



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

Issued by the Chief Inspector

Name of designated centre:	Peacehaven Trust
Name of provider:	Peacehaven Trust CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-0003690
Fieldwork ID:	MON-0045056

About the designated centre

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

Peacehaven Trust is a designated centre operated by Peacehaven Trust CLG. The centre provides full-time residential care and support for 17 adults with mild or moderate intellectual disabilities across three locations on the east coast of Co. Wicklow. Each house is close to a variety of local amenities and residents have access to private transport to support them to access their community. Each resident has their own bedroom and has access to communal rooms including a choice of sitting areas, kitchens, laundry rooms, gardens, private spaces, adequate storage, and transport. Care and support is provided for residents as required within the context of a 24/7 service. The staffing team consists of a person in charge, care managers, social care workers and relief staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 November 2025	11:00hrs to 18:00hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection and carried out as part of the routine regulatory monitoring of the centre. The designated centre comprises three houses which together accommodate a total of seventeen residents. The inspector visited one of the houses that comprised the designated centre and had the opportunity to meet five of the residents who lived there. The inspector also met with a family member of one of the residents and spoke with staff throughout the course of the inspection. The inspector spent the day of inspection in this house due to a pattern of incidents notified to the Chief Inspector, over the past 12 months.

Conversations with residents, family members and staff, observations of care and support and a review of documentation were used to inform judgments on the quality and safety of care. Overall, this inspection found that there were very high levels of compliance with the Regulations and that the service was striving to ensure that residents were in receipt of person-centred care. Areas for improvement were identified in respect of residents' individual assessments and care plans, including positive behaviour support plans.

Four residents spoke with the inspector about their experiences of living in the centre. All of the residents told the inspector that they were very happy living there and many of them complimented the staff team. One of the residents said that the staff team "do a very good job" and that they listen to residents and ask them about their day. This resident said that staff were quick to respond and help residents with any problems that they had. Agency staff were used in this centre to cover waking night shifts. One of the residents told the inspector that the agency staff also did a very good job and were helpful. They described how there were regular house meetings which kept residents informed of any changes in the centre and helped them to plan their week.

All four residents spoken with described having busy and active lives. They told the inspector of how they had freedom and choice in their daily activities. Many of the residents attended day services, or were involved in community activities and part-time employment. Residents were seen coming and going from the centre over the course of the day, to go to day services or activities such as the gym or a dance class. Some residents used public transport while other residents were collected by staff using the service's vehicle. Many of the residents spoke of their plans for Christmas, including visiting family, going to Christmas parties and the Pantomime. The inspector observed kind and respectful interactions between staff and residents over the course of the day. Staff members were seen supporting residents with preparing meals and drinks and having conversations with residents about their day.

One of the residents was seen to become upset at one point and communicated to staff that they were missing something important to them. The inspector saw that the staff on duty and the manager responded promptly and in a kind manner to assist the resident. However, there were inconsistencies in their approach to

managing this situation, and on reviewing the resident's behaviour support plan, the inspector saw that there was a lack of specific guidance to support this resident in these scenarios. This is discussed further in the quality and safety section of the report.

Three of the residents showed the inspector their bedrooms. Residents' bedrooms were seen to be personalised, comfortable and very clean. Each resident had their own en-suite bathroom which was supportive in upholding their privacy and dignity. Residents were proud of their bedrooms. One resident showed the inspector the posters about their interests which were neatly displayed. Another resident showed the inspector their certificates which they had achieved and photographs of their many sporting achievements.

A resident showed the inspector around the communal areas of the house. The inspector saw that the house was very homely, warm and comfortable. Residents had access to three sitting rooms, a communal kitchen and a utility room. The resident told the inspector that they were particularly happy that the provider had purchased new washing machines and tumble dryers for the service. The resident communicated that previously they would sometimes have to wait to do their laundry; however, now with two washing machines and dryers there was no delay to them completing this task.

The inspector met with a family member of one of the residents. The family member communicated that they were very happy with the care provided for in the centre. They described the centre as a lovely house with supportive staff. This family member identified an area for improvement would be in having readily available and consistent multidisciplinary team. They spoke of how the provider had contracted an external psychologist to complete a review of one of the resident's needs.

One of the residents had presented with changes to their behaviour over the past year. They no longer wished to access the community and were choosing to spend prolonged periods of time in their bedroom. The inspector met this resident and saw that they appeared comfortable and happy in their bedroom. Their bedroom was very clean and staff were available to support this resident and provide them with opportunities for socialisation. The resident had been referred for further assessment to determine the underlying cause of the changes to their presentation; however, they had declined this assessment and any intervention. A capacity assessment was underway at the time of inspection. While the resident was seen to be very well cared for, the inspector was concerned regarding the delay in assessing the resident's changed needs, and in particular the longer-term impact that this could have on the resident's health and well-being. This will be discussed further in the quality and safety section of the report.

There had been a number of admissions and transfers in the centre over the past 12 months. Two residents, who had lived in another of the houses that comprised this designated centre, had moved in. The inspector met both of these residents. They communicated that they were very happy with the move. They were seen to be familiar with the staff team and chatted easily with them. One of the residents told the inspector that they were going to the pub for dinner with their keyworker that

evening. Another resident, who had lived in the centre for a longer period of time, told the inspector that they had been consulted with regarding the planned admissions. They were familiar with the newer residents, having known them through school or from meeting up with them through social clubs.

While there had been an increase in reported peer to peer incidents in this house over the past 12 months, residents spoken with communicated that they felt happy and safe in their home. One resident told the inspector that the staff team were quick to respond to incidents of concern and that they felt safe. They described the other five residents as "lovely". The inspector saw, on reviewing documentation, that the provider had taken steps to safeguard the residents from abuse. This will be discussed further under Regulation 8: Protection.

The next two sections of the report will describe the governance and management of the centre and how effective they were in ensuring a good quality and safe service.

Capacity and capability

This section of the report describes the oversight arrangements of the centre. This inspection found that there were clearly defined management systems which were effective in ensuring oversight of the quality and safety of care. Minor improvements were required to ensure the complaints policy was wholly implemented.

The provider had recently made changes to the management arrangements for the centre. Many of these changes were in the process of being notified to the Chief Inspector at the time of inspection. The inspection found that the residential service had clearly defined governance arrangements and structures which set out lines of authority and accountability, and specified individual roles and responsibilities.

The service was being governed in a manner which supported the active participation of residents in the service. Residents were kept informed of the staffing rosters, the daily activities and the meal planning through regular house meetings and keyworker meetings. Residents' feedback in respect of the facilities was considered and improvements were made; for example, the laundry facilities had been recently enhanced. Residents were also supported to make complaints. These were responded to by the person in charge in a timely manner; however improvements were required to the written response to complaints to ensure this was in line with the provider's policy.

The provider had made changes to, and enhanced, the staffing complement of the centre in response to changes in residents' needs. There was a consistent and stable core staff team which was effective in ensuring continuity of relationships. Staff members had access to ongoing training and to support and supervision to ensure they had the skills to provide care and support to the residents.

Regulation 15: Staffing

The inspector reviewed the rosters for November 2025 and saw that, across four dates examined, the staffing levels were maintained in line with the statement of purpose and that there were sufficient staff to meet the needs and number of residents.

The provider had enhanced the staffing complement for the centre in line with changes to residents' assessed needs. The waking night shift was covered by an agency staff. Residents spoken with told the inspector that they were familiar with the agency staff.

The inspector reviewed the files of two agency staff and saw that there was an up-to-date Garda vetting disclosure in respect of both of these staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider had recently made changes to the governance and management arrangements of the centre. A new person in charge had been appointed. At the time of inspection, the Chief Inspector was awaiting all prescribed information in respect of this stakeholder. However, the person in charge demonstrated a comprehensive understanding of the service and of the residents' needs.

The former person in charge had been appointed as a senior manager to support the oversight of the centre from the provider level. Additionally, each of the houses had a house manager appointed to assist the person in charge in fulfilling their regulatory responsibilities. The inspector found that each manager had clearly defined roles and responsibilities.

There were a series of meetings and pathways in order for the house managers and the person in charge to escalate risks to the provider level. For example, house meetings were held every 3 weeks with house managers and the person in charge. Monthly reports were also compiled which were escalated to the senior manager.

The provider had in place regular audits to ensure ongoing oversight of the quality and safety of care. The most recent provider unannounced audit took place in June 2025. This audit was comprehensive and reviewed issues arising including trends in incidents and complaints. An action plan was devised to ensure compliance where required.

Staff members in this centre had access to ongoing training and supervision. There was a training record maintained in the centre which showed that generally there was a high level of compliance with mandatory and refresher training.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had put in place an organisational complaints policy which had been reviewed and updated within the past three years as required by the Regulations.

An accessible complaints procedure was on display in the centre which showed the process for residents to make a complaint.

The inspector saw that there had been a number of complaints made over the past 12 months. Many of these related to noise being made by other residents in the evening time. The inspector saw that complaints had been responded to in a timely manner; however, a written response was not provided to the complainant within the timeframe specified by the policy.

Judgment: Substantially compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. This inspection found that residents were supported to exercise choice and control in their everyday lives and that their dignity and privacy was promoted. Adverse incidents were being managed and reviewed in a timely manner and measures were implemented to safeguard residents. Improvements were required to some of the residents' assessments and personal plans to ensure they were updated in a timely manner and provided specific guidance to staff in meeting residents' needs.

The designated centre was homely and comfortable and was promoting the privacy of each resident. The living environment was stimulating and provided opportunities for rest and recreation. Bedrooms were decorated in accordance with residents' wishes and residents had sufficient storage for their personal possessions. There were sufficient baths and showers suitable to meet the needs and number of residents living there.

Residents told the inspector that they exercised choice and control in their daily life in accordance with their preferences. Residents were each supported to work out a structure to their daily lives that best reflected their goals, activities and needs and

were assisted in doing so, where required. Residents' decisions were respected and listened to. Where there were concerns about capacity, a capacity assessment was contracted to inform decision making.

The provider had taken measures to ensure the safety of residents in respect of fire evacuations. Suitable aids had been installed and staff had received training in these, to ensure that all residents could be evacuated in an emergency.

Residents each had an assessment of their health and social care needs to guide staff in providing care and support. However, there was a delay in updating one resident's assessment due to their refusal to participate in this assessment. The provider was endeavouring to address this at the time of inspection; however due to the delay, it had not been determined if there were additional interventions that may ensure this resident's health and wellbeing. Additionally, enhancements were required to one resident's positive behaviour support plan to ensure there was clear guidance to staff to enable staff to take a consistent approach in responding to incidents of concern.

Regulation 13: General welfare and development

Residents in this centre were empowered to participate in activities of their choosing in accordance with their interests. Residents spoken with told the inspector of how they had busy and active lives. Residents told the inspector that they had choice and control in respect of their every day lives, and that they were supported by the staff team with their schedule if they required it.

Residents had individualised schedules; some accessed day service on a regular basis while others chose to avail of day services on a less frequent basis and spent the rest of their time engaged in employment or their preferred activities. Some residents enjoyed busy schedules and were seen coming and going from the centre on the day of inspection to various activities. Other residents preferred to have a less scheduled day and were seen completing their laundry, making food, watching television and relaxing in the centre over the course of the day.

Residents told the inspector of the positive relationships they had with the staff team, their family and the wider community. One of the residents spoke about a personal relationship and of how important this was to them. Many of the residents spoke of the importance of their family and of how they maintained meaningful relationships with family members.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre was very clean, warm and well-maintained. Each resident had their own bedroom and en-suite bathroom. They shared access to three sitting rooms, a kitchen, utility and large, accessible bathroom. A lift was installed to assist residents with accessing the upstairs of the property if they required it; however, all residents with mobility needs were accommodated downstairs at the time of inspection.

Residents spoken with were happy with, and proud of, their home. Three residents showed the inspector their bedrooms and proudly showed her their important possessions which were neatly displayed. Residents' bedrooms were personalised and decorated in line with their individual preferences. Residents were seen to have sufficient storage for their personal possessions.

One of the residents was very happy with the addition of a second washing machine and tumble dryer. They communicated that this was helping them to have choice in when they completed their laundry.

Communal rooms were well-maintained. Furniture was clean and comfortable and residents had access to a variety of media systems, musical equipment, art materials and board games for entertainment.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place to detect, contain and extinguish fires in the centre. Fire doors were fitted with automatic door closers and there was regular testing of fire safety equipment including the fire alarm, which was tested on the day of inspection.

All staff were up to date with fire safety training. Residents' files contained personal evacuation plans which detailed the supports required to assist residents to evacuate in an emergency. One resident remained non-compliant with fire evacuations, as identified on the last inspection of the centre. However, the provider had installed additional evacuation aids in order to ensure this resident could be evacuated if required.

Regular fire drills were held and most residents participated in these. These showed that residents could be evacuated in a timely manner; for example a fire drill in November 2025 showed that it took 1minute and 24 seconds to evacuate all residents (with the exception of one resident, who refused to evacuate but was provided with equipment which could be used in the event of a real emergency).

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the individual assessments and personal plans for two of the residents who lived in this house. Each resident was seen to have a comprehensive assessment of their health and social care needs. Care plans were implemented in respect of these needs. Care plans were seen to be person-centred and reflected the residents' preferences and choices in respect of their care.

However, one of the residents had presented with changes to their presentation and their needs over the past 12 months. While the inspector saw that the resident was being very well cared for, the underlying cause of their changed presentation had not been adequately assessed. Additionally, it was not evident that this residents' bedroom was equipped to meet their changed personal care needs and ensure their dignity and well-being.

The inspector was told that this resident had remained in their bedroom without leaving it for a long period of time. They had been referred for further assessment but had refused to consent to investigations required as part of that assessment. The provider had commissioned a capacity assessment to inform decision-making in this regard. This was underway at the time of inspection.

The inspector saw that the resident was very well cared for and that staff were endeavouring to ensure their personal care needs were met as effectively as possible. A personal hygiene care plan was implemented which detailed the supports that the resident required to ensure their hygiene. However, there were times when the resident refused to allow staff to complete personal care tasks, and this had the potential to impact on their skin integrity and their dignity. An updated assessment was required to identify any additional supports required to enable staff members to complete tasks in these circumstances. Improvements were also required to the record keeping to ensure that accurate records of the efforts staff took to complete personal care were maintained.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some residents in this centre presented with assessed needs in positive behaviour support. Documented training records showed all staff had received, and were up-to-date with, the provider's behaviour support training. The inspector reviewed the positive behaviour support plan for one of the residents which was dated 03 August 2025. This care plan described behaviours which the resident may display when upset or anxious; however, there was a lack of specific guidance for staff on how they should respond to these behaviours.

The inspector saw that two staff members, who responded in a kind manner to this resident when they were agitated, responded in different ways. For example, one staff member responded by reassuring the resident and endeavouring to redirect their attention. The other staff member responded to the resident by offering to help them and to address the problem in the moment.

The inspector saw that a stress and coping plan for this resident detailed strategies for staff to implement including to remove demands and give the resident space when they were agitated; however, in reviewing the resident's daily progress notes it was seen that staff approaches varied and were not wholly in line with the stress and coping plan. Improvements were required to ensure that the residents' positive behaviour support plans outlined specific reactive strategies for staff to follow in response to known behaviours, and to ensure consistency in the staff teams' response to these behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

There had been an increase in reported peer to peer incidents of abuse in this centre over the past 12 months. The inspector reviewed the documentation in respect of these incidents. It was seen that all incidents reviewed were reported to the statutory authorities as required by the Regulations. The provider had implemented person-centred safeguarding plans in order to protect residents from abuse.

The safeguarding measures detailed in these plans were seen to be in place, or in progress, at the time of inspection. For example, one protective measure was enhancing the staff roster to have a waking night staff on duty. A review of the rosters showed that this was consistently implemented. Another measure was to complete a review of one of the resident's assessed needs. This was ongoing at the time of inspection. Four of the residents spoken with told the inspector that they felt safe in their home.

The inspector reviewed the personal hygiene care plan for one of the residents. This had been recently reviewed and updated. It provided person-centred guidance to staff on how to support the resident with their intimate care needs in a manner which upheld their dignity and privacy.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Peacehaven Trust OSV-0003690

Inspection ID: MON-0045056

Date of inspection: 25/11/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Peacehaven Trust will review and where necessary amend their Complaints Policy, to ensure that responses to residents are formatted in an accessible format for each individual; and delivered within the regulated time frames.</p> <p>As part of a safeguarding audit and review, Peacehaven Trust will review the complaints reporting system; and the external monitoring system of complaints, to ensure that complaints are being responded to; investigated and resolved within the regulated time lines.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Provider will ensure that as comprehensive as possible personal, medical and environmental assessments of the individual resident are completed, to ensure that their holistic care needs are understood to ensure their dignity and well-being. Findings of these assessments will be discussed with the HSE to seek relevant funding as recommend by such assessments.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in Charge has ensured that the existing 'Stress and Coping Plan' has been reviewed. A fuller Positive Behaviour Support Plan (which was being drafted at the time of inspection by the company psychologist, but not available to the inspector) has been further amended to adopt the findings of the inspection. Greater clarity is provided to guide staff on how to support the resident with different behaviours in different contexts, some of which are challenging. The new PBS plan has been implemented. The PIC will ensure this is presented at staff meetings; and discussed with the psychologist in clinical review meetings.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	31/01/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	01/02/2026
Regulation 05(3)	The person in charge shall ensure that the	Substantially Compliant	Yellow	28/02/2026

	designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/11/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	28/02/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to	Substantially Compliant	Yellow	28/02/2026

	support residents to manage their behaviour.			
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