

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

Issued by the Chief Inspector

Name of designated centre:	Walk D
Name of provider:	WALK CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	03 July 2025
Centre ID:	OSV-0005492
Fieldwork ID:	MON-0038658

About the designated centre

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

Walk D is a designated centre operated by WALK CLG. Walk D comprises of two houses located in suburban areas of South Dublin. The centre provides full time residential care and support for adults resident who have intellectual disabilities. Walk D can also support residents with non-complex health care needs, and mental health support needs. Residents are supported by a team of direct support workers, who are managed by a local team leader and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 3 July 2025	09:30hrs to 15:00hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This announced inspection was conducted to assess the provider's compliance with regulations and to inform the decision regarding the renewal of the designated centre's registration. From what residents told us and what the inspector observed, it was evident that residents living in this centre were leading active lives as members of their local community, and that the service was a person-centred one which had focus on their human rights.

The inspection was completed over the course of one day and was facilitated by the person in charge and team leader by engaging with the inspector and promptly providing all requested documentation. Through careful observation, direct interactions, a thorough review of documentation, and discussions with residents and key staff the inspector evaluated residents' quality of life. Ultimately, the inspector observed a high level of compliance with the regulations.

The designated centre comprised two bungalows situated in a suburban area of South Dublin. One bungalow was designed to house a single resident, while the other could accommodate two residents. At the time of this inspection, there were two residents living in the centre, one in each bungalow, with one vacancy available. Given the unique needs of each resident, staff support was provided flexibly to meet their requirements and promote their independence. Staff were not present on a 24-hour basis. Instead, staff scheduling was tailored according to the residents' needs and preferences, with one resident actively participating in the scheduling process based on their planned activities.

Upon arrival to the designated centre the inspector was warmly welcomed by the person in charge, team leader, and one of the residents. The resident appeared at ease and enthusiastic about showcasing their home and happily shared details about their favourite activities. For example, the resident mentioned their part-time job at a well-known supermarket, which they thoroughly enjoyed. They expressed great satisfaction with their long-term role and highlighted their positive relationships with colleagues. The resident demonstrated a high level of independence, commuting to and from work via public transport. During the tour of their home, they conveyed their happiness living in their home and their positive relationship with the staff team who supported them. The interactions observed by the inspector between the resident and the staff clearly indicated a strong bond and mutual respect.

The inspector also had the opportunity to meet with the second resident, who briefly engaged with the inspector before starting their breakfast. The resident expressed happiness and a sense of security in their home. They proudly showed the inspector their collection of stuffed animals, which held significant personal value to them. Throughout the inspection, the inspector observed consistently warm and positive interactions between the resident and the staff. The staff communicated with the resident in a calm and gentle manner, using visual aids to enhance their interactions in accordance with the resident's assessed communication needs and preferences. It

was clear to the inspector that the staff were highly knowledgeable about the resident's likes and preferences, which fostered a trusting and supportive working relationship.

The inspector found both homes to be well-maintained, clean, and organised, with personal touches such as family photographs and memorabilia that reflected the residents' personalities. In one of the homes, certificates of achievement were prominently displayed, including a certificate for a six-week DJ course completed by one of the residents. Additionally, accessible information on safeguarding, advocacy, and how to make a complaint was clearly posted on notice boards throughout the centre.

The designated centre had its own dedicated transport which was used by staff to drive residents to various activities and outings. For example, residents were supported to use local facilities including shops, and attend their day service programmes.

Residents' bedrooms were laid out in a way that was personal to them and included items that were of interest to them. The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be in good structural and decorative condition.

The person in charge and the team leader emphasised the high standard of care provided to both residents, expressing no concerns regarding their wellbeing. They highlighted the importance of building strong connections with the residents and setting meaningful goals to enhance their quality of life. A review of the residents' person-centred plans revealed that they were actively working on goals that held personal significance. For instance, one resident had a specific goal to save money to purchase DJ equipment, which reflected their passion and interest in the activity.

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.

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

From interacting with residents and observing them with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to

live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

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

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that residents were safe and received a high quality service in the centre, and that any risks were identified and progressed in a timely manner. The centre was well resourced. For instance, the premises were well maintained, staffing levels were sufficient, and residents could avail of the provider's multidisciplinary team services.

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. There was a regular core staff team in place and they were very knowledgeable of the needs of the residents. The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents living in the centre.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector spoke with a number of staff over the course of this inspection and found that staff were well-informed regarding residents' individual needs and preferences in respect of their care.

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.

There were contracts of care in place for both residents, which were signed by the residents. Contracts of care were written in plain language, and their terms and conditions were clear and transparent.

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

There was an effective complaints procedure in place that was accessible and in a format that residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern. The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

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

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application to the Chief Inspector of Social Services, requesting the renewal of the designated centre's registration.

The inspector reviewed the application prior to this inspection. All required information and documentation specified in Schedule 2 and Schedule 3 were included in the application.

Additionally, the provider ensured that the fee for renewing the registration of the designated centre, as outlined in Section 48 of the Health Act 2007 (as amended), was paid in full.

Judgment: Compliant

Regulation 15: Staffing

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

The person in charge was supported in their role by a team leader. The person in charge reported directly to the Director of Supported Living Services. The staff team was comprised of social care workers. The inspector spoke to the person in charge, team leader and to three staff members on duty, and found that they were all very knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Effective roster management, conducted by the person in charge, ensured appropriate staffing levels. A review of May, June and July 2025 rosters confirmed consistent deployment of regular staff, maintaining continuity of care for residents. Vacant shifts were covered using a small, managed pool of flexi hour relief staff. Roster documentation was accurate and comprehensive, reflecting all staffing details, including full staff names for all shifts.

Judgment: Compliant

Regulation 16: Training and staff development

Robust systems were in place for recording and regularly monitoring staff training, demonstrating effectiveness. Review of the staff training matrix confirmed that all staff had completed a comprehensive range of training courses, ensuring they possessed the necessary knowledge and skills to effectively support residents. This included mandatory training in critical areas such as fire safety, managing challenging behaviour, and safeguarding vulnerable adults, indicating strong compliance with regulatory requirements.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as human rights, autism specific training, emergency first aid, safe administration of medication, and epilepsy training.

The inspector noted that staff due refresher training were already booked in to complete this. For example, the team leader provided evidence to the inspector to demonstrate provisions had been made for staff to attend refresher training in low arousal support in October 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 three staff supervision and performance development records confirmed that each session included a review of continuous professional development and provided a platform for staff to voice concerns and provide feedback.

Judgment: Compliant

Regulation 19: Directory of residents

In compliance with regulations, the provider ensured an accurate and up-to-date resident directory was maintained.

The inspector confirmed that all information met the required standards as set out in Schedule 3 and that effective systems were implemented to ensure ongoing accuracy. For example, the directory of residents included the name, address, date of birth, sex, and marital status of each resident, the name, address and telephone number of each resident's next of kin or representative and the name, address and telephone number of each resident's general practitioner (GP).

Judgment: Compliant

Regulation 22: Insurance

The service was sufficiently insured to cover accidents or incidents. The necessary insurance documentation was submitted as part of the application to renew the centre's registration.

Upon review, the inspector confirmed that the insurance policy covered each building, their contents, and residents' personal property.

Additionally, the insurance also provided coverage for risks within the centre, including potential injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

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 changing needs and active multidisciplinary team participation in care planning. For instance, residents had access to and availed of the provider's speech and language therapy (SLT), psychology, and healthcare teams.

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 the team leader, possessed a thorough understanding of residents' and service needs and had established structures in place to fulfill regulatory obligations. Furthermore, all residents benefited from a knowledgeable and supportive staff team.

Effective management systems ensured the centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering infection prevention and control (IPC), medicine management, fire safety, housekeeping, and residents' finances was conducted by the provider and local management team. The inspector's 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. The inspector completed a review of this and found that all residents, staff and family members were all consulted in the annual review.

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 with 53 documented actions demonstrated substantial progress. For example, the inspector noted that the majority of actions were either completed or in progress, effectively contributing to service development and enhancement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had a detailed referrals, admissions, transfer and discharge policy. The criteria used for admissions to the designated centre was clearly outlined in the centre's statement of purpose and also included information pertaining to emergency admissions.

There were contracts of care in place for both residents which clearly outlined fees to be paid. Both contracts of care had recently been reviewed. and were signed by the residents.

The inspector reviewed both contracts of care which were made available on the day of this inspection and found they each outlined the support, care and welfare of

the residents in the designated centre and details of the services to be provided for them all of which aligned with residents' assessed needs, statement of purpose and the provider's established admissions policy. In addition, both residents had on file up-to-date tenancy agreements and tenancy handbooks, which clearly outlined the terms and conditions of renting their perspective property.

Judgment: Compliant

Regulation 3: Statement of purpose

As part of the application to renew the registration of the designated centre, the provider submitted a statement of purpose that clearly described the services offered and met the regulatory requirements.

The inspector reviewed the statement of purpose and found that it clearly outlined the care model and the support provided to residents, as well as the day-to-day operations of the designated centre. The statement of purpose was accessible to the inspector during the inspection and was also made available to residents and their representatives in a format that suited their communication needs and preferences.

Additionally, a walk-around of the designated centre confirmed that the statement of purpose accurately reflected the available facilities, including room sizes and their intended functions.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had implemented an effective complaints procedure for residents, which was underpinned by a feedback and complaints policy. The policy outlined the processes for managing complaints including the stages of resolution, the associated roles and responsibilities, the appeals process, and how residents could access advocacy services.

The procedure had been prepared in an easy-to-read format for residents and their representatives. There were no recent or open complaints on file on the day of this inspection.

Residents spoken with, told the inspector that they had no complaints, but were aware of how to make a complaint if they wished to. Furthermore, residents informed the inspector of meetings they previously had with the Director of Supported Living Services, team leader and person in charge. It was apparent to the

inspector that the resident was confident in raising concerns and providing feedback to the provider.

Throughout this inspection the inspector observed residents living in this designated centre were actively supported to express their thoughts, feelings, needs and preferences in a respectful and empowering manner.

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.

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

Residents were supported to make decisions about how their home was decorated and residents' personal possessions were respected and protected. The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. There was a good balance of private and communal spaces, and each resident had their own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

A residents' guide was available in the designated centre. The guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

The provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully 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' care needs had been assessed to inform the development of personal plans. The inspector reviewed both residents' assessments and plans, including plans on medicine management, personal intimate care, wellbeing, and healthcare plans. They were found to be up-to-date, multidisciplinary team informed, and readily available to guide staff practice.

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 registered provider ensured that both homes within the designated centre were designed and arranged to align with the service's aims and objectives, as well as the number and needs of residents. The centre was well-maintained, clean and appropriately decorated.

The inspector observed a warm and calm atmosphere within the designated centre. Residents spoken with expressed high levels of satisfaction with their living environment and the support they received. The living environment was stimulating and provided opportunities for rest and recreation. Each resident participated in choosing equipment and furniture in order to make it their home. For example, all were involved in choosing equipment and furniture for their bedroom in order to make it homely.

Residents had their own bedrooms, each considerably decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings and possessions, all in line with each residents' interests. This not only promoted their independence and dignity but also celebrated their uniqueness and personal taste. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

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

The equipment used by residents was both easily accessible and stored securely. Records reviewed by the inspector evidenced that the equipment was regularly serviced, with items such as high-low beds undergoing annual servicing.

Judgment: Compliant

Regulation 20: Information for residents

In accordance with Regulation 20, the registered provider prepared a guide for the designated centre. A copy of this guide was made available to the inspector to review on the day of this inspection and was also submitted to the Chief Inspector of Social Services as part of the provider's application to renew the centre's registration.

The inspector reviewed the resident's guide and confirmed that the information met regulatory requirements. Specifically, it covered information pertaining to the statement of purpose, admissions and service contracts, complaints procedure, communication, visits, and residents' rights.

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 both homes were equipped with fire and smoke detection systems, emergency lighting, and firefighting equipment. A review of maintenance records 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 both homes. Additionally, information pertaining to fire zones were readily available and accessible to the staff team in the event of an emergency. It was observed that all fire doors, including bedroom doors, closed properly when the fire alarm was activated. Furthermore, all fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The provider had implemented comprehensive measures to ensure that each resident was aware of fire safety procedures. For instance, the inspector reviewed the personal evacuation plans of both residents living in the designated centre. Each plan outlined the specific support required to assist residents during an evacuation, both during the day and at night.

One resident was encouraged and supported by the staff team to lead simulated fire drills. The resident was knowledgeable and confident on what to do in the event of an emergency, who to contact, and where the portable firefighting equipment was located in their home. Staff had also prepared a specific fire safety folder for the resident, which included important information including, emergency contact numbers, and safety in the community.

The inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both daytime and nighttime conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the provider's medication management policy.

The inspector reviewed the practices and arrangements for both residents in the designated centre. It was observed that the residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. The inspector also reviewed one resident's medicine administration record. It was noted by the inspector that this document contained the necessary information, and evidenced that the resident received their medicines as prescribed.

Assessments of capacity to self-administer medicines had been completed for residents. These assessments, and associated person-centred medicine plans, detailed the level of support that each resident required. Staff explained to the inspector how one resident self-medicated, and also showed the inspector easy-to-read documents that had been created to provide additional guidance and support to the resident. The inspector observed detailed information on the resident's file pertaining to the refusal of or missed medicines. This included clear steps to be taken by the staff team outlined by the resident's general practitioner (GP).

Staff were required to complete safe administration of medication training before they administered medicines. On the day of this inspection all staff had completed this training. There were also effective arrangements for the oversight of medicine

practices, including regular stock checks, audits, and checklists, to ensure that the provider's policy was adhered to and that any discrepancies were identified.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both 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 instance, the inspector observed plans on file relating to individual safety, wellbeing, medicine, finances, and healthcare plans.

In addition, information pertaining to residents' person-centred plans and goals were recorded on the provider's online system. The inspector reviewed one resident's person-centred plan and found that they included detailed information on what was important to the resident, how to support them, and their vision for the future.

Furthermore, person-centred plans were presented in an accessible format and outlined individual goals for 2025 that were important to each resident. Examples of goals set for 2025 included event hosting, online learning, horticulture, and taking part in a Tai Chi course. The provider also had in place systems to track goal progress. For instance, goals were discussed with residents during key working 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, both residents had wellbeing support plans on file. Upon reviewing both plans, the inspector noted that they were detailed, comprehensive, and developed by qualified professionals. Additionally, 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 received thorough training, equipping them with the necessary knowledge and skills to effectively support residents. Staff demonstrated a strong understanding of the support plans in place, and the inspector observed

positive communication and interactions between residents and staff throughout the inspection.

There were seven 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 and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with the resident.

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, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse.

At the time of this inspection there were no safeguarding concerns open. The inspector reviewed the records of three safeguarding incidents reported in 2024 and 2025, and found that they had been appropriately reported and managed to promote the residents' safety. Staff spoken with on the day of inspection including the person in charge and team leader reported they had no current safeguarding concerns.

Following a review of two residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner. Residents experienced a service where they were protected and kept safe. They were empowered to make choices and preferences, and were involved in all aspects of decision-making in relation to safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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