member's performance is formally appraised, at least annually, by appropriate personnel. Wellbeing and supportive services are also available to staff. The provider and person in charge are aware that no staff member, no matter their level of seniority within the provider organisation, can be above suspicion with respect to abusive behaviour.

There is a written code of conduct for all staff, developed in consultation with residents and staff and which adheres to best practice. Staff also adhere to the codes of conduct of their own professional body or association and or professional regulatory body. Staff are aware of the legislation relevant to their roles and responsibilities. Staff have access to copies of relevant legislation, regulations and guidance in the centre.

What this means for the resident

Residents receive care and support from staff that are vigilant with respect to safeguarding. Where a resident wishes to raise a safeguarding concern, they feel confident that the staff will respond appropriately, offer reassurance and outline the next steps in the process. Residents can express choices and preferences and staff are open and responsive to such requests. The environment in the centre feels safe

for residents and staff proactively identify risks and put effective controls in place that ensure people's safety and wellbeing.

Sources of evidence

Through observation

Inspectors will observe:

- if staff interactions with residents and colleagues is caring, supportive and respectful
- to establish if the residents' needs are met
- that appropriate supervision arrangements are in place and whether staff are appropriately supervised
- that copies of the Act, associated regulations, standards made under the Act and any relevant guidance are made available to staff
- how staff implement training and local policies in practice.

Through communication

Inspectors will communicate:

- with residents (and, where possible, relatives, friends, decision-supporters, advocates and visiting professionals) to explore their views on:
 - how well staff know and are able to keep them safe in line with their needs and wishes, including if they are supported participate in positive risk taking and understand measures to take to keep themselves safe
- with the provider on:
 - on how training is organised and facilitated
- with the person in charge about:
 - supervision and training arrangements
 - how the person in charge identifies required training and addresses identified training needs
- with staff to:
 - determine if they are adequately supported and supervised in their roles
 - find out if their induction, training and development supports them to provide appropriate care and support to residents, including if there is a safeguarding concern
 - establish if their safeguarding training is up to date and if they are adequately supported to attend training as required
 - determine if they can implement their training in practice

- explore if professional development is encouraged and included as part of supervision and performance management systems
- determine how staff identify and report training and knowledge gaps.

Through a review of documents

Inspectors will review documents such as:

- staff training and development policies
- staff files
- staff training plan, training matrix and training records including attendance records (an overview of staff members' completed training and remaining training requirements)
- continuing professional development programme documents
- staff appraisal and supervision records
- residents' questionnaires
- the annual review and related audits.

Dimension: Capacity and capability	
Disability	Regulation 23: Governance and Management
Older persons	Regulation 23: Governance and Management
National Standards for Adult Safeguarding	<p>Standard 2.2</p> <p>Each person experiences integrated care and support which is coordinated effectively within and between services to reduce the risk of harm and to promote their rights, health and wellbeing.</p> <p>Standard 5.1</p> <p>The service has effective leadership, governance and management arrangements in place with clear lines of accountability to reduce the risk of harm and to promote the rights, health and wellbeing of each person.</p> <p>Standard 5.2</p> <p>The service strives to continually improve the quality of the care and support it provides to reduce the risk of harm and to promote the rights, health and wellbeing of each person.</p> <p>Standard 8.1</p> <p>Information is used to effectively reduce the risk of harm and promote the rights, health and wellbeing of each person.</p> <p>Standard 8.2</p> <p>The service shares information appropriately to keep people safe.</p>
What a service meeting this regulation looks like	
<p>Governance is the organisational framework that incorporates systems, processes and behaviours that supports an organisation to do the right thing or make the right decision at the right time. This means a centre which is well governed does the right thing by the person receiving care and support. Good governance is the essence of person-centred care. A centre that is well led sets the tone for the whole organisation.</p> <p>The provider recognises that effective governance and management ensures good safeguarding practice in the centre. Good leadership and management promote an open culture where safeguarding is embedded in a provider’s practices, and feedback is sought to improve service provision.</p>	

The provider has proven arrangements in place to assure itself that a safe, high quality service is being provided to residents. The provider and person in charge have comprehensive and effective management systems in place that facilitate effective safeguarding in the service. There is an open culture in the centre that clearly articulates a zero tolerance attitude towards all forms of abuse. There are clear lines of accountability at individual, team and organisational level so that all people working in the centre are aware of their responsibilities and their reporting structures. This along with the efficient use of resources, reduces the risk of harm and promotes the rights, health and wellbeing of each resident.

All reports or allegations of abuse are regarded as credible and taken seriously by all staff and management in the service. The recording and documentation of reports or allegations of abuse are comprehensive and accessible. All screening and investigation of reports or allegations of abuse follows a clear procedure and is in line with national policy and guidelines on safeguarding. Where necessary, safeguarding concerns are referred or reported to the relevant authorities (for example, An Garda Síochána, The Child and Family Agency [Tusla], Health Service Executive [HSE] Safeguarding and Protection Teams, Department of Social Protection) in a timely fashion in line with legislation. Staff, residents, visitors and all other relevant persons are clear on who they can report safeguarding concerns to and are confident that such reports will not impact on them negatively.

Managers are actively involved in the management of the centre and are visible at all levels, and residents report that they know them. The provider ensures that the centre is managed by people who have been appropriately recruited and trained and have the competence to do so. As a result, the service is led by a capable person in charge who is supported by the provider and has the qualifications, knowledge and skills to support the assessed needs of residents. This is demonstrated through the delivery of high-quality safe care and support that meets residents' needs, including their safeguarding needs.

The provider has identified a senior manager with responsibility and overall accountability for promoting and managing safeguarding in the service. This person has all of the necessary supports to fulfil their role and has an in-depth knowledge of all relevant safeguarding policies, legislation, reporting requirements and referral pathways.

The provider works collaboratively with other organisations and stakeholders to maximise safety for residents. This involves sharing data (in accordance with data protection legislation) and working with other agencies which can support residents such as advocacy groups or community development organisations.

The service is continually engaging in quality improvement initiatives where the aim is to reduce risk to residents and promote their rights, health and wellbeing. Quality improvement is focused not just on safety but also empowerment and supporting residents to play an active role in how their care is delivered. Learning from complaints and risk management is used by management as an opportunity to improve safeguarding in the service. The governance systems ensure that service delivery is safe and effective through the ongoing audit (checking) and monitoring of its performance, resulting in a thorough and effective quality assurance system in place. There is evidence that the provider, management team and person in charge strive for excellence through consultation, research and reflective practice. The provider and person in charge also recognise that audits facilitate education programmes and motivate staff to strive for improvement and are key to informing a good quality improvement strategy. Therefore, management actively involves staff in quality improvement initiatives, which enable the service to better respond to identified risks. The results of improvements made are communicated to all personnel working in the centre and to residents.

The service has a clear policy in place for managing how visitors (for example, relatives of residents, activity providers and volunteers) access the centre and are supervised throughout the course of their visit.

The provider completes an annual review of the quality and safety of care and support in the service, including of the safeguarding practices, to measure the service performance against the national standards, and to identify any areas for ongoing improvement. A good provider uses all of the evidence identified through the assurance methods being used, including unannounced visits to the centre. As part of this review, the effectiveness of the implementation of safeguarding measures is evaluated and informs the continual quality improvement cycle.

What this means for the resident

All residents live in a centre where management fosters a culture in which all staff are aware of their safeguarding responsibilities. Where residents raise a safeguarding concern, they are confident that it will be taken seriously and investigated thoroughly. Residents are not negatively affected by reporting safeguarding concerns and are kept informed throughout the screening and investigation phases.

Residents know that any people visiting the centre have been subject to the appropriate checks and are adequately supervised during the course of their visit.

Sources of evidence

Through observation

Inspectors will observe:

- if there are sufficient resources available to ensure effective delivery of care and support in line with the statement of purpose and if staff are deployed efficiently; for example, observing if there are:
 - enough staff members
 - necessary equipment and assistive technology, and
 - an appropriate and safe environment
 - that the centre is effectively managed
 - staff and residents know who is in charge
- if the quality and safety of care and support as outlined in the annual review is put into practice
- if there is evidence of learning and, if necessary, improvement brought about as a result of the findings of any reviews, including of safeguarding measures, consultation and in the case of disability centres, unannounced visits by the provider every six months
- is there evidence that feedback from residents, relatives, staff and others has been used to inform practices
- staff interaction with residents to determine if a culture of openness and inclusiveness is promoted and if residents are safeguarded and empowered in their daily lives
- if the organisational structure outlined in the statement of purpose is reflected in practice.

Through communication

Inspectors will communicate:

- with residents (and, where possible, relatives, friends, decision-supporters, advocates and visiting professionals) to
 - find out their views and experiences on the culture within the centre, the management of the centre and whether they consider there are enough resources
 - establish if they and, with their consent, their representatives have given any feedback to the service through the annual report, audits, surveys or other mechanisms and if this feedback had resulted in a change to the delivery of the service
 - find out if copies of the provider's annual reviews have been made available to residents and if unannounced visit reports have been made available to residents, if requested by them.

- with the provider to:
 - determine if they are knowledgeable of their responsibilities under the regulations
 - establish their understanding of the aims and objectives of the service and how they are implemented
 - determine how they implement and monitor Health Protection Surveillance Centre (HPSC), HSE and Department of Health advice and guidance
 - find out if they have made any improvements to the quality and safety of care for residents.
- with the person in charge and staff to:
 - establish if there is a culture of openness and whether staff know how to raise safeguarding concerns and if they feel supported to do so.
- with staff to:
 - find out whether they are familiar with the management structure, including their understanding of roles and responsibilities and the reporting structure
 - determine their views on the management of safeguarding in the service
 - find out how they know who is in charge and how the centre is managed whenever the person in charge or other key management personnel are absent
 - determine if they are knowledgeable of their safeguarding responsibilities.

Through a review of documents

Inspectors will review documents such as:

- the provider's annual review (if requested, has a copy been made available to the Chief Inspector)
- in the case of disability centres, written report of the provider's unannounced visits (required under the regulations at least once every six months or more frequently as determined by the Chief Inspector)
- relevant external audits and reports
- the statement of purpose
- staff performance management and supervision records
- registration and renewal applications and associated documentation
- staff rotas
- minutes of residents, staff and management meetings
- staff files and training records
- records relating to safeguarding concerns

- statutory notifications to the Chief Inspector
- risk register and accidents and incidents log
- complaints records
- residents' questionnaires.

Section 2. Quality and safety of the service

Dimension: Quality and safety	
Disability	Regulation 5: Individual assessment and personal plan
Older persons	Regulation 5: Individual assessment and care plan
National Standards for Adult Safeguarding	<p>Standard 1.2 Each person is supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and wellbeing.</p> <p>Standard 2.1 The service effectively plans and delivers care and support to reduce the risk of harm and promote each person’s rights, health and wellbeing.</p>
What a service meeting this regulation looks like	
<p>Excellence in achieving individualised assessment and personal planning is demonstrated when there is a strong and visible person-centred, human rights culture within the service and residents receive the care and support they require. This culture is developed and supported by the provider and person in charge delivering a service with an emphasis on fairness, respect, equality, dignity and autonomy. They understand that a collaborative and phased approach to individualised assessment and personal planning enhances the quality of care and support provided and safeguards residents. The approach taken emphasises choice, control and empowerment of each resident. The personal plan captures who the person truly is and results in their individual needs and preferences being met and their personal goals being achieved, whilst keeping them safe.</p> <p>A good provider and person in charge recognise the importance of assessing residents before admission to ensure that they have the ability and facilities to support the resident to live a full and fulfilling life and support their safeguarding needs. This assessment is carried out by an appropriately skilled and qualified person who is assured that the needs and expectations of the resident can be met. The assessment is reviewed on admission to ensure it is still valid and to quickly identify any changes required. Any potential impact on residents currently living in the centre are carefully considered and assessed before the admission of any new resident.</p> <p>The assessment identifies and documents any specific safeguarding needs for the person and leads to the development of personal/care plans to manage these needs. The resident (or their decision-supporter where appropriate) is involved at all</p>	

stages of the assessment and their input informs the development of personal/care plans. Assessments and personal/care plans are reviewed regularly to identify changing needs and circumstances and to evaluate their effectiveness. Assessment and planning information is documented clearly and concisely and in a way that can inform continuity of care. A resident's personal/care plan is seen as being owned by the resident themselves as a record of the care and support they have communicated that they need.

Management recognise that the process of assessing safeguarding needs does not stop at keeping people safe. Management and staff promote the idea that safeguarding also means empowering residents to pursue their interests and enables them to make choices and preferences that may involve positive risk-taking. Every effort is made by staff to understand residents' needs and preferences and support them to achieve whatever goals they set for themselves.

A quality personal/care plan is one that recognises the intrinsic value of the person by respecting their uniqueness, and ensures the resident's autonomy. Personal/care plans are developed in a way that includes a positive approach to risk assessment, acknowledging that risk-taking is part of a fulfilled life which considers possible harms and focuses on individual strengths. A quality personal plan that incorporates individualised goals and risk enablement cannot be created without a comprehensive and appropriate assessment. To ensure quality personal planning, the provider has adopted a rights-based approach whereby decisions are made by the resident about their own care and support.

The assessment and planning process assures the resident that they are listened to and understood in a way that builds trusting and effective relationships. In order to do this, staff are innovative in finding ways to support residents to express their views and live life as they choose in a way that balances risks and opportunities safely. The provider and person in charge support staff to be creative and flexible in supporting residents to live as they choose. They explore options with residents about how to support them to maintain relationships with their communities. This results in opportunities for residents' relationships within the community to flourish and for residents to have meaningful experiences that include the benefits of holding valued social roles.

Balancing the resident's right to privacy and the engagement of family and or other representatives in the development of a personal/care plan is a complex issue. A quality rights-based approach to assessment and personal planning manages this issue effectively and ensures the resident's voice is prioritised and respected. Where it has been identified that a resident requires support to make a decision, the provider supports them to do so in line with legislation. Assistive measures, such as where somebody is appointed by a resident to assist them in the decision-making

process, are consistent with capacity legislation. This enables residents to be consulted with and participate in the development of their personal/care plans in order to advance a holistic approach to their care and support that is based on a model of inclusiveness.

The provision of individualised holistic assessment and personal planning is not a separate activity carried out by one individual, but is part of everyday life with all staff involved. This results in a truly person-centred service for residents.

Personal/care plans and the practices of assessment and planning are regularly and formally reviewed, evaluated and continually improved on. Relevant professionals are involved in reviews and evaluations, including decision supporters, where necessary. Methods are in place to evaluate relevant outcomes such as positive changes in the resident's life as a result of person-centred planning, including the quality of relationships. It is clear from the approach adopted by the service that the most important person in this review process is the resident experiencing care and support.

Information collected is used to effectively promote the rights, health, wellbeing and safety of each resident. Evaluation of the effectiveness of individualised assessments and personal/care plans forms part of the continual quality improvement cycle, which in turn forms part of the annual review.

What this means for the resident

On entering a centre, residents (or their decision-supporters where appropriate) are fully involved in the assessment and care planning process. Residents are asked about their preferences in terms of receiving care and also about how they wish to spend their day and what activities they enjoy. They experience a decision-making process that places their voice at the centre.

Residents are able to take part in activities of their choosing. This may include certain activities that involve an element of positive risk-taking. Residents are not unduly dissuaded or discouraged from exploring different activities and staff and management make every effort to facilitate their requests.

Sources of evidence

Through observation

Inspectors will observe:

- whether residents are provided with person-centred care and support
- if staff practice is in line with residents' personal/care plans

- if the arrangements, facilities and layout of the centre are suitable for the purposes of meeting the assessed safeguarding needs of each resident.

Through communication

Inspectors will communicate:

- with residents (and, where possible, relatives, friends, decision-supporters, advocates and visiting professionals) to
 - find out what their health, personal and social care needs are and whether they are supported to have personal plans that reflect how they would like to receive their care and support and be safeguarded
 - establish if they feel they own their personal/care plan which includes the safeguarding measures in place for them, and understand it by sitting with the resident and, where possible and appropriate to do so, going through their copy of the plan with them
 - ask their views on and experience of the level of involvement and support in the development, implementation and review of their personal/care plan and safeguarding measures.
- with residents, staff and the person in charge to:
 - verify how residents' personal/care plans are made available to the resident
 - check if personal plans are reviewed in response to residents' changing safeguarding needs
 - explore whether agreed actions occur and if residents' personal/care plans improve outcomes for the residents
 - establish how residents are supported to make informed decisions about the care and support, including safeguarding measures in place for them.
- with the person in charge to:
 - establish what governance and management arrangements are in place to ensure assessments and personal/care plans, including safeguarding measures, are completed correctly, reviewed in a timely manner and inform high-quality care
 - find out how they are supporting residents to exercise their rights and incorporating this in the resident's personal/care plan.
- with staff:
 - that are directly involved in the development or implementation of the resident's personal/care plan to establish what their understanding of person-centred care is, how they put it into

practice and how knowledgeable they are of the residents' needs, wishes and supports

- to explore their understanding of a rights-based approach to care planning, safeguarding measures
- to confirm when assessments and personal/care plans are completed, reviewed and how they are used to inform daily practice.

Through a review of documents

Inspectors will review documents such as:

- the assessment and personal/care plan template (if a new service)
- a sample of residents' comprehensive assessments and personal/care plans
- the policy on admissions, including transfers, discharge and the temporary absence of residents
- any internal policies, procedures or guidelines relating to assessment and personal/care planning and safeguarding measures
- sample of daily and social care records, where applicable
- records of incidents, accidents and safeguarding concerns
- minutes of residents' meetings
- the complaints log
- residents' questionnaires
- statement of purpose.

Dimension: Quality and safety	
Disability	Regulation 7: Positive behavioural support
Older persons	Regulation 7: Managing behaviour that is challenging
National Standards for Adult Safeguarding	<p>Standard 3.1</p> <p>The service strives to protect each person from the risk of harm and to promote their safety and welfare.</p> <p>Standard 3.2</p> <p>Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.</p>
What a service meeting this regulation looks like	
<p>Responsive behaviours or behaviours that challenge are managed in a way that keeps everybody safe whilst also having a minimal impact on the person exhibiting the behaviours. The culture in the centre is one that promotes a restraint-free environment. All restrictive practices are implemented in line with the regulations and are reviewed on a regular basis in order to evaluate their necessity, impact and effectiveness. Staff have access to appropriate training on managing the types of behaviours that may occur in the service.</p> <p>The provider of the service recognises that positive behavioural support assists with understanding the reason for an individual’s behaviour of concern to better support residents. This includes the context in which it occurs so that the person’s needs can be better met, and to enhance their quality of life and reduce the likelihood that the behaviour of concern will happen. Proactive strategies are employed such as designing more supportive environments and supporting residents in developing skills that will improve their quality of life, thus addressing their individual needs before behaviour escalates and in order to avoid restrictive practices. In doing so, the provider has eliminated or reduced restrictive practices in a centre and has adopted approaches that focus on personalised care and promotion of human rights.</p> <p>People working in the centre recognise that behaviour is a form of communication and aim to support residents to acquire new or different strategies to communicate their needs. Residents are encouraged to express their feelings and supported to manage any situation that impacts on their emotional wellbeing. There are clear, correct and positive communications that help residents to understand their own behaviour and how to interact in a manner that respects the rights of others and safeguards their needs.</p>	

It is important that people are supported to live meaningful lives while living in residential care. Part of living a meaningful life involves an element of risk. The provider should weigh the potential risk (injury, abuse) against the benefits to the person (enjoyment, learning new skills and socialisation). Providers should not be overly risk-averse in this regard. If a person chooses to partake in something that involves a level of risk, and they are aware of these risks and methods to safeguard themselves, then the provider should be supportive of their choice. Providers should undertake a full risk assessment to identify where they can mitigate the risks while still supporting the person to undertake the activity.

There is a process in place to manage all restrictive practices in the centre. This may include a committee that oversees the use of restrictive practices and or a person whose responsibility it is to endeavour to reduce the use of restrictive practices. Good recording and documentation of restrictive practices is in line with regulatory requirements and also allows for analysing the data to identify patterns or trends.

Systems are in place to ensure regular monitoring of the approach taken to behavioural support, and staff do not engage in practices that may constitute institutional abuse. Where there is any indication that restrictive practices are being used inappropriately, the provider has systems in place to support staff to report this.

Alternative approaches should be attempted by staff who are trained in positive behavioural support to assist the resident before implementing any restraint. For instance, assessments should aim to identify any physical, psychological, emotional, social or environmental factors that may trigger behaviours of concern in order to prevent or limit the use of restrictive practices. Any restrictive practice used are only used by trained staff as a last resort when all other non-restrictive means have been exhausted and there is a serious risk of harm to the resident or others.

There is a clear distinction between therapeutic medicines and those used as a form of restraint. Where medication is used as a form of restraint solely to suppress behaviours of concern, staff know why residents are being prescribed specific medicines, and they are able to differentiate between therapeutic treatments for a specific diagnosis and chemical restraint. Staff also have an understanding of the potential adverse effects arising from the use of chemical restraint in order to maintain the resident's safety.

Oversight and monitoring is carried out routinely and includes a review and analysis of data on the use of any restrictive practices and safeguarding concerns to monitor trends and inform reduction strategies. Evaluation of the effectiveness of positive behavioural support and safeguarding measures for each resident informs the

continual quality improvement cycle, which in turn forms part of the annual review of compliance with the regulations.

What this means for the resident

Residents experience a service that does not limit their choices or unduly restrict them. Residents do not have any unmet needs that result in exhibiting certain behaviours that require the use of restrictive practices. If restrictive practices are assessed as necessary, residents (or their decision-supports) are involved in the assessment process and their consent is sought for the implementation of any measures.

Sources of evidence

Through observation

Inspectors will observe:

- if staff actions demonstrate up-to-date knowledge and skills, appropriate to their role, in the area of behaviours of concern — for instance, observe how staff interact with residents and, in particular, if this follows residents' positive behavioural support plans, including how they respond to any behaviours of concern and what techniques they use to support residents to manage this behaviour
- if restrictive procedures are being applied in line with the resident's positive behavioural support plan, national policy and evidence-based practice
- whenever a resident's behaviour requires intervention that every effort has been made to identify and alleviate the cause of this behaviour
- where restrictive practices are being used that this is within a framework that supports human rights.

Through communication

Inspectors will communicate:

- with residents (and, where possible, relatives, friends, decision-supporters, advocates and visiting professionals) to establish their views to:
 - determine if they are supported to achieve realistic goals, improve their quality of life, and recognise and manage their individual behaviours
 - explore if they have been consulted and involved in safeguarding measures that apply to them

- establish if on any occasion where they have experienced restraint or been denied access to an activity based on a safeguarding concern, that they been supported to express their views about restrictive practices and safeguarding measures
- determine if a debriefing or review happens following the use of a restrictive procedure or implementation of a safeguarding measure.
- with the person in charge:
 - on how behaviours of concern are managed and monitored in the centre.
 - on how safeguarding concerns are identified, managed and learned from.
- with the person in charge and staff to establish if they can demonstrate up-to-date knowledge and skills, appropriate to their role to:
 - implement interventions that improve residents' wellbeing, prevent escalation of specific behaviours and safeguard residents
 - promote positive behavioural support strategies and eliminate inappropriate use of restraint
 - respond to behaviours of concern and support residents to manage their behaviour
 - respond to safeguarding concerns.
- with staff to:
 - check their understanding of policies on safeguarding and the provision of behavioural support and on restraint, including positive behavioural support strategies.

Through a review of documents

Inspectors will review documents such as:

- the policy on the provision of behavioural support
- the policy on the use of restrictive procedures and physical, chemical and environmental restraint
- the restraint register
- notifications and trending of any reported allegations of abuse
- a sample of residents' files relevant to the management of specific behaviours, including positive behavioural support plans and safeguarding measures and risk assessments
- records of any occasion in which restraint has been used
- record of any occasion of a safeguarding concern or incident
- medicines records relating to areas such as the use of psychotropic drugs, PRN medicine and chemical restraint
- staff training records
- residents' questionnaires

- audits relating to positive behavioural support
- the provider's annual review.

Dimension: Quality and safety	
Disability	Regulation 8: Protection
Older persons	Regulation 8: Protection
National Standards for Adult Safeguarding	<p>Standard: 3.2</p> <p>Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.</p>
What a service meeting this regulation looks like	
<p>Safeguarding is more than protecting people from abuse. Safeguarding is a holistic person-centred approach that ensures all people living in designated centres for people with a disability can live their life to the full, in an environment that meets their support needs, are supported by staff who are well informed and competent, and are free from harm.</p> <p>Residents are central to safeguarding planning and decision-making. Residents are assisted and supported to develop the skills and awareness needed for self-care and protection. The person in charge ensures that residents are involved in decisions about safeguarding interventions and their consent is obtained where possible. Residents are provided with information, in an accessible format, which describes the procedures that are in place to protect them and to whom they may direct any safeguarding concerns they may have.</p> <p>The provider has taken, and can evidence having taken, all reasonable measures to protect residents. This includes providing staff training in relation to the detection and prevention of and responses to abuse. Staff are knowledgeable about abuse detection and prevention and promote a culture of openness and accountability around safeguarding. Staff know the reporting processes for when they suspect, or are told of, suspected abuse. Staff take all safeguarding concerns seriously and take appropriate action promptly.</p> <p>The person in charge promptly and thoroughly investigates all incidents or allegations of abuse. Learnings from investigations are used to inform changes in practice. Safeguarding responses focus on the individual harmed but also take account of wider systemic issues that led to the incident. A proactive approach is adopted by providers where early identification of trends in low-level incidents of concern are monitored closely as a symptom of weakness in the service's safeguarding practices. Where the person in charge is the subject of an allegation of abuse, the provider investigates the matter or nominates a suitable person to investigate the matter.</p>	
What this means for the resident	

Residents experience a service where they are protected and safe. They feel empowered to express choices and preferences and are involved in all aspects of decision-making in relation to safeguarding. Residents and their families are assured that staff are on alert for signs of abuse and that there are appropriate reporting procedures in place. Residents feel able to approach staff members and management with safeguarding concerns in the knowledge that they will be treated as credible and that they will not be negatively impacted by having reported. Residents are aware that the person in charge can be reported and that an appropriate person will be appointed to investigate the allegation. Residents know that investigations will lead to changes in care practices aimed at improving their protection.

Sources of evidence

Through observation

Inspectors will observe:

- how the provider's policy on safeguarding is implemented in practice
- the manner in which staff interact with residents, both verbally and non-verbally
- how the centre ensures an adequate balance between protecting residents from abuse and enabling them to make informed choices regarding risks associated with their care
- if staff speak about residents in an appropriate manner while communicating with each other, for example, at handover
- if care and support is task-led or resident-led.

Through communication

Inspectors will communicate:

- with residents (and, where possible, relatives, friends, decision-supporters, advocates and visiting professionals) to determine if:
 - they have received information in an accessible format that supports them to care for themselves
 - they feel safe and comfortable in raising any safeguarding concerns they may have
 - are aware of who they can speak with about any concerns they may have
 - are empowered to express choices and preferences that are acted on by staff, in so far as is practicable.
- with the person in charge to find out:
 - how safeguarding practices and procedures are monitored

- with the person in charge and staff to find out:
 - how they protect residents from abuse, discrimination and avoidable harm, including breaches of their dignity and respect
 - if they are aware of the policy and procedures for reporting allegations of abuse.
- with staff to find out:
 - about the safeguarding training they receive and how they put that training into practice
 - explore their knowledge, understanding and prevention of institutional abuse.

Through a review of documents

Inspectors will review documents such as:

- the policy prevention, detection and response to abuse or allegations of abuse, including reporting of concerns and or allegations of abuse to statutory agencies
- the policy on safeguarding and complaints
- records of complaints and any referrals to third party agencies with respect to safeguarding
- residents' questionnaires
- the provider's annual review
- a sample of residents' care/personal plans to review the description of safeguarding interventions.

Dimension: Quality and safety	
Disability	Regulation 9: Residents' rights
Older persons	Regulation 9: Residents' rights
National Standards for Adult Safeguarding	<p>Standard 1.1 Each person's rights are recognised and promoted.</p> <p>Standard 1.2 Each person is supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and wellbeing.</p> <p>Standard 4.1 Each person is supported to develop the skills to protect and promote their own physical, mental, emotional and social health and wellbeing and protect themselves from harm.</p>
What a service meeting this regulation looks like	
<p>The provider has fostered a culture where a human rights-based approach to care is central to how residents are supported. This includes the fulfilment of all obligations under relevant legislation and policy, for example, the UN Convention on the Rights of People with Disabilities and the Assisted Decision-Making (Capacity) Act 2015. The provider also actively promotes the FREDA³ human rights principles of fairness, respect, equality, dignity and autonomy.</p> <p>The service takes into account the sex, religious persuasion, racial origin, cultural and linguistic background and communication needs of the resident, when developing safeguarding arrangements. This may mean that different arrangements are in place for different residents as a person-centred approach is used in developing safeguarding arrangements.</p> <p>This person-centred approach also ensures that residents are empowered to participate in their own care, support and treatment plans. Residents are assumed to have capacity to make decisions. Where there is a doubt about capacity, residents are facilitated to access decision supports in accordance with the Assisted Decision-Making (Capacity) Act 2015.</p> <p>Staff and management ensure that residents are informed of, and can fully exercise, their rights. Safeguarding measures that are put in place are compatible with residents' freedom to exercise their rights and positive risk-taking is supported. Each</p>	

³ The National Standards for Adult Safeguarding use the FREDA principles which are: Fairness, Respect, Equality, Dignity and Autonomy. A human rights-based approach involves all five principles.

resident is supported to assess the risks associated with the choices they make and to weigh up the benefits and the potential harms. Safeguarding measures are proportionate and are not overly intrusive interventions that deny residents their rights.

The provider ensures residents have knowledge of, and access to, independent advocacy services and decision-support services.

What this means for the resident

Each resident experiences care that empowers them to realise their fundamental human rights whilst also protecting them from harm. The safeguarding measures in the centre are tailored to each resident's needs. Residents experience a home where they have freedom and autonomy to make choices about their lives. Residents are supported by staff in assessing the risks associated with their choices and in accessing independent advocacy services and decision-support services. Residents can access appropriate decision-supports where required.

Sources of evidence

Through observation

Inspectors will observe:

- the decision-making process to see if residents are actively involved and given freedom to exercise autonomy, choice and independence
- if staff practices promote residents' rights, including positive risk-taking
- how care is delivered to ensure it is resident-led rather than task-led.

Through communication

Inspectors will communicate:

- with residents (and, where possible, relatives, friends, decision-supporters, advocates and visiting professionals) to:
 - find out how they are empowered to direct their care and realise their rights
 - establish whether they are aware of how they can access advocacy and decision-support services.
- with residents and staff to find out:
 - how consent is sought and how residents are involved in decision-making about their care.
- with staff to find out:
 - their understanding of a human rights-based approach to care

- how they facilitate residents to exercise choice in line with their preferences and interests
- their knowledge of capacity legislation and how they can provide assistance to residents in terms of decision-making.

Through a review of documents

Inspectors will review documents such as:

- residents' assessments and personal/care plans, including safeguarding records, capacity assessments and or risk assessments
- records of advocacy arrangements or visits
- record of complaints
- the provider's annual review.

Dimension: Quality and safety	
Disability	Regulation 10: Communication
Older persons	Regulation 10: Communication difficulties
National Standards for Adult Safeguarding	<p>Standard 1.2</p> <p>Each person is supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and wellbeing.</p> <p>Standard 3.2</p> <p>Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.</p>
What a service meeting this regulation looks like	
<p>A well-led service recognises that the ability to communicate effectively is fundamental to each resident’s wellbeing, social relationships and quality of life. The provider demonstrates respect for core human rights principles by ensuring that residents can communicate freely and are appropriately assisted and supported to do so in line with their needs and wishes. Management and staff recognise behaviour as a form of communication, and are aware that behaviours of concern such as agitation or aggression may arise due to an unmet physical, psychological or emotional need that cannot be verbally expressed by the resident.</p> <p>When there is a safeguarding concern, the provider ensures that the resident(s) are fully informed of all matters and of supports available to them, in a manner that accounts for their communication needs.</p> <p>Residents’ communication needs are outlined in their personal/care plans and referenced by staff when supporting a resident through a safeguarding concern and or in developing appropriate safeguarding measures for a resident. Staff know each resident’s communication requirements and are flexible and adaptable with the communication strategies used. There is a culture of listening to and respecting residents’ views in the service. Staff also advocate for residents, and residents are facilitated and supported to access external advocates when requested or when required. Residents are facilitated and supported to communicate with their families and friends in a way that suits them, if they desire.</p>	
What this means for the resident	
<p>Residents are facilitated and supported to communicate with people in a manner that supports their safeguarding. Residents are cared for by staff that understand their communication needs and can respond accordingly. Residents have access to</p>	

information about safeguarding interventions that is appropriate to their communication needs.

Sources of evidence

Through observation

Inspectors will observe:

- how staff communicate with residents during the course of providing care
- if staff are aware of the communication needs of each resident.

Through communication

Inspectors will communicate:

- with residents to:
 - ask them about their communication needs and whether they feel these are being met by staff
 - find out if information is available to them in a format that they can readily access and understand.
- with the person in charge and staff to find out:
 - how they assure themselves that all residents' communication needs are met.

Through a review of documents

Inspectors will review documents such as:

- a sample of residents' assessments and personal/care plans
- communication passports
- policies on communication and provision of information to residents
- the provider's annual review.

Dimension: Quality and safety	
Disability	Regulation 17: Premises
Older persons	Regulation 17: Premises
National Standards for Adult Safeguarding	<p>Standard 7.1</p> <p>Resources are used efficiently to reduce the risk of harm and promote the rights, health and wellbeing of each person.</p>
What a service meeting this regulation looks like	
<p>A good provider recognises that the premises have a significant impact on residents' quality of life, including their changing needs over time. Therefore, premises must be suitably built and furnished to support residents' existing mental health, physical health and overall wellbeing, as well as their long-term requirements.</p> <p>Where possible, the provider has ensured that the premises is centrally located in a community with access to local amenities, services and public transport and that resident's autonomy to engage and connect with the community is supported. Furthermore, a high quality of life is experienced by residents as the premises has the capacity to facilitate internal and external activities.</p> <p>The provider has considered safeguarding risks and protective measures in ensuring that the premises of the designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3 and Schedule 6 of the regulations.</p> <p>The living environment is stimulating and provides opportunities for rest and recreation. Each resident participates in choosing equipment and furniture in order to make it their home and can access appropriate professional advice in selecting equipment that facilitates functional activity and promotes independence. The provider takes into account the safeguarding needs of the residents in providing premises that conform to the matters set out in Schedule 6 of the regulations.</p> <p>The residents' personal requirements are known and in so far as is possible the premises provides for flexibility in use, accessibility and adaptability. The provider recognises that a homely and accessible living environment helps to provide a homely environment that promotes activities of daily living and encourages residents to undertake everyday tasks. The residents define what homely is to them, and their home is decorated to meet their needs and wishes. The provider explores opportunities to balance risk management with the homeliness of the centre and the residents' wishes for their own homely environment.</p>	

When considering refurbishment of a centre's facilities or buildings, the provider considers how the physical environment can contribute to protecting residents while also promoting each person's rights, health and wellbeing.

What this means for the resident

Residents enjoy living in a comfortable and engaging environment that meets all of their needs. Residents are involved in choosing equipment and furniture for the centre in order to make it homely.

Sources of evidence

Through observation

Inspectors will observe:

- how the premises is designed and laid out and how this contributes to effective safeguarding
- if equipment and facilities that residents need are available.

Through communication

Inspectors will communicate:

- with residents to:
 - ask them about how the premises meets their particular needs and if they would make any changes
 - ask if they had a say in how their room was decorated and furnished.
- with the person in charge and staff to find out:
 - if they feel the premises is laid out in such a way as to allow for adequate supervision and support for residents at all times.

Through a review of documents

Inspectors will review documents such as:

- the statement of purpose and floor plans
- minutes of residents' meeting relating to the premises
- documentation which describes consultation with residents relating to the premises
- the provider's annual review.

Dimension: Quality and safety	
Disability	Regulation 26: Risk management procedures
Older persons	Regulation 26: Risk management
National Standards for Adult Safeguarding	<p>Standard 3.1</p> <p>The service strives to protect each person from the risk of harm and to promote their safety and welfare.</p>
What a service meeting this regulation looks like	
<p>The provider has embedded safeguarding as a core component of the centre’s safeguarding practices. The provider has developed and implements a risk management policy that safeguards residents. This risk management policy has arrangements for the identification, recording, investigation and learning from safeguarding incidents. Safeguarding risks are identified, assessed, and necessary measures and actions in place to control the risks.</p> <p>The provider recognises that risk management does not mean trying to eliminate risk; instead, it involves managing risks to maximise residents’ choices and control over their own lives while still protecting their safety as appropriate. Blanket safeguarding measures are avoided and a person-centred approach to measures is used. A well-run service recognises that the safety and quality of life of residents are promoted through proactive risk assessment, learning from adverse events, safeguarding concerns and serious incidents, as well as the implementation of policies and procedures designed to protect residents and support their right to positive risk-taking. The provider ensures the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfilling the provider’s requirement to be responsive to risk.</p> <p>The person in charge promotes an understanding that life has risks and facilitates positive risk-taking for residents and supports residents to understand the risks associated with their choices. Any measures implemented to address a safeguarding risk are proportionate and do not unduly infringe on the rights of the residents. These measures are explained to residents and they are involved in decision-making around risk management.</p> <p>Investigations of safeguarding incidents inform ongoing learning, changes to risk management policy and practices. Less serious safeguarding incidents are monitored for trends, from a perspective of system wide failures and also inform changes to risk management policy and practices.</p>	

What this means for the resident

Residents can engage in activities of their choosing — including activities that may contain an element of risk — without undue restrictions imposed as a consequence of risk management. The resident has a voice in identifying the risks that apply to them and the safeguarding measures that are put in place to protect them. Residents are informed as to changes in practices resulting from investigations of safeguarding incidents they have been involved in or impacted by.

Sources of evidence

Through observation

Inspectors will observe:

- staff practices to determine if there is an appropriate balance between promoting residents' autonomy and maintaining their safety, including whether staff practice supports positive risk-taking and capacity.

Through communication

Inspectors will communicate:

- with residents to determine:
 - if it is a positive experience living in the centre
 - whether residents are facilitated to make choices can make choices including those that contain an element of risk.
- with the person in charge to determine:
 - how they proactively identify and manage risks relating to safeguarding.
- with the person in charge and staff to find out:
 - if they understand what is meant by positive risk-taking for residents and that they actively support same.

Through a review of documents

Inspectors will review documents such as:

- the policy on risk management and emergency planning
- a sample of risk management plans for residents that are in place for safeguarding purposes
- audits relating to risk management
- the provider's annual review.

Appendix 1 — Revision history

Revision Date	Summary of changes
June 2024	Version 1



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