



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

Issued by the Chief Inspector

Name of designated centre:	Centre 6 - Cheeverstown Community Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	28 April 2026
Centre ID:	OSV-0004129
Fieldwork ID:	MON-0041663

About the designated centre

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

This designated centre comprises of five houses located between two towns in Co. Dublin. The centre provides full-time residential services for male and female adult residents with an intellectual disability. The designated centre could accommodate up to 12 people in total. Within the centre there are two two-storey semi-detached residential homes and three bungalows. Each resident has a single-private bedroom, and access to suitable communal, bathroom, kitchen and garden areas. There is accessible transport available to all houses. The person in charge shares their working hours between the four houses within the designated centre. There are nurses, social care workers and care assistants employed in this centre to support residents with their assessed needs

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Tuesday 28 April 2026	11:00hrs to 18:30hrs	Caroline Meehan	Lead
Wednesday 29 April 2026	10:20hrs to 16:40hrs	Caroline Meehan	Lead
Tuesday 28 April 2026	11:00hrs to 18:30hrs	Mary Lillis	Lead
Wednesday 29 April 2026	10:20hrs to 16:40hrs	Mary Lillis	Lead

What residents told us and what inspectors observed

Over the course of two days, two inspectors carried out a routine announced inspection of the centre to monitor compliance with regulations and support decision making regarding re-registration. The inspection found the service to be fully compliant with 20 regulations inspected against.

From observations and conversations with residents, and conversations with both family members and staff, it was clear to inspectors that residents were happy living in the centre.

The centre comprised five houses with a total of 11 residents living in there on the day of the inspection. There was one vacancy, with one person identified to fill this vacancy.

The centre comprised one large bungalow where four residents lived and two, two-storey houses which were home to a total of seven residents. There were also two single-occupancy houses, one of which was unoccupied at the time of the inspection. It was planned that one resident would move from their current single-occupancy house to a newly refurbished single-occupancy house. Once this move occurred the other single-occupancy house would be removed from the registration and the centre would revert to having four houses and a maximum of 12 residents.

Inspectors visited all five houses and were shown around four of the five houses by a combination of the person in charge, a person participating in management, staff and residents. One resident asked an inspector not to enter their house and this was respected. Each resident had their own room. Their rooms had adequate storage and were decorated to the residents' tastes, and included pictures of family and friends important to each resident. The houses were bright, clean and for the most part well-maintained.

Observations and conversations with residents demonstrated that they were happy living in the centre. Residents were telling inspectors they were "very happy", "loved it" and "it's great".

Staff were observed to communicate and interact respectfully with residents. Staff were very knowledgeable about the residents' needs and preferences. Some staff noted that they had worked within the same house for a number of years. Inspectors noted that staff respected residents' privacy by knocking before entering rooms and checked with residents before telling the inspector something, for example, asking "is it ok to tell the inspector about your job".

Inspectors saw staff implement recommendations regarding how best to support the residents' communication needs including using pictures, gestures and repetition. Where needed there were pictured labels on kitchen presses and bathroom doors,

so that residents could independently and successfully access all cutlery, cups and snacks. Inspectors saw staff, residents and visitors chat and laugh together, as well as prepare meals together. They discussed plans for the week and residents teased the staff member about who was the best cook. It was apparent that there was a warm, caring relationships between staff and residents.

Three family members spoke with inspectors and all were very positive about the service. They described the service as welcoming to visitors and providing good supportive care to their relatives. They were all very positive about the staff members who supported their relatives with one describing them as "magnificent" and two others described how the same staff had been supporting their relative for years. Family members were kept up-to-date on their relatives' well being.

The next two sections of the report outline the governance and management arrangements and how the arrangements positively impacted on the quality and safety of care and support residents received in the centre.

Capacity and capability

Overall the inspectors found that the governance and management systems and the resources in place in the service, ensured that residents were provided with safe and effective care and support.

There was an up-to-date statement of purpose and the resources, facilities and management arrangements were in line with the details set out in the statement of purpose. While there were a number of staff vacancies, this was in part due to the acknowledgement of managers of the need for additional staffing to meet the changing needs of residents. Continuity of care for residents was ensured by the use of regular agency staff. Staff were appropriately supervised and supported to develop the skills and knowledge relevant to the needs of residents.

The provider ensured there were suitable facilities and equipment in the centre and had identified the need for changes to the centre to meet the future needs of residents. The provider ensured that six-monthly unannounced visits took place as well as an annual review. Inspectors saw that actions identified in these reviews were completed or in progress at the time of the inspection.

Since the last inspection the provider had implemented all of the actions outlined in the compliance plan, and demonstrated a commitment to continual improvements in the centre through improved oversight arrangements.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the office of the Chief Inspector of Social Services (Chief Inspector).

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and was responsible for this centre only. The person in charge was a registered nurse, had a suitable qualification in management, and had been in post as a person in charge for approximately five years.

The person in charge facilitated the inspection, and it was evident they knew the residents very well, and described a range of supports provided to meet the needs of residents. The person in charge was supported in their role by four team leads, and each team lead was assigned to one unit of the centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that the provider ensured that the number, qualification and skill-mix of staff was appropriate to the number and current needs of the residents.

The staff team comprised of the person in charge, social care leaders, nurses, social care workers and healthcare assistant. As mentioned, residents were living in four of the five units inspected on the day, and the staffing arrangements were as follows:

- in one unit there were three staff on duty during the day, Monday to Friday; four staff during the day at the weekend; and two waking night staff every night
- in the second unit there was one staff on duty during the day, and one staff at night in a waking capacity
- in the third unit there was one staff on duty during the day from Monday to Wednesday, and two staff during the day for the remainder of the week. At night there was one staff on duty in a waking capacity, and one staff in a sleepover capacity
- in the fourth unit there was two staff on duty during the day, and one staff at night in a sleepover capacity.

The provider had reviewed the staffing arrangement in the centre the week before the inspection, and had identified the need to increase the staffing to just over 28 posts from 21 posts approximately. This review was informed by a recent admission

to the centre, and ongoing assessment of the needs and supports the resident required. The provider had recently identified that the changing needs of residents in another unit meant that an additional 3.5 staff were required to adequately support residents into the future. At the time of the inspection there was nine vacant positions within the centre.

A review of a sample of rosters over a seven week period showed that the provider ensured continuity of care for the residents by using regular agency staff. The provider introduced live night staffing in some houses to support residents. This meant that at the time of the inspection the provider was in the process of recruiting a number of additional positions, which should ensure that residents' changing needs were well met into the future.

A sample of staff files were reviewed and all staff files contained the necessary information as required by schedule 2 of the regulations including copies of photo ID, qualifications, references, as well as up-to-date Garda Síochána (Irish police) vetting.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that the person in charge ensured that staff had access to appropriate training, professional development and supervision.

Inspectors reviewed the training matrix for the centre staff. All staff had up-to-date training in relation to fire safety. Two staff who were due to complete refresher training in managing behaviours that challenge and one in safeguarding. Training dates were scheduled for these staff within the month after the inspection.

Inspectors noted that there was a wide variety of non-mandatory training which had been completed by staff in topics that would enable them to meet the needs of the residents. For example, all staff had training in relation to infection prevention and control (IPC), cardiopulmonary resuscitation (CPR) and in relation to feeding, eating, drinking and swallowing needs (FEDS). In addition, the majority of staff had training in areas such as dementia, responding to seizures, Autism and neurodiversity and communication.

The person in charge visited each house at least once a week allowing for the supervision of day-to-day care being provided to residents. Each staff member was facilitated to engage with a professional development plan and two supervision sessions in a 12 month period. A sample of professional development plans and supervision sessions were reviewed by the inspector and were found to be concise and of good quality.

In all, this meant that the residents were supported by a well supervised and skilled staff team, which was in the process of expanding to meet their needs.

Judgment: Compliant

Regulation 22: Insurance

There was valid insurance for the centre, and the provider had submitted the insurance certificate to the Chief Inspector as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the resources and management systems were in place, and residents were provided with a safe and appropriate service. There was ongoing monitoring of the services provided, and a timely action plan was implemented to address required improvements identified through audits and reviews.

There were suitable resources in the centre and the provider had ensured suitable staff training, sufficient staffing levels, and well-maintained premises were provided. Transport was also provided for residents' use. The inspectors discussed the provision of bathroom facilities for one resident with the person in charge and the person participating in management, and there was a plan in place to relocate an office. This would allow for the room to be reconfigured into an ensuite bathroom for the resident, and the provider was planning to complete this work in 2027.

There was a clearly defined management structure, and staff reported to the person in charge. The person in charge reported to the person participating in management, who was employed as an area manager. The area manager reported to the assistant operation manager and onward to the Director of Operations, and the Chief Executive Officer. The service was governed by a board of management. There was an out-of-hours on-call management system in place.

There were systems in place to ensure the service provided was safe and appropriate to residents' needs. This included for example, effective personal planning and provision of health and social care, transparent procedures for admissions to the centre and for the management of residents' finances, and appropriate measures to respond to safeguarding concerns and to incidents.

There was ongoing monitoring of the services provided, and the provider implemented improvements to address issues identified in reviews or audits. An annual review of the quality and safety of care and support had been completed for

2025, and the review had included consultation with residents and their representatives through a satisfaction survey. A six-monthly unannounced visit was completed in January 2026, and a number of actions were required following this review. The provider had developed a quality improvement plan (QIP) and actions arising from the annual review, six-monthly unannounced visit, clinical governance reviews, as well as inspections were collated onto the QIP. The inspectors reviewed the QIP and actions were completed within the timelines set out. Where actions were in progress, these were not due for completion yet. For example, the provider had actions to renovate a kitchen in one unit, and to introduce a new goal setting framework as part of the personal planning process for residents

Clinical governance meetings were scheduled twice a year and meetings were attended by senior managers, the person in charge and person participating in management, and allied healthcare professionals. This oversight arrangement was part of a service wide provider assurance plan submitted to the Chief Inspector in December 2025. The inspectors reviewed this assurance plan with the person participating in management and the actions identified were either complete or rolling out at the time of inspection.

For example, social role valorisation training was provided to the staff team, a pilot change of rosters was being trialled in some centres, identified policies had been reviewed and updated, and the development of an online system for risk and incident management was near completion.

Overall the provider demonstrated a commitment to continual improvement and had put in place more robust oversight systems to ensure the safety and wellbeing of residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were clear and transparent procedures for the admission of residents to the centre, and residents and their families had been given the opportunity to visit the centre in advance of them coming to live there.

The provider had reviewed the policy for admissions, transfer and discharge of residents in January 2026. There had been one admission to the centre in 2026, and the inspectors reviewed details of the transition plan implemented. The resident had visited and stayed overnight in the centre on a number of occasions and their family had visited also the centre before the resident took up fulltime residence. The multidisciplinary team had also been involved in the transition process. An inspector met with a family member on the first day of inspection, and they outlined the transition process went well, and the need for their loved one to ease into the service was facilitated. The family member also outlined they had been provided

with a copy of the contract of care, and the contract of care including the charges to be paid had been explained very well to them.

The inspectors reviewed a copy of the contract for the provision of service, and it clearly set out the services and facilities provided, the fees to be charged, and additional fees the resident may have to pay.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre; however, some amendments were required to ensure the services were adequately described and reflected the arrangements in the centre. These included the staffing in whole-time equivalents, the procedures for emergency admissions, the arrangements for review of personal plans, and the arrangements for supervision of specific therapeutic techniques used in the centre.

The statement of purpose was amended by the end of the inspection and accurately reflected the services and facilities and arrangements for care and support of residents in the centre as per schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support and arrangements were in place to meet their needs.

Residents were provided with activities both in the community and in the centre. These activities were based on their own choices and known preferences. Residents' rights, including their right to privacy and dignity, was respected by staff and management. Staff supported residents to communicate in line with their needs and wishes and implemented recommendations from allied health care professionals.

All residents had control over their possessions and record keeping regarding finances was very clear and transparent.

The provider ensured that the premises provided to the residents was adequate to meet their current needs. The person in charge was proactive in identifying areas requiring maintenance or renovation to ensure the future needs of residents were

met. There were safe and suitable arrangements in place for fire safety and adverse incidents.

Regulation 10: Communication

Each of the residents were supported and assisted to communicate in line with their needs and wishes. Each resident had their communication needs assessed and recommendations regarding how to support their communication made by a speech and language therapist (SALT) were implemented. Staff were observed to use visual supports, such as pictures and gestures, as well as simplifying and repeating what they said to residents when needed. Staff supported residents to use assistive and augmentative communication (AAC) systems both high tech computer based systems and low tech picture based systems.

Each resident also had a health care passport on file. This was provided to health care staff who were not familiar with residents for example those in hospitals or accident and emergency (A&E) to support that professional's understanding of the residents particular communication needs and required supports.

All residents had access to phones and media in line with their preferences.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured each resident had access to and retained control of their personal property and possessions. In the sample of records reviewed by inspectors, each resident had an assessment of how much support they required with their finances. Inspectors found that residents were provided with that level of support. Inspectors also found that financial records were comprehensive and provided a clear picture of what a resident was supported to purchase.

Residents had control over their clothes and were support to manage their clothes and laundry. During a tour of the houses inspectors observed that each resident had adequate storage for their personal possessions. Inspectors observed a resident come home from a shopping trip and show off the clothes they had bought. After which inspectors saw a staff member support the resident to calculate the amount of money they spent.

The last inspection in 2025 found this service not compliant in relation to financial management. However, the provider had implemented their compliance plan, and inspectors saw that the provider had refunded residents the funds they provided to purchase built-in furniture. The provider had also reviewed and updated their policy

on residents' personal money and possessions, that gave clear guidance on the management of residents' finances in the centre.

The inspectors reviewed three residents' financial records, and accurate records with accompanying receipts were available for purchases made by residents. All records were signed by two staff, and the person in charge audited finance records, as well as bank statements against finance records for each resident. The arrangements in place for residents' finances meant that residents were supported to spend their own money as they wished, and their finances were safeguarded.

Judgment: Compliant

Regulation 13: General welfare and development

Inspectors found through a combination of speaking with residents, review of a sample of documentation, and observation, that each resident was provided with appropriate care and support in accordance with their personal preferences and assessed needs.

Residents were provided with plenty of choices regarding how they would like to spend their time. Over the course of two days, inspectors observed residents coming and going to attend a variety of activities such as work, yoga, shopping and day services. Residents described to inspectors some of the activities they participated in, both during the day and in the evening, such as bowling and art classes.

Inspectors also saw and spoke with visitors to the centre, who were there to spend time with their friends and family. Inspectors heard visitors and residents make plans for later in the week, with the support of staff. Family members who spoke with inspectors described visiting and having residents visit them. There was appropriate space in each of centre houses to receive visitors.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the houses that made up the designated centre were designed and laid out to meet the number and the current needs of the residents.

The person in charge had developed a service improvement plan which had identified a number of improvements to the premises, including some general repairs, as well as renovations required to meet the changing needs of some residents.

As described earlier, there were a total of five houses comprising the centre, with a plan to revert to four houses once one resident transitioned from their current house to a newly renovated house. Inspectors visited each of the houses in the designated centre and completed a tour of four of the houses. The provider ensured that each house met the requirements of schedule 6 of the regulations. Each house was observed to be clean, comfortable, bright and well-ventilated. There were well-equipped kitchens and dining spaces, as well as adequate communal spaces for the number of residents living in each house. Sitting rooms within the houses were inviting and had comfortable sofas and chairs.

Each house had individualised decorations, such as paintings and photos of the residents, while more family photos were observed to be displayed in the residents' bedrooms. The person participating in management described how the newly renovated house was decorated taking into account the residents preferences for colour and decoration.

Overall the centre was homely and comfortable and had facilities that met the residents' current needs.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre and contained all of the required information. For example, the residents' guide outlined the arrangements for dealing with complaints, the arrangements for visits to the centre, as well as details on how residents can access inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were effectively managed in the centre, and the provider had implemented the actions in their compliance plan following the last inspection.

Since the last inspection, staff had been provided with training including how to implement the Heimlich manoeuvre, and this meant that the control measure to respond to a choking incident could be implemented. The inspectors reviewed a sample of risk assessments developed in response to known risks. For example, falls risk, pressure sore risk, manual handling risk, and fire safety risk. Risk management plans set out the control measures to promote the safety of residents, and control measures were implemented. For example, ensuring two staff were on duty at night-time to evacuate residents in one unit, providing manual handling training to

staff to promote safe transfers, and monitoring for respiratory symptoms where a choking risk was identified.

The inspectors reviewed a sample of incidents since January 2026, and the person in charge had reviewed all incident reports. Where needed, additional supports were sought and provided, for example, a review with a physiotherapist and occupational therapist following two falls, with the subsequent development of a falls management plans for a resident.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was found to have had effective fire safety management systems in place including supports for the safe evacuation of residents from each of the houses making up the centre.

Since the last inspection the provider had implemented their compliance plan, and an external cabin building was connected to the fire alarm system in that unit, and was equipped with fire extinguishers and a smoke detector.

Inspectors saw that the centre was well equipped with fire alarms, fire doors, emergency lighting and equipment to fight fire. The procedures to be followed in the event of a fire were displayed prominently in each house making up the designated centre.

A review of documentation showed that each resident had a personal emergency evacuation plan (PEEP), all of which had been reviewed within the last year and took account the individual needs of the residents. The provider had taken adequate precautions against the risk of fire including providing adequate means of escape, ensuring all staff were trained in fire prevention, and that fire drills were carried out at a regular intervals. A review of a sample of fire drill documentation showed that both day and night-time simulations were carried out and that all staff and residents evacuated in a timely fashion.

The provider had adequate arrangements in place for the reviewing, testing and maintenance of fire precautions, and fire detection and fire-fighting equipment.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed and the provider had put in place to meet these needs.

The inspectors reviewed a sample of residents files over the course of the inspection, and residents had up-to-date assessment of needs in place. Assessments had included reviews with multidisciplinary team members, general practitioners(GP), and the recommendations arising from reviews formed part of the support outlined in personal plans.

Personal plans were in place for all identified needs of residents and included health, social, communication, and personal care plans. Plans were very detailed, and clearly guided staff on how best to support residents in meeting their needs, and ensuring their safety. Plans were also guided by the preferences and choices of residents, including their goals, how they wished to spend their days, and their hobbies and interests. Personal plans were observed to be implemented, for example, implementing physiotherapy positioning recommendations, monitoring blood glucose levels, and attending shows and events in the community.

Judgment: Compliant

Regulation 6: Health care

Residents' wellbeing was promoted by the provision of appropriate and timely healthcare, including access to a range of healthcare professionals.

As mentioned, residents' healthcare needs had been assessed, and healthcare plans detailed the care and support provided to residents to meet these needs. Residents attended their own GP in the community, and could access the services of health care professionals, for example, a speech and language therapist, a physiotherapist, an occupational therapist, and a dentist, and timely reviews were completed as needed. Residents were also supported to attend scheduled reviews with hospital consultants, and in clinics, and as mentioned, recommendations made by professionals were implemented in practice.

There was ongoing review of residents' healthcare needs, including monitoring interventions, and staff were knowledgeable on residents' healthcare needs, and on the signs and symptoms which may indicate a decline in residents' wellbeing.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional wellbeing, and positive behaviour support plans were in place where required, to support residents in managing their emotions.

The inspector reviewed a behaviour support plan. The plan defined the behaviours of concern, and outlined strategies to minimise the likelihood of distress for the resident. Strategies included providing a predictable structure, minimising changes to routine, communication approaches, as well as a step-by-step approach to support the resident during periods of distress.

Residents could access the services of a psychologist, and regular sessions with a psychologist were provided where the need was identified.

There were some restrictive practices in the centre, mainly related to mobility and posture needs of residents, and two restrictions related to safety whereby the front door was locked. The process regarding implementation and review of restrictive practices was not reviewed as part of this inspection; however, inspector observed residents could freely access all parts of their homes.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and where incidents had occurred these had been managed and reported appropriately

The provider had a policy and procedures in place for safeguarding adults, and where allegations of safeguarding concerns had arisen, staff and the person in charge had reported the incidents appropriately. For example, the person in charge had submitted two notifications to the Chief Inspector since the last inspection in October 2025, reporting allegations of abuse. The inspectors were informed that for one allegation there was an ongoing investigation; however, satisfactory safeguards were in place in the meantime to protect residents. The second allegation had been appropriately investigated, and there was ongoing supervision of residents to ensure they were safe. A sample review of incidents records indicated there were no ongoing safeguarding concerns in the centre.

There were appropriate procedures in place to ensure residents' finances were protected.

Staff had been provided with training in safeguarding, and refresher training was booked for one staff member.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that the provider, through the practices of the staff and management, respected and supported the rights of the residents including their right to privacy and dignity.

A review of a sample of residents' files and documentation showed that the provider supported the residents' right to participate in decisions about their day to day activities and longer term care.

As described earlier inspectors observed residents choose their preferred activities and engage in meal planning with staff. A review of rosters showed that at the weekend, when day services were closed, additional staff were on shift in some houses to ensure that residents were able to participate in activities of their choosing.

Inspectors saw evidence that residents were invited to participate in monthly house meetings. These meetings provided residents with a space to discuss what was working well within the house and raise any concerns or complaints.

A review of a sample of documentation and residents' files showed that the provider supported residents to make informed decisions about their care and long term planning by providing residents with easy-to-read information on topics such as the flu vaccination and making a will. The residents' preferences, communication supports, and the arrangements to respect residents' privacy and dignity were assessed, and were clearly set out in intimate care plans, and guided practice in the provision of personal care. Personal information pertaining to residents was securely stored.

Inspectors saw information on advocacy services including the picture of the advocate for each house and methods of contacting the person, displayed on notice boards in each house.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant