



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

Issued by the Chief Inspector

| | |
|----------------------------|---|
| Name of designated centre: | Stewarts Care Adult Services Designated Centre 3 |
| Name of provider: | Stewarts Care DAC |
| Address of centre: | Dublin 20 |
| Type of inspection: | Announced |
| Date of inspection: | 25 March 2025 |
| Centre ID: | OSV-0005858 |
| Fieldwork ID: | MON-0037878 |

About the designated centre

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

Stewarts Care Adult Services Designated Centre 3 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities. The centre intends to provide long-stay residential support for no more than 18 male and female residents with varying levels of support needs.

The centre comprises three separate homes in Co. Dublin. The centre is managed by a full-time person in charge, and the staff team comprises of nurses, social care workers, healthcare assistants, and a social care manager. Residents also have access to the provider's multidisciplinary team services.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 18 |
|--|----|

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 |
|-----------------------|----------------------|-------------------|---------|
| Tuesday 25 March 2025 | 09:00hrs to 15:25hrs | Michael Muldowney | Lead |
| Tuesday 25 March 2025 | 09:00hrs to 15:25hrs | Jennifer Deasy | Support |

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the centre's registration. The inspectors used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, inspectors found that the centre was operating at a high level of compliance with the regulations, and that residents were safe and in receipt of a good quality service.

The centre comprises three homes within close proximity to each other and many community services and amenities including shops, cafés and public transport. Two of the homes are two-storey houses beside each other. They each accommodate four residents. The third home is a larger two-storey building accommodating ten residents.

Inspectors visited all three homes, and had the opportunity to spend time speaking with residents and hearing about what it is like to live in the centre. In advance of the inspection, residents had completed surveys with staff on their views of the centre. Their survey feedback was positive, and indicated that they felt safe, were satisfied with the premises, and received a good service. Their comments included: "all staff are very helpful" and "[I] love living here".

In the larger home, an inspector met seven of the residents who lived there. These residents told the inspector that they were very happy in their home. They described having busy and active lives of their choosing and were well connected with the local community. Many of the residents spoke of the importance of having freedom and autonomy in their lives and highly valued their independence. One resident told the inspector that they liked living in the centre as they "can go where I want".

The inspector met four residents who lived upstairs. Many of these residents were getting ready to go out to work or community classes, and described the satisfaction that they got from their work and their courses. Another resident told the inspector that they hoped to get a job and that they were being supported by staff to progress this goal. One resident told the inspector that they were retired and were enjoying a quieter pace of life. They planned on going out for a walk and a coffee. Later in the day, this resident offered to show the inspector the way to a local café for lunch and on the way pointed out some of the community facilities that they accessed such as the bank and the hairdressers.

The residents told the inspector that they got on well and enjoyed living together. They shared a kitchen, utility and living room, but had their own bedrooms with an en-suite bathroom and a kitchenette. The residents proudly showed the inspector around their home. Each residents' bedroom was nicely furnished and displayed their art and photographs. Some residents had plans to complete upgrades to their

bedrooms including getting new wardrobes and bigger beds. They told the inspector that they took responsibility for cleaning their bathrooms while others said that they received staff support for this. Some residents showed the inspector assistive technology in their bedrooms to assist them in line with their assessed needs; for example, two residents had hearing impairments and their bedrooms were equipped with emergency lights and pillow shakers to alert them to the fire alarm.

They said that they worked collaboratively to plan their meals and shopping lists for the week. They enjoyed grocery shopping together and without staff support, although staff did help them to bring the groceries back to the centre in the centre's vehicle. Two residents told the inspector that they are in control of their medications and their finances and that they are happy with this.

In the downstairs of the larger home, the inspector met three residents who lived there. Some of these residents had assessed mobility needs. The inspector saw that the centre was equipped to accommodate these needs. For example, corridors and bedrooms were wide enough to accommodate mobility aids and push buttons were available to automatically open doors throughout the centre. Residents' bathrooms were also equipped with aids such as shower chairs and grab rails.

The three residents told the inspector that they were very happy in the centre. One resident said "I love it, I've lots of freedom and I get to go out". Another resident told the inspector how staff supported them in a manner that respected their privacy and dignity. The inspector saw that residents were supported to be as independent as possible. Residents were seen preparing meals, cups of tea and doing their own laundry.

One inspector visited the two smaller homes and spoke with four residents living there. The homes were similar in size and facilities. Residents' had their own bedrooms which were personalised to their tastes and provided sufficient space for their belongings. The communal areas included sitting rooms, kitchen and dining spaces, utility rooms, and mature rear gardens. The houses were observed to be clean, comfortable, and generally well maintained.

In one home, two residents briefly met the inspector before they left to go to the barbers and the swimming pool.

In the other home, one resident told the inspector that their family visited them often and that they looked forward to seeing them. They said that their home was "nice", they liked their bedroom and had enough space. They showed the inspector their visual weekly activity planner which included activities such as going to a local café, an exercise class, and a concert.

Another resident said that they liked living in their home, describing it as "lovely". They were happy with the facilities in their home, and liked doing some household chores. They said that they enjoyed attending an arts class, eating out, and visiting family and friends. They told the inspector that there was enough staff on duty to support their needs; for example, to help them cook their meals. They had no concerns, but said that they could talk to staff if they had. They had participated in

fire drills, and knew to evacuate the house if the fire alarm sounded.

Inspectors did not have the opportunity to meet any residents' representatives, but did read a compliment from one resident's family member. The compliment, made in October 2024, praised the care that residents received from staff.

There were sufficient staff on duty to meet the needs of the residents in a person-centred manner. Inspectors observed kind and respectful interactions between staff and residents. Staff were heard consulting with residents and requesting their consent before completing any direct interventions.

Staff had received training in human rights. One staff spoke to an inspector in detail of the supports that they provided to residents to assist them in developing their autonomy and independence. For example, the staff member described how one resident had experienced a deterioration in their mobility and independent living skills after having surgery. The resident asked for the staff member's help to regain these skills. With support from the staff and multidisciplinary team the resident had regained their mobility and was able to walk without a rollator. They also had become independent again with their intimate care and this was upholding their dignity.

Inspectors also spoke with the social care manager. They said that the residents were happy and safe in the centre. They told the inspector that residents could easily access the provider's multidisciplinary team services including physiotherapy, nursing, and mental health services. The social care manager said that there was sufficient staffing levels in the centre, and that staff provide professional and good care to residents. They said that residents could freely receive visitors, and also used their mobile phones to keep in touch with their loved ones. The social care manager had completed human rights training; the training helped to reinforce the positive service in the centre which promoted residents' independence and supported them to live "their best lives". Overall, the social care manager demonstrated a rich understanding of the residents' needs and their associated care and support interventions.

The person in charge told inspectors that residents' needs were being met in the centre and that they received person-centred and human rights-based care and support. They spoke about some of the improvements since the previous inspection in November 2023. For example, safeguarding incidents had significantly decreased, and all residents had their own financial accounts that enabled them to have more control over their money.

Overall, inspectors found that residents were in receipt of high quality, safe and person-centred care and support. The centre was well resourced and there were effective governance and management arrangements.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application included an up-to-date statement of purpose, residents' guide, and copy of the centre's insurance contract.

Inspectors found that there were effective management systems in place to ensure that residents were safe living in the centre and received a high quality service that was appropriate to their needs. The provider had ensured that the centre was well resourced. For example, the premises were well maintained, specialised equipment was available to residents, staffing levels were sufficient, and residents could avail of the provider's multidisciplinary team services.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They also had responsibility for another centre, but this did not negatively impact on the centre concerned. They reported to a programme manager, and there were effective arrangements for the management team to communicate and escalate issues.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, as well as various audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The staff skill-mix consisted of a social care manager, social care workers, nurses and healthcare assistants. There were no vacancies. The person in charge was satisfied that the skill-mix was appropriate to the assessed needs of the current residents. The person in charge maintained planned and actual staff rotas that showed the staff working in the centre and the hours they worked.

Staff were required to complete training as part of their professional development. Inspectors reviewed the staff training log and found that all staff were up to date with their training needs.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. Inspectors read a sample of the meeting minutes from January and February 2025. They noted discussions on safeguarding, residents' finances, assisted decision-making, care plans, audit findings, incidents, risk assessments, restrictive practices,

complaints, staffing matters, and updates to the provider's policies.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and in their role since 2022. They were suitably skilled and experienced, and held relevant qualifications in social care and management which met the requirements of Regulation 14. The person in charge had responsibility for two designated centres, but this did not impact on their effective governance, management, and administration of the centre concerned.

The person in charge demonstrated a clear understanding of the service to be provided to residents, and was ensuring the delivery of person-centred care in line with a human rights-based approach.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix and complement comprised the person in charge, a social care manager, nurses, social care workers and healthcare assistants. There were no vacancies. The person in charge was satisfied that the current skill-mix and complement was appropriate to number and assessed needs of residents' living in the centre.

Inspectors reviewed a sample of the January, February and March 2025 planned and actual rotas. The rotas clearly showed the names of staff and the hours they worked in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, human rights, epilepsy, manual handling, supporting residents with modified diets, infection prevention and control, positive behaviour support, administration of medication, and fire safety.

Inspectors reviewed the most recent training log with the person in charge. It showed that all staff had completed their necessary training programmes; and refresher training was scheduled for them attend as required.

The person in charge ensured that staff were supported and supervised in their roles. Inspectors reviewed six staff formal supervision records and found that they had taken place in line with the provider's policy. Staff spoken with told the inspector that they were satisfied with the support and supervision they received

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place to ensure that the service provided in the centre was safe, well-resourced and effectively monitored.

The centre was well resourced. For example, residents could access the provider's multidisciplinary team, the centre was well maintained, and staff arrangements were appropriate to residents' needs.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. They were supported in managing the centre by a social care manager; their duties included organising meetings, conducting audits, and supervising staff. The person in charge reported to a programme manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including formal meetings and informal

communications. The person in charge also attended monthly meetings with other managers for shared learning. For example, inspectors read the minutes of previous meetings which noted discussions on multidisciplinary team services, notifications to the Chief Inspector of Social Services, and residents' finances.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support in the centre. Annual reviews (which had consulted with residents and their representatives) and six-monthly reports were carried out, along with various audits in areas such as health and safety, medication, and safeguarding. The audits identified actions for improvement where required, and were monitored by the management team.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns. Staff spoken with told the inspectors that they could easily raise concerns with the person in charge, programme manager or director of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was last reviewed in January 2025, and was available in the centre for residents and their representatives.

Judgment: Compliant

Quality and safety

Inspectors found that residents' safety and welfare was maintained by a high standard of human rights-based care and support.

Residents had active lives, and were supported to live a good quality of life. They engaged in various social, leisure, and occupation activities that were in line with their assessed needs, wishes, and preferences. Some residents were in paid employment, some attended day services, and others were retired. Residents told inspectors that they were happy living in the centre and with the supports they received, and spoke about how they liked to spend their time.

Residents' rights were actively promoted within the centre. They were supported to participate in the organisation of the centre and to make decision about their own lives. Residents choose personal goals that helped them to develop their

independence skills. For example, some residents had recently opened their own financial accounts which enabled them to have more control over their money.

The person in charge had ensured that residents' care needs had been assessed to inform the development of personal plans. The inspectors reviewed a sample of the residents' assessments and plans, including plans on eating and drinking, intimate care, behaviour support, and health care. They were found to be up to date, multidisciplinary team informed, and readily available to guide staff practice.

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. Inspectors found that staff spoken with were aware of the procedures for responding to safeguarding concerns, and that previous safeguarding concerns had been managed and reported appropriately.

The premises comprises three homes within close proximity to each other. They were seen to be bright, clean, and generally well maintained. They comprise individual residents' bedrooms (some had en-suite bathrooms), and communal areas including living spaces, kitchen and dining facilities, bathrooms, and utility rooms. The provider had ensured that assistive equipment was made available to residents as they required to promote their independence. For example, in the large home, some doors were fitted with power assisted buttons so that residents with reduced mobility could open the doors and freely move around their home.

The kitchens were well-equipped to store, prepare and cook food, and there was a variety of food and drinks for residents. Some residents were fully independent in preparing their meals, while others required staff support. Some residents had feeding and drinking care plans, and associated plans were available to guide staff practices.

The inspectors observed good fire safety precautions. There was fire fighting and detection equipment throughout the centre, and staff had received fire safety training. Evacuation plans had also been prepared to guide staff on the support required by residents to evacuate the centre. The evacuation procedures in two homes required more detail on use of the fire panels, and supplementary documented information was required on the 'fire zones'.

Regulation 11: Visits

Residents were supported to receive visitors to the centre in line with their wishes. There was suitable space in the centre for residents to meet with their visitors. Many residents spoke to the inspectors about their family and friends, and how they enjoyed visiting them and having them come to visit them in the centre. One resident told the inspector of how their family lived in another county and of how the staff team supported them to maintain contact and to visit their family on a regular basis.

Residents' files contained support plans for those residents who required support to maintain relationships with important people in their lives. These support plans clearly reflected residents' wishes in respect of maintaining contact with family and friends.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' possessions were safeguarded. Residents had adequate storage in their bedrooms for their possessions. Some residents told inspectors that they were in the process of getting updated wardrobes for their clothes and said that the staff were helping them with this. Many of the residents showed the inspectors some of their prized possessions which were displayed neatly and carefully in their bedrooms. For example, one resident showed inspectors a signed football jersey from their favourite team and another resident showed the inspector photographs of their family.

Residents were supported to manage their finances. Some residents were fully independent in managing their money, telling the inspectors that they had their bank accounts and kept their own bank cards and money in their wallets. Many residents said that they had freedom to withdraw and spend money how they liked.

Residents' right to have support or to decline support in respect of their finances was documented and respected. Some residents chose to have additional oversight of finances from the staff team. For example, audits were conducted on residents' financial records to identify any potential discrepancies. Other residents chose to have family members support them with managing their money. Easy-to-read information on money management was used to help residents understand how to manage their money. Residents' preferences in respect of this was documented on a financial oversight consent form. This ensured that staff were aware of residents' preferences and that there were measures to support residents with managing their money if required.

Judgment: Compliant

Regulation 13: General welfare and development

Residents told the inspectors that they lived busy and active lives of their choosing. Residents were well connected with the local community and told the inspectors of the facilities which they accessed including day services, banks, hairdressers, barbers, eateries, and the swimming pool. Some residents enjoyed working and one resident was being supported by staff towards gaining employment, which was one

of their goals. Some residents had retired and enjoyed a slower pace of life.

Two residents told the inspectors that they enjoyed reading magazines, going swimming and cooking. The inspectors saw that one of these residents had personalised goals including going out for dinner, playing bocce and getting their hair and nails done. Other residents were completing courses in the community. One resident had recently completed barista and food safety training.

Many of the residents told the inspectors about the holidays that they had enjoyed and spoke especially positively about a recent holiday to Galway. Nine residents had gone on this holiday together and told the inspectors that they had really enjoyed it. Another two resident had gone on a foreign holiday together in 2024 with staff support.

These measures were ensuring that residents were supported to achieve their goals and avail of meaningful and fulfilling activities.

Judgment: Compliant

Regulation 17: Premises

The premises comprises three separate homes. Inspectors found that the premises were appropriate to the number and assessed needs of residents living in the centre, and that the provider had made adequate provision for the matters as set out in Schedule 6 of the regulations. Residents also told inspectors that they were happy with the premises.

The premises were seen to be very clean, bright, homely and well maintained. All of the residents had their own bedrooms, and some had en-suite bathrooms. Residents' bedrooms reflected their personal interests in the design and décor, and provided sufficient space for their belongings.

There was sufficient communal spaces including living rooms, kitchens, dining and laundry facilities. Residents had access to and were seen to use laundry and cooking facilities on the day of the inspection.

The premises had been designed and fitted with assisted technology to promote residents' independence. For example, there were push button automatic doors and a lift to access to upper floor of the large home for residents with reduced mobility to use.

Since the previous inspection, parts of the two smaller houses had been renovated. For example, there was a new heating system, flooring was replaced, and rooms had been repainted. Some minor upkeep was outstanding, such as regrouting of bathroom tiles and repairs to a damaged garden wall. These matters had been reported to the provider's maintenance department.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents in this centre were supported to plan, shop for ingredients in local supermarkets, prepare and cook their own meals as they wished to do so.

There was a good selection and variety of food for residents to choose from in their homes, and the cooking facilities were clean and in good working condition. Some residents told the inspectors that they were very independent in respect of meal preparation and the inspectors saw residents preparing drinks, snacks and a dinner on the day of inspection.

Other residents told the inspectors that they preferred to have staff support in respect of meal preparations. The inspectors saw staff preparing a lunch which smelled and looked appetising and saw staff and residents sitting together to enjoy this. The mealtime experience was relaxed and pleasant.

The inspectors saw that one resident had a feeding, eating, drinking and swallowing (FEDS) care plan on file. This resident had declined a FEDS review and their wish was documented and respected. Other residents had care plans in place for weight management which were person-centred and detailed their preferences in this area. Inspectors also observed information on residents' menus and healthy eating guidance on display for them to refer to.

Records of meals were maintained and reviewed by the inspectors. These showed that there was a variety of healthy and nutritious food offered to residents in line with their preferences. Residents also enjoyed eating out and occasional takeaways.

The above measures were ensuring that residents were in receipt of appropriate food and nutrition and that their autonomy was respected in planning and preparing meals.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider has prepared a residents' guide containing the information specified under this regulation. The guide was written in an easy-to-read format using pictures, and was available in the centre for residents.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the inspectors saw that there were effective fire management systems in place in the centre. There was suitable equipment to detect, contain and extinguish fires. For example, fire doors with automatic door closers were seen throughout the premises, there were addressable fire panels, and fire extinguishers and blankets at suitable locations throughout the centre. Inspector released a sample of the fire doors including bedroom, kitchen and utility room doors, and observed that they closed fully. Servicing records of fire safety equipment was maintained which showed that equipment was in good working order. Staff also completed daily checks of the fire safety systems.

Regular fire drills were carried out with the residents. In the larger home, the records of two recent fire drills were reviewed by the inspectors. Inspectors saw that different scenarios were presented each time and that all residents were able to evacuate within a safe time frame. Learning were taken from the fire drills where necessary. For example, one fire drill identified that staff were required to take a fire safety vest immediately rather than when going out the door. This was ensuring that fire safety procedures were tested and that improvements were implemented if required. However, the fire drill records in the adjoining homes required enhancement as they did not outline the various scenarios used.

Emergency evacuation procedures were in place for the centre along with personal evacuation plans for residents. Inspectors reviewed 13 of the personal evacuation plans and saw that they were comprehensive and clearly detailed the supports that residents required to evacuate. However, the evacuation procedures in the smaller homes required additional information to guide staff on use of the fire panels and the different fire zones. The person in charge contacted the provider's fire safety officer to update the procedures and seek the additional information.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

One of the inspectors reviewed the arrangements for storing, administering and disposing of medicines in one of the premises that comprised the designated centre. The inspector saw that medicines were stored hygienically and securely. There were audits in place for receiving medications from the pharmacist. These audits ensured that the correct type and number of medicines were received.

A staff member showed the inspector the medication administration records. The inspector reviewed two of these in more detail and saw that medications were administered as prescribed. Staff spoken with had completed training in safe administration of medications and described to the inspector the process for administering medicines and the procedure to be followed in the event of an

administration error.

Assessments of capacity to self-administer medicines had been completed for residents. These assessments detailed the level of support that residents required in medication management and also their preferences in this area. Some residents were autonomous in respect of medication management and showed the inspector how they stored their medicines securely in their bedrooms. Some residents required a degree of support and spoke to the inspector about this. Other residents required full support with medications and this was provided.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of four residents' individual assessments and care plans. Inspectors saw that these had been recently reviewed in line with the regulations and contained accurate and up-to-date information about the residents' assessed health and social care needs. Residents' individual assessments were informed by the resident, their representatives, staff and the multidisciplinary team. This was effective in ensuring an accurate and complete picture of residents' needs was obtained.

Inspectors saw that there was a care plan in place for each assessed need, including health, social care, and behavioural needs. The care plans were comprehensive and written in a person-centred manner. Care plans clearly detailed residents' interests, likes and dislikes, and preferences in respect of their care. This ensured that residents were in receipt of care that upheld their dignity and respected their choices.

Many of the residents had access to their files which contained their assessments and care plans. Two residents proudly showed the inspector these files. In talking to residents, the inspectors found that residents were informed of their care plans. This demonstrated that residents were consulted with and their voices were heard when updating and designing care plans for implementation.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to refer to. Safeguarding

was a standard agenda item at staff team meetings to remind them of the provider's safeguarding policies and procedures. The provider's safeguarding team were also available to provide advice and direction where needed.

Since the previous inspection in November 2023, there had been a significant reduction in the number of safeguarding incidents, and this was attributed to the discharge of a resident to a home that was more appropriate to their needs. Inspectors 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.

The person in charge had ensured that intimate care plans had been prepared to guide staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspectors reviewed a sample of the resident's intimate care plans and found that they were up to date and readily available to staff to guide their practice.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was ensuring that the centre operated in a manner that respected and promoted residents' rights. Residents were supported to understand and exercise their rights, listened to, and had control and choice over how they lived their lives.

Residents attended house meetings and key worker meetings where they were consulted with, encouraged to make decisions, and chose personal goals. Inspectors reviewed a sample of residents' house meetings minutes from January to March 2025. The minutes noted discussions on human rights principles (such as respect and dignity), the national standards, and the provider's service user council. The meetings provided an opportunity for residents to raise concerns about the centre and the support they received. There was easy-to-read information, including on the provider's complaints procedure and assisted decision-making, to help residents to understand these topics.

Residents' personal support plans detailed meaningful and individualised goals and identified steps to support residents in achieving these. For example, one resident wished to obtain employment, and their key worker had worked with them to plan to attend a job fair, connect with an employment office and complete application forms. Other residents' goals included to go on holidays, decorate their bedrooms, and go to concerts and events.

Inspectors found that the provider and management team were endeavouring to promote residents' independence. For example, since the last inspection, the provider had established a working group to review their arrangements for supporting residents to manage their finances. This led to all residents in the centre

now having their own financial accounts. Staff told inspectors that was having a positive impact on residents' lives as they could more freely access their money.

Staff had also completed human rights training, as discussed in section one of the report, to help inform their practices and understanding of residents' rights.

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | 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 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |