Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Walk A
Name of provider:	WALK CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	14 July 2025
Centre ID:	OSV-0003403
Fieldwork ID:	MON-0038659

About the designated centre

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

Walk A is a community residential service comprising three houses located in South Dublin suburban residential areas. Walk A aspires to support residents with an intellectual disability to achieve a self-determined, socially inclusive life. Walk A provides residential facilities and staff support to residents to empower them to make informed choices in relation to their lives. Each resident is accommodated in a single-occupancy bedroom with kitchen, living room, bathroom and garden areas which are suitable and accessible. The service is registered to accommodate up to 12 adult residents and is resources with social care workers led by a team leader in each house and person in charge of the service overall. The service has access to vehicles and residents have access to local amenities such as shops and cafés.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 14 July 2025	09:00hrs to 15:30hrs	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 and team leaders. The inspector used observations and conversations and interactions 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 supports which facilitate each person in achieving a self-determined, socially inclusive life in line with the person's will and preference". The inspector found that this was a service that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

This designated centre consists of three homes, each located in a South Dublin suburb. All three homes were visited by the inspector during the course of the inspection. The designated centre is registered to accommodate twelve residents. There were four residents living in one home, three residents living in the second home, and three residents living in the third home. There were two resident vacancies at the time of inspection. On the day of the inspection, the inspector had the opportunity to meet with five of the residents.

Residents had been made aware of the upcoming inspection and were comfortable with the presence of the inspector in their home. 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 inspector reviewed all surveys completed and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the centre, including staff, choices and decisions, trips and events and food. Positive comments made by residents included staff are "helpful and good for supporting the house on outings", the house is "friendly with happy people", and "I have the best support team".

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

The inspector carried out a walk around of each home in the presence of the person in charge and team leader. Each premises was observed to be clean and tidy and was decorated with residents' personal items such as family photographs, artwork

and pictures of residents engaging in activities they all enjoyed. Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. For instance, one resident's bedroom was decorated with pictures of their favourite soccer team which they had a keen interest in. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

The inspector also observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in each home. In addition, the person in charge ensured that the centre's certificate of registration and complaints information was also on display. Each home had adequate private and communal space for residents to use, accessible garden spaces and a sufficient number of showering facilities. Since the previous inspection the provider had completed a full review of the fire safety measures throughout the designated centre. The inspector observed that all doors were now fire compliant and fitted with self-closing mechanisms, which were all operational on the day of this inspection.

The inspector observed that residents could access and use available spaces both within each home and garden without restrictions. For instance, one resident recently held a birthday barbecue in their back garden, which was attended by family and friends. There was adequate suitable storage facilities for residents to securely store personal belongings and each home was found to be in good structural and decorative condition. Each home had its own dedicated transport which was used by staff to drive residents to various activities and outings. For example, residents were supported to attend courses, and use local facilities including shops and restaurants.

During the inspection, the inspector engaged with two residents in the first house visited. One resident was in the process of preparing lunch, appearing content and relaxed, and expressed satisfaction with the support provided by the staff team. The second resident showcased their bedroom, which was adorned with photographs and posters of their favourite soccer team. Additionally, they had a gaming console set up and discussed their enjoyment of playing their favourite game. They mentioned having resided in their home for a long time and conveyed a strong sense of happiness and security. The resident expressed great appreciation for the staff team and indicated that there was nothing they would wish to change about their living environment. The inspector was unable to meet with the other two residents of the home. One resident had departed early that morning to attend their weekly advocacy class, while the other had left for a holiday abroad, accompanied by staff support.

In the second home, the inspector was able to meet with two of the residents. The third resident, who resided in the home on a part-time basis, was not available during this visit. One resident enthusiastically showed the inspector around their home, highlighting the pool table and darts board, and their bedroom and personal DJ equipment. This resident, who had a strong passion for DJing, shared their recent achievement of hosting their own radio show at a local radio station. Photographs documenting this accomplishment were prominently displayed

throughout the home. The second resident briefly interacted with the inspector, mentioning family members and noting that they had just returned from picking up their medication from the local pharmacy. They expressed contentment with their living situation and a sense of safety in the home. It was evident that a strong rapport had been established between the residents and the staff team.

In the third home, the inspector briefly met with one of the residents when they had returned from their day service program. They shared with the inspector that they had a good day and expressed how much they enjoyed living in their home. They told the inspector they felt happy and safe. The inspector was unable to meet with the other three residents as they were engaged in independent activities and had not returned home by the time the inspection concluded.

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

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 management team were informed of the residents' needs and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service. Overall, this inspection found that the centre was providing individualised care and support where the rights of each resident was respected and where they were supported to live busy and active lives of their choosing.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

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

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that residents were safe and received a high quality

service in the centre, and that any risks were identified and progressed in a timely manner.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The person in charge met the requirements of Regulation 14 and were supported in their role by a team leader.

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

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

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The provider ensured that the designated centre and all contents, including residents' personal property, were fully insured. The insurance coverage also included protection against risks within the centre, such as potential 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 high standard in this centre. A six-monthly unannounced visit of the centre had taken place in March 2025 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre.

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

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

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.

Regulation 14: Persons in charge

The centre was managed by a full-time person in charge. The inspector found that they had the required knowledge, skills and experience to meet the requirements for this regulation.

The person in charge was implementing the provider's systems to ensure oversight and monitoring in this centre. They were developing action plans and implementing the required actions to bring about improvements in relation to the residents' homes and their care and support.

It was evident from the person in charges interactions with residents on the day of the inspection that they knew them very well. Through discussions and a review of documentation, the inspector found that the person in charge was motivated to ensure that each resident was in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 15: Staffing

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

The staff team comprised of the person in charge, three team leaders, social care workers, and flexi-support workers. The inspector reviewed planned and actual staff rosters, which were maintained in the designated centre for the months of May, June, and July 2025 and found that regular staff were employed, which ensured continuity of care for all residents. Furthermore, 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 saw evidence that staff were suitably qualified and trained, and were committed to providing care that promoted residents' rights and kept them safe. During the inspection, the centre demonstrated adequate staffing levels with two

staff members present during the day in each home, which included one staff member in a sleepover capacity.

During the inspection, the inspector spoke with a number of staff members on duty including the person in charge, and three team leaders and found that all were highly knowledgeable about the residents' support needs and their responsibilities in providing care and support.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well-equipped to provide quality care. Examination of the staff training matrix evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included mandatory training in fire safety, low arousal (positive behavioural supports), and safeguarding, all of which contributed to a safe and supportive environment for the residents living in this service.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, epilepsy training, autism specific training, infection prevention and control (IPC), and Children First. The inspector noted that staff due refresher training were already booked in to complete this. For example, it was noted by the inspector that one staff due low arousal training had been booked into complete this in September 2025.

Consistent with the provider's policy, all staff were in receipt of quality supervision. A comprehensive 2025 supervision schedule, created by the team leader, was reviewed and found to ensure that all staff were in receipt of formal supervision and ongoing informal supports tailored to their roles. The inspector's review of two staff supervision and performance development records confirmed that each session included a review of continuous professional development, discuss core work areas, and provided a platform for staff to voice concerns and provide feedback.

Judgment: Compliant

Regulation 19: Directory of residents

The provider ensured that a directory of residents was available in the centre which met the requirements of the regulations. The directory of residents was made available for the inspector to complete a thorough review.

The inspector reviewed the directory of residents for one home within the designated centre and found that it included accurate and up-to-date information in respect of each resident living there. For example, information pertaining to the name, address and telephone number of each resident's general practitioner (GP), the date in which the resident first moved into the designated centre, and the name, address and telephone number of each resident's next of kin was all recorded.

Judgment: Compliant

Regulation 22: Insurance

The designated centre 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 prior to the inspection 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 the residents living in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed, and active multidisciplinary team participation in care planning. The designated centre operated with a well-defined management structure, ensuring staff clarity regarding roles and responsibilities. The service was effectively managed by a capable person in charge, who with the support of their team leaders, possessed a thorough understanding of residents' and service needs and had established structures in place to fulfill regulatory obligations.

Effective management systems ensured the centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering health and safety, fire safety, medicine stock checks, residents' support plans and

finances, and infection prevention and control (IPC), was conducted by the local management team. A review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2024. A copy of this report was provided to the inspector and it was seen that it assessed the centre against relevant national standards while also containing valuable feedback from residents and their representatives. In addition, the inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in March 2025. The action plan documented a total of 32 actions. Following review of the action plan, the inspector observed that all actions had been completed and that they were being used to drive continuous service development and improvement.

Staff team meetings were conducted on a monthly basis, and records of the discussions at these meetings were maintained in the designated centre. Meetings were generally facilitated by the team leader, with the person in charge and members of the provider's multi-disciplinary team in attendance on a regular basis. The inspector reviewed team meeting minutes from the previous two staff meetings and found evidence of a robust meeting agenda covering important topics including operational planning, staffing matters, and quality assurance.

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 the residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to the residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of each home within the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, in line with the regulations.

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living 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.

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

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

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

needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required.

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

Where required, wellbeing support plans were developed for residents. 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.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. The inspector found that staff spoken with were aware of the procedures for responding to safeguarding concerns, and residents reported that they felt happy and safe living in their home.

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

Regulation 17: Premises

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

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

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

Overall, each home visited by the inspector was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living

in each home within the designated centre. Residents told the inspector that they were very happy with their home.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to mitigate the risk of fire by implementing effective fire prevention and oversight measures. During this inspection, the inspector observed that all three homes were equipped with fire and smoke detection systems, emergency lighting, and firefighting equipment. In addition, a review of maintenance records maintained by the person in charge confirmed that these systems and equipment were subject to regular checks by staff, and inspections and servicing by a specialist fire safety company.

The inspector noted that the fire panels were addressable and easily accessible in the entrance hallways of all homes. Additionally, information pertaining to fire zones were readily available and accessible to the staff team in the event of an emergency. Since the previous inspection, the provider had completed a full review of the fire safety measures throughout the designated centre. During this inspection, it was noted by the inspector that all doors were now fire compliant and fitted with self-closing mechanisms, which were all operational. Furthermore, all fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed three personal evacuation plans for residents living in one home within the designated centre. Each plan detailed the supports each resident required when evacuating in the event of an emergency. One resident spoken with demonstrated a clear understanding of the evacuation routes and knew the appropriate actions to take if and when the fire alarm sounded. In addition, staff members were knowledgeable about the individual support each resident required to facilitate their timely evacuation.

The inspector reviewed the fire safety records, including fire drill documentation, which verified that regular fire drills were conducted as per the provider's policy. The provider demonstrated that they were capable of safely evacuating residents under both day-time and nighttime conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

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

The inspector observed that each medicine press was clean, tidy and well organised which promoted medicine safety in the centre. For example, all medicines stored were in their original packaging and labelled correctly. The inspector reviewed two residents' medicine administration records in full. These clearly outlined all the required details including known drug allergies and sensitivities, 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. Furthermore, staff were competent in the administration of medicines and were in receipt of training and ongoing education in relation to the safe administration of medicines and medicine management.

All medicine errors and incidents were recorded, reported and analysed and learning was fed back to the staff team to improve each resident's safety and to mitigate against the risk of recurrence. Medicine management was audited regularly in order to provide appropriate oversight. The provider and person in charge ensured that all residents received effective and safe supports to manage their own medicines. For example, risk assessments pertaining to the self-administering of medicines had been completed for residents. These assessments, and associated person-centred medicine plans, detailed the level of support that each resident required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three 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:

- Financial support and analysis
- Individual safety
- Wellbeing
- Person-centred medicine

- Personal intimate care.

The inspector reviewed three residents' personal plans, which were in an accessible format and detailed goals, wishes and aspirations for 2025 which were important and individual to each resident. Personal plans included information relating to the following:

- My vision
- What people like and appreciate about me
- What is important to me
- Communication
- How to support me.

Examples of goals set for 2025 included continue to attend the gym, continue to volunteer, get a part-time job, and work on independent living skills. The provider also had in place systems to track goal progress. For instance, goals were discussed with residents during key working meetings, and recorded in goal progress documentation on the provider's online system.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, all residents had up-to-date wellbeing support plans on file. The inspector reviewed three wellbeing plans and found that these were detailed, comprehensive and developed by an appropriately qualified person. Furthermore, each plan identified potential stressors and stress indicators, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

The provider ensured that staff had received comprehensive training, equipping them with the knowledge and skills required to support residents effectively. Staff spoken with throughout the inspection were very knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

Since the previous inspection, the person in charge and team leaders had completed a full review of all restrictive practices used in the designated centre. As a result, some restrictive practices had been discontinued including the locking of a staff office door in one home within the designated centre. On the day of this inspection, there were four restrictive practices used within the designated centre. The inspector completed a thorough review of these and found they were the least restrictive possible and used for the least duration possible. Residents had consented to the use of restrictions. For example, consent was clearly documented in wellbeing and rights support plans reviewed by inspector.

The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review by the provider's restrictive practice committee (Risk and Safeguarding Operating Group), appropriately risk assessed and clearly documented as per the provider's policy.

Judgment: Compliant

Regulation 8: Protection

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

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were very knowledgeable about their safeguarding remit and regulatory responsibilities. For example, all safeguarding concerns were reported to the Chief Inspector in line with the regulations.

On the day of the inspection, there were three open safeguarding concerns. Following a review of these, the inspector found that concerns had been responded to and appropriately managed. For example, interim safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. In addition, the inspector reviewed two preliminary screening forms and found that incidents, allegations or suspicions of abuse were appropriately investigated in line with national policy and best practice.

The inspector reviewed three residents' care plans and observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with resident's 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	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