



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

Issued by the Chief Inspector

Name of designated centre:	GALRO Residential Mullingar
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	21 January 2025
Centre ID:	OSV-0004648
Fieldwork ID:	MON-0037997

About the designated centre

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

Galro Residential Mullingar is a six bedroom detached bungalow in a residential suburb of Mullingar. It provides a residential service for up to five adults in a safe, nurturing and homely environment that meets their behavioural, medical and intimate care needs. Residents may present with a diagnosis of autism and/or intellectual disabilities. It is a residential service that can cater for up to five adults, supported and facilitated by staff on an on-going basis to live full and valued lives in their community and at all times ensuring that stability, good health and wellbeing is achieved.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 21 January 2025	10:10hrs to 18:10hrs	Karena Butler	Lead
Tuesday 21 January 2025	10:10hrs to 18:10hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

The findings of this inspection were very positive and the centre was found to be fully compliant with all regulations reviewed. Residents living in this centre appeared comfortable in the centre and were supported by a caring staff team.

From observations, speaking with residents, the person in charge, the previous person in charge for the centre, four staff members, the compliance manager for the organisation and reviewing documentation, inspectors formed the view that the residents were supported in line with their assessed needs.

The person in charge and staff team knew the residents very well and provided person-centred care which included facilitating known preferences. For example, one resident was supported to do art each day before leaving the centre. Their assigned staff communicated to the inspectors that this supported the resident to start each day in a positive manner and helped them feel more relaxed.

On arrival to the centre, three of the four residents had already left for the day to participate in activities of their choosing. The fourth resident was finishing their morning routine prior to also leaving for the day. The resident briefly said hello and that they were happy, before returning to their morning routine. Their plan for the day included a hairdresser appointment, a numeracy lesson at the provider's day service program, and they later met up with some of the other residents at a discovery park and lake where they fed the ducks. They then decided on a takeaway pizza for dinner on their return.

The other three residents went to a discovery park and lake for the day and they all had lunch out. One resident was facilitated to do so on a one-to-one basis in a different part of the park from the others.

The inspectors met with the other three residents when they returned from their activities in the early evening. Some spoke to inspectors with support from staff and said they were happy or they smiled when they were spoken with. Some residents, with alternative communication methods, did not share their views with the inspectors, and were observed for the remainder of the inspection in their home. All residents appeared comfortable with their assigned staff and staff spoken with knew their assessed needs well.

The residents were involved in numerous activities depending on their interests. For example, activities ranged from mindfulness sessions, reflexology, attending salt rooms or attending a gym. Residents had a option to attend the provider's day service program which offered different life skills and recreation classes and activities. For example, it was communicated to the inspectors that there were dogs and ponies that residents can walk or feed, there was also a cinema room and a sensory area. It was also communicated that there was a qualified teacher working in the day program and they facilitated the life skills and independence development

sessions. Some of the residents from this centre chose not to attend this day service program and others attended one to two days per week depending on what classes and activities they were interested in.

The inspectors observed that the residents were comfortable in the presence of the staff on duty on the day of the inspection and that staff knew the residents very well. They were observed treating residents with respect at all times and put the residents' needs first. For example, a staff member asked the inspectors to move both their location and the files that were being reviewed prior to a resident returning home. They explained that having the files out could cause anxiety to the resident.

Staff interactions with the residents were also observed to be engaging and gentle. For example, when one resident came back to the centre a staff member was observed to welcome them back and shake their hand. Another staff was observed offering a resident a choice of biscuits to have with their cup of tea. The inspectors observed residents and staff to smile at each other on different occasions.

The provider had arranged for staff to have training in human rights. A staff member spoken with communicated how they had put that training into every day practice. They communicated that the training had resulted in them being more focused on human rights. They said that residents should be afforded choices in everyday life, for example in their meals and daily activities. They explained that prior to having the training that they may not have thought to involve residents in some decisions that affected the environment they lived in, for example when buying furniture. Staff said that they would try to involve the resident in the decision making by showing them different pictures and asking their opinion.

The inspectors noted that there were no recent admissions or discharges in the centre. There were no volunteers used and there were no restrictions on visiting the centre. All of the residents kept in contact with family and some went to visit family at weekends or families visited them in the centre on certain days.

Each resident had their own bedroom and two residents had en-suite bathrooms. The bedrooms were individually decorated the way each resident liked and provided sufficient storage space for residents' personal belongings. Some bedrooms had residents' family photos displayed on their walls.

To the back of the property there was a garden with some raised flower beds, garden furniture, and equipment for recreation, for example a swing. There was also a building to the back of the property that had an office, toilet and store room.

As part of this inspection process residents' views were sought through questionnaires provided by the office of The Chief Inspector of Social Services (The Chief Inspector). Feedback from three of the four questionnaires was returned by way of staff representatives supporting residents to complete the questionnaires. The fourth questionnaire was returned; however, it was not completed. Feedback from the three completed questionnaires was positive and all questions were ticked as 'yes' they were happy with all aspects of the service and the care and support they received. There were no additional comments or elaboration recorded on the

questionnaires apart from one resident had written 'no' when asked if they had any other comments.

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

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in September 2023 where a restrictive practice thematic inspection was undertaken and the centre was found to be fully compliant.

Since the previous inspection of this centre, the Chief Inspector has received a number of unsolicited receipts of information that were of concern. They related to the areas of positive behavioural supports, safeguarding, rights, general welfare and development, staffing, staff training, governance and management, risk management, and medicines management. Those concerns were reviewed as part of this inspection and it was found that they could not be substantiated on this inspection.

The staff team led by the person in charge knew the residents well and were providing person-centred care to the residents living here.

The provider had suitable systems in place to monitor and audit the service in order to ensure a safe and effective service was provided to the residents. This included a number of audits that the staff team or person in charge completed, and periodic spot checks by the organisation's night steward.

This centre was well resourced and a review of a sample of rosters showed that there were sufficient staff on duty to meet the needs of the residents. In addition, the staff training records maintained in the centre demonstrated that staff had been provided with training to support the residents' needs and staff were in receipt of formal supervision.

The provider had adequate arrangements in place for the management of complaints, for example a complaints log was maintained and available for review by the inspectors.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. The person in charge

worked in a full-time role within this centre and demonstrated a good understanding of residents and their needs.

They supported their staff team through formal supervision meetings and team meetings. Two staff members spoken with communicated that they felt supported by the person in charge and they felt comfortable raising any concerns they may have to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. The centre had a full staffing complement which facilitated continuity of care for the residents. Many of the staff working in this centre had been working here for a number of years and this facilitated them to build good relationships with the residents.

Three staff members who spoke with an inspector were familiar with the assessed needs of the residents. For example, some of the residents had certain healthcare conditions and staff knew the supports in place that were required.

There was a planned and actual roster maintained by the person in charge. The inspector completed a review of a sample of the centre's rosters across October 2024 to January 2025. Two staff were on duty at night which included one sleep over staff and one waking night staff. The staffing ratios for during the day were found to be in line with residents' support requirements. From speaking with centre management and a review of the weekly staffing allocations schedule, workforce planning also took into consideration residents' preferences for the gender of the staff supporting them.

Staff personnel files were not reviewed as part of this inspection. One inspector did however review the Garda Síochána (police) vetting certificate for the five staff on duty and the person in charge and all were found to have been renewed in 2024. This demonstrated that the provider had arrangements in place to promote safe recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

There were appropriate mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained.

One inspector completed a review of the staff training records and a sample of all staff training certification across 11 training areas. This showed that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

All staff were observed to have undertaken training in the following areas:

- safeguarding of vulnerable adults
- fire safety
- hand hygiene
- standard and transmission based precautions training
- medicines management
- positive behaviour support
- Autism awareness
- angel guard harness training
- cardiac first response.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

A sample of three staff supervision files demonstrated to an inspector that there were formalised supervision arrangements in place which gave opportunities for staff to raise concerns if necessary.

Judgment: Compliant

Regulation 23: Governance and management

The provider had appropriate systems in place to meet the requirements of this regulation.

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example, the centre had suitable staffing levels and the provider ensured residents had timely access to allied healthcare professionals as required.

The provider had systems in place to monitor and audit the service. This included an annual review of the quality and safety of care for 2024 which included resident and family consultation. An inspector saw the reports of last two six-monthly unannounced visits to the centre. Both the six-monthly visits and the annual review are specifically required to be completed under the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Staff completed weekly checks on different topics, such as fire safety, medication management, cleaning logs, and oversight of paperwork completion. Additionally,

there were monthly audits being completed by the person in charge on different topics. For example:

- to ensure staff checks were being completed as required
- fire safety
- health and safety
- risk assessments
- incidents
- care planning
- restrictive practices
- staff training

In addition, another manager from a different centre would call at weekends to complete an oversight check to ensure staff were present as per the roster, that the centre was clean, to assess if there were any concerns, and were there planned activities for the residents. Additionally, on an annual basis the provider arranged for a check to be completed during the night hours to ensure correct staffing levels and ascertain if there were any concerns. The inspector observed that this check last took place on 28 February 2024 at 3.22am.

Team meetings were taking place monthly and one of the inspectors observed the minutes from July to December 2024. Topics included complaints, restrictive practices, safeguarding, healthcare, and discussions on areas relevant for the residents that month.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints.

There was a policy and procedure in place in relation to the handling and investigation of complaints that was last reviewed in January 2023. There was a poster displayed in the centre with the details of the complaints officer. The compliance manager for the organisation arranged for the complaints procedure to also be displayed prior to the end of the inspection.

There had been 11 complaints in the centre since 2024 to the date of the inspection. Any complaints made had been suitably recorded, investigated and appropriate actions taken to resolve the complaints. For example, one inspector observed that a meeting was held and a chemical restraint protocol was reviewed in light of a parent's concern. This was with regard to the time frames to which staff could administer a repeat dose of the medication. This demonstrated that the provider was responsive to the concerns of family representatives.

Judgment: Compliant

Quality and safety

This inspection found that residents were in receipt of a service that was meeting their assessed needs. They were also supported to make choices about how they wanted to spend their days.

Residents' needs were assessed on at least an annual basis, and there were personal plans in place for any identified needs.

Residents were supported to experience best possible health and where required had access to the support of allied health professionals, for example a general practitioner (GP). In addition, residents were supported with their mental health and positive behavioural supports. For example, they had access to a behaviour support worker when needed.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected. Communication was facilitated for residents in accordance with their needs and preferences. In addition, the inspectors also found that residents had access to opportunities for leisure and recreation as per their preferences.

The premises was observed to be homely, and was decorated and maintained to a good standard. There were systems in place to manage fire safety in the centre. Fire equipment, such as emergency lighting, the fire alarm and fire extinguishers had been serviced as required.

There were systems in place to safeguard residents and also manage and mitigate risk in order to keep residents safe in the centre. This included maintaining records of incidents that occurred in the centre and ensuring shared learning.

Furthermore, the person in charge had ensured that there were appropriate and suitable practices relating to the administration of medicines in the centre.

Regulation 10: Communication

It was clear to inspectors that residents' individual communication needs were being facilitated in this centre.

From a sample of two residents' files, one of the inspectors found that, they had documented communication supports in place to guide staff in order to be effective communicators and in turn support residents to communicate their needs. For

example, there were communication passports that documented the following topics:

- how each resident communicates
- what was important to the person, such as people and topics of interests
- what the person might do or say and what it could mean. One example of this was where it described that if a resident says "GA GA" that they wish to be left alone.

Staff had received additional combined training in relation to communication and simplified-manual sign language as well as training in sensory processing. Staff demonstrated that they were familiar with the documented supports that residents required. For instance, a staff member demonstrated that they understood the body language cues a resident was communicating. They informed an inspector that a resident wanted to sit in a particular chair in the kitchen and would not go to that chair while the inspector was near it and they stood across the room. The staff member respectfully asked the inspector to move and that resulted in the resident becoming more comfortable going over to their preferred chair.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community and were supported to maintain relationships with friends and family.

Residents were supported to set and achieve personal goals in order to enhance their quality of life. For example, from a review of two residents' goals they were undertaking goals related to life skills and independence. This included, one resident learning to make their own sandwich. Staff had completed a task analysis to break down the goal in order to support the resident step by step. There was evidence of when it was occurring and it was confirmed that the resident was now able to do this task independently.

From a review of two residents' files which included their activity charts, an inspector observed that residents were being offered a variety of choices of activities. Some examples ranged from drumming lessons, swimming, bowling, cinema, walks, shopping, equine therapy, mindfulness, and cooking. The inspectors were made aware that while one resident often chose not to engage in external activities that staff were continuing to offer them choices and encourage them to engage. If the resident continued to decline then their decision was respected. An occupational therapist was involved in drawing up a daily schedule in order to support the resident to engage in basic daily routines.

The inspector also saw evidence that residents were being provided educational

information on different topics and supported to understand the information, such as road safety.

Judgment: Compliant

Regulation 17: Premises

The facilities of Schedule 6 of the regulations were available for residents' use, such as a separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware.

The centre was found to be clean and tidy. Each resident had their own bedroom and two had en-suite bathrooms. The bedrooms had adequate space for residents' personal belongings and were observed to be decorated in a manner that was in keeping with each resident's preferences. For example, one resident loved game consoles and they had a light in the shape of a gaming controller on their bedroom wall.

The kitchen and hall had personal pictures displayed, and one sitting room had some homemade artwork hung that two residents had completed. Both sitting rooms were found to have a television and there were art supplies and games available for use.

To the back of the property there was a space for garden furniture for relaxing or eating outside. There was a grass area that had a web swing and a built in trampoline for the residents to use. The front of the property was mainly used for parking.

The provider had already self-identified some areas they wanted to improve on over the coming months and had a plan in place for those to be completed and this was explained to the inspectors on the day. For example, there were arrangements for a new floor to be fitted to the utility room in February 2025.

Judgment: Compliant

Regulation 26: Risk management procedures

An inspector found that there were suitable systems in place to manage and review risks in the centre. For example, there was a risk management policy in place as required by the regulations and it was approved by the provider in January 2023.

The person in charge and the registered provider had a system in place to review incidents and accidents that occurred in the centre. This review included whether any further actions were required to manage the risk going forward. One inspector

reviewed all incidents that occurred in the centre for one resident from August 2024 to January 2025. This review demonstrated that incidents were appropriately recorded and included actions taken, who they were reported to, the outcome of the incident and review, any clinical input, and any learning from the incident. Incidents and learning from incidents were discussed at team meetings to ensure shared learning and consistency of approach.

Each residents' documentation was observed to align with the different support documents in place for them. This was in order to ensure consistency of approach and the appropriate management of presenting risk. For example, safeguarding plans, risk assessments and positive behaviour support plans all were consistent in the information provided.

On review of other arrangements in place to meet the requirements of this regulation, the inspectors observed that the boiler had received a service on 15 January 2025 to ensure it was safe for use.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate systems in place to manage and or prevent an outbreak of fire in the centre. Fire equipment, for example emergency lighting, a fire alarm, and fire extinguishers were provided and were being serviced as required. For example, the fire alarm was required to be serviced every three months and the records showed that this had been completed in January 2025 and in 2024 servicing had taken place in April, July and October.

Residents had personal emergency evacuation plans (PEEPs) in place outlining the supports they required in the event of an emergency evacuation. A sample of three PEEPs were reviewed by one of the inspectors and they described both day and night-support requirements to guide staff appropriately.

Fire evacuation drills had been conducted monthly to assess whether residents could be evacuated safely from the centre. A sample of records reviewed of the last four drills, showed that these were taking place and included evidence that the provider was ensuring residents could be evacuated including using alternate exits. Furthermore, the provider had conducted a drill during the hours of darkness as per requirements and was able to demonstrate that they could evacuate residents with minimum staffing levels and maximum resident numbers.

While three doors in the centre were found to have a larger than recommended gap between the door and the door frame, the provider arranged for those doors to be altered on the day of the inspection to bring the gap within appropriate range. Evidence of same was shown to one inspector.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable medicines management systems in place for the administration, recording and prescribing of medication. One inspector found that there were a range of oversight reviews in the area of medicines management. For instance, there were weekly medication audits being completed by staff, there were provider medication audits which occurred twice in a year, and an annual pharmacist lead medication audit in order to ensure there were appropriate medication systems in place.

There were medication protocols in place for medication that was to be given when required in order to appropriately guide staff as to their administration. Protocols in relation to medication that was deemed a chemical restraint were found to be very detailed, signed off by a psychiatrist and subject to review for effectiveness. A staff member spoken with was very familiar with the protocol of when to administer the medication and also aware of potential triggers for the resident and de-escalation techniques to be used.

The provider had arrangements that each resident had an assessment for safe self-administration of medicines in place. One of the inspectors observed that, all four residents had an assessment completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

One of the inspectors found that there were suitable arrangements in place to meet the requirements of this regulation.

From a review of two residents' files, the inspector found that there was a comprehensive assessment of need in place for the residents, which identified their healthcare, personal and social care needs. These assessments were used to inform plans of care which were up to date and suitably guided the staff team. For example, one resident had a personal plan in place on how to support them with their daily routine, family visits or when visiting the hairdresser.

The assessments and plans demonstrated that family representatives and multidisciplinary professionals were involved in the development of care being provided. Care and support was provided in line with residents' care needs and any emerging needs. There were arrangements in place to carry out reviews to ensure accuracy of information contained.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were rigorously assessed, and appropriate healthcare was made available to each resident.

From a sample of two residents' healthcare files, an inspector observed that residents had personal plans in place that outlined their healthcare needs and support requirements. For example, there were plans in place for low blood pressure, and also weight loss/refusing to eat. Plans included information to guide staff as to what symptoms to look out for and how to respond. In addition, residents had hospital passports to guide hospital staff on support needs should a resident require to stay in hospital.

Residents had access to a range of allied health professionals to advise and support them with their healthcare needs. Examples included, a dietitian, dentist, an optician, psychiatry, and a GP.

Judgment: Compliant

Regulation 7: Positive behavioural support

An inspector found that there were appropriate arrangements in place to support residents in the area of positive behavioural support.

Where required, residents had access to members of the multidisciplinary team to support them to manage their behaviour positively. For example, they had access to psychiatry, psychology, and a behaviour support specialist.

There were very detailed behaviour support plans in place for all four residents as required. From a more in-depth review of one plan, it demonstrated to an inspector that the plans included a functional assessment carried out to include what triggers may be resulting in a resident displaying behaviours of distress. Plans also guided staff with proactive and reactive strategies they could undertake in order to effectively support the residents. In addition, plans guided staff in how to recognise when a resident may be in the post incident recovery phase and how to appropriately support them after an incident was over. A staff spoken with was very familiar as to the steps to take to support a resident in this area.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to protect residents from the risk of abuse. They included, having an organisational safeguarding policy in place which was approved January 2023 and the provider had a nominated designated safeguarding officer. Any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed. It was also found that potential safeguarding risks were reported to the relevant statutory agency. Safeguarding plans were found to be detailed and aligned with risk management plans, communication plans, and behaviour support plans were found to be reflective of the residents' support needs in order to ensure they were receiving appropriate supports that safeguarded them in their home.

All staff had completed safeguarding vulnerable adults from abuse training as well as in-house training by the organisation's designated safeguarding officer. Of the three residents that completed the surveys, that were discussed in the first section of this report, they reported that they felt safe. One resident who spoke to an inspector also confirmed that they felt safe.

Staff had received training in intimate care. From a sample of two residents' files, one inspector found that they had intimate care plans in place to guide staff as to what supports they required in that area.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. Below are some examples the inspectors observed on this inspection:

- residents' meetings were held to talk about things that were happening in the centre and keep residents informed
- human rights were discussed with residents on occasion and it last observed to be discussed at a residents' meeting in December 2024
- residents were supported to decorate their bedrooms in line with their preferences
- residents were supported to maintain their independence, for example bringing their own laundry for washing
- decision making capacity was also reviewed as part of the annual assessment of need documents
- all staff had completed training in human rights and additional training was given to staff on four separate modules within the area of assisted decision making
- an inspector observed evidence that residents were kept informed of their

healthcare appointments and what that meant for them in order to prepare them. For example, a key-working session was completed in advance of an appointment that required a blood sample to be taken.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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