Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Nagle Services Dundrum
Name of provider:	Corlann
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	21 April 2026
Centre ID:	OSV-0005064
Fieldwork ID:	MON-0041625

About the designated centre

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

The service is described as offering long-term residential care to four adults, both male and female, with intellectual disability, autism, mental health and age related care needs who require support with nursing oversight available. The designated centre comprises of one two-storey house located in a community setting in a rural town with access to local amenities and services. There are day services and training services locally in which residents participate. All residents have their own bedrooms and there is communal living space, suitable shower and bathroom facilities and a mature garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 April 2026	11:00hrs to 20:00hrs	Gearóid Harrahill	Lead

What residents told us and what inspectors observed

This inspection was announced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was also completed to follow up on information received by the Chief Inspector of Social Services regarding this designated centre, and to inform a decision to grant an application to renew this centre's registration. The inspector had the opportunity to meet and speak with three of the four people who currently lived in this centre, as well as speak with staff, observe the centre environment, and review documentary information, as evidence to indicate the lived experience of the people using this service.

On the day of this inspection, one of the residents was staying with family and could not participate in this inspection. However, all four residents had been supported to answer surveys in advance indicating what they liked about the service. The inspector also reviewed commentary raised by residents through speaking with the quality auditor and through written and verbal complaints.

The inspector spent time through the day at the dining room table, chatting with the residents with the support of staff members familiar with residents' communication styles. One resident did not communicate fully verbally however, indicated they were comfortable and happy in the centre, laughing and happily vocalising with staff and inspectors as staff supported them to communicate with the inspector. One resident was eager to tell the inspector what was on their mind, including aspects of the service they wanted changed and their experiences in their voluntary job. The inspector observed a staff member using the guidance of the communication plan to good effect, encouraging one resident to tap out a rhythm while speaking to be more easily understood and hence avoid frustration over being misheard.

One resident commented that they felt unsafe and unhappy using the centre's designated vehicle and had submitted complaints wishing to use a vehicle more suitable to them. Staff also highlighted challenges with vehicle resources for the activation of residents as having only one bus for four residents resulted in limited time and flexibility getting to recreational activities without borrowing from other services. This was further affected by the changing support needs of the residents as they aged in their home. As will be referenced in this report, the provider had interim strategies such as unfunded extra shifts and use of other vehicles, however at the time of this inspection, the inspector observed evidence to indicate that the allocated resources of the centre were insufficient to meet the residents' support needs and there was no indication that these circumstances had resulted in any change by the funder of the service.

Door fob access had recently been added to the bedrooms in this house to support residents' privacy and protection of their personal space and property which had

become a concern in this house. The residents mainly affected by this commented that they were happy with this and their ability to use it. One of the residents had recently been discharged from a ward of court arrangement, and was meeting with their decision supporter for the first time during this inspection, with one positive outcome set out as more ready access to their personal finances. Staff were observed speaking with residents in a respectful and friendly manner. Where one resident required support to complete tasks as part of their daily routine and engagement, one staff member patiently asserted the instruction until it was completed as part of an overall outcome to retain the autonomy of the resident as they became less inclined to lead on daily activities.

During the day each resident had scheduled "talk time" sessions in which staff could speak one on one with residents to support them to get their thoughts out, reflect on their day and discuss their plans for what was coming next in their day or on the next day. One resident was happily supporting the staff member to build the picture board for the next day, picking out the photos associated with the staff members, meals and activities happening tomorrow. In the afternoon, two of the resident returned from an arts and crafts session with one resident showing the inspector the cards they had made.

While the earlier staff comments related to day-to-day flexibility, the inspector observed evidence that when planned ahead, residents were participating in their local community and going to events and locations which interested them. One resident enjoyed active retirement and regular trips to the salon and local restaurants. Some residents enjoyed more sensory activities such as use of a jacuzzi or hydrotherapy pool. Residents had been supported to attend concerts, festivals, and sports events in 2025, as well as hotel breaks and family celebrations. Residents had personal plans which were detailed and evidence-based which set out their likes and dislikes, personal goals and preferences for their support. However, the plans themselves were very text-heavy with no pictures or simple language versions, which resulted in the residents being unable to engage with their contents when sitting with the inspector, and the staff needing to do so on their behalf.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

In the main, the inspector observed the staff team was resourced with a friendly and hard-working team and person in charge who were striving to provide a good quality of life for residents and ensure their voice was heard by the provider. However, the current support needs of the residents could not optimally be met with the staff and transport resources for which the service was funded. This required frequent use of additional unfunded staff shifts and vehicles borrowed from other

services. While the challenges this presented to the service and the impact it had on the residents and staff was being reflected in the provider's own quality audits, there was no indication of action being taken to support residents to age in their home, with the suggested solution being to discharge one resident and build alternative accommodation for another.

The provider had conducted comprehensive quality reviews of the service and ensured that the feedback and commentary from residents, staff and families was included and that achievements of the residents and service were acknowledged. Resident feedback was sought through the use of a suitable complaints process, though some development was required to the records of actions and engagements following complaints. Improvement was also required in the timeliness of notifiable events being reported in the centre.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew registration of the designated centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulation 2013 had been made by the registered provider. This application was in the process of being reviewed at the time of this inspection. This application included all supporting documents required by the regulations, however the floor map of the designated centre did not include an ancillary building used for the residents' laundry.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge worked full-time and was suitably qualified and experienced for their role. They demonstrated a good knowledge of their role and responsibilities under the regulations. The inspector observed evidence to indicate that they maintained a presence in the centre and were well known to the residents.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the centre rosters and found that the number and complement of staff in the centre was consistent with the centre's statement of purpose. Residents were supported by three staff during the day and a waking night

staff at night. The third day shift was unfunded and implemented to support the changing needs of one resident.

The centre made use of relief and agency staff however these personnel were consistent and familiar to the residents to mitigate the impact on continuity of support. The inspector spoke with staff and observed their interactions with residents, which were respectful, friendly and supportive of the residents' communication styles.

The inspector reviewed personnel files for a sample of four staff members, and these records included information required under the regulations such as references and vetting by An Garda Síochána.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the annual report for this designated centre published in March 2026. This report contained information on quality improvement initiatives completed in 2025 or planned for the future, areas in which the service was operating well and areas in which further development was required. The report reflected the residents' achievements in 2025 and commentary gathered by their families and representatives, including matters raised through the feedback and complaints processes available to them. The report reflected on the challenges of the staff team and how these could be addressed going forward. A six-monthly audit had been conducted, also dated March 2026, which identified operational areas requiring attention such as risk assessment, progress notes and staff training. This audit also incorporated commentary and feedback from the residents, their representatives and front-line staff.

Staff and residents described challenges with supporting the residents' needs with the current allocated resources of the centre. Of the three staff rostered for day shifts, one of these was identified as required to meet the residents' current needs, but was not funded and the provider had not been allocated funding to make the position permanent. The impact of this was that without the unfunded shift the resident would be unable to safely age in place and continue to have their support needs met.

The centre had one vehicle allocated to the house, which presented a challenge in the flexibility with which staff could support residents to attend their preferred activities in the community. One resident had 1:1 staff and would prefer to stay out for longer in the day, but this was impacted by the need to return to the house to ensure the other residents' support needs and appointments could be supported using the vehicle. The same resident did not like or feel safe using this vehicle and had made formal complaints about this. The staff team advised the inspector that

this could sometimes be addressed by borrowing a vehicle from a day service at weekends, or while another centre's residents were not using their vehicle.

While the inspector was verbally advised of long-term plans to reorganise the centre and its resources, at the time of this inspection the centre's own resources were not sufficient to meet residents' needs without the above informal arrangements. The impact on the staff team's ability to be flexible in accessing the community had not been subject to formal risk assessment to outline actions or timelines to address these challenges.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted the statement of purpose of this designated centre with their application to renew the centre' registration. The statement of purpose was updated in March 2026 and included information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed incidents, injuries and practices notified to the Chief Inspector in 2025 and 2026. A number of these incidents were submitted late due to delays in incidents being reported internally in a timely manner. Separately, where residents were observed with injuries of unexplained origin, these had not been screened to rule out safeguarding concerns.

Judgment: Not compliant

Regulation 34: Complaints procedure

The residents were supported and facilitated to use "I'm Not Happy" comment cards to avail of the complaints process in the centre and express in writing where they were unsatisfied or upset by matters related to their service. Family members were also facilitated to use this process.

The person in charge maintained a ledger collating verbal and written complaints raised, including the nature of the complaints and the dates on which they were raised. The complaints log did not contain information on the outcome of the matter

and actions arising from same, nor information detailing how the provider was assured that the complainant was satisfied with the conclusion or if they had been provided details on the appeals process.

Judgment: Substantially compliant

Quality and safety

The residents' home was suitable in its design and layout, with personalised private spaces. The provider had plans in place to optimise accessibility for residents with mobility support needs. Additions made to the premises supported residents to maintain control over their belongings.

The inspector observed means by which the residents were supported to lead on choices in their day and highlight areas in which they were not satisfied. The residents were supported to have daily "talk time", to reflect on their day and have conversations without distraction, and some residents benefitted from picture boards to support them to access and decide on upcoming schedules. The staff were observed using meaningful and personal guidance on communicating with residents. Some development was required to ensure that residents were supported to engage with their personal plans in a format which was accessible to them.

The provider had identified a trend of events in which residents became upset or distressed by the presentations of their housemates, however there had been limited evidence of formal assessment of their compatibility in this shared living environment. There was also limited evidence of how the provider was utilising their safeguarding screening processes when residents were observed with bruises or scratches with unknown causes.

The inspector observed some recent changes in the service which were pursuant to positive outcomes for residents. This included risk control measures to ensure medicines management was done correctly, engagement with decision support services to enhance resident access to personal money, and escalation of risks related to fire evacuation to ensure this was prioritised for the safety and wellbeing of residents and their support staff.

Regulation 10: Communication

The inspector was provided a communication plan for residents which was personalised and informed by what the primary staff team knew about the residents. This provided guidance to staff on how residents communicated what they wanted or thought and how they processed information. For residents who did

not communicate using full speech, this plan included a glossary on what sounds and syllables used by the resident meant to them. For example, this glossary included what one resident says when that they don't like what they are being requested to do but will do it anyway, and what they say when they are entirely refusing. One resident preferred to use pictures to plan out their day and be made aware of what staff would be working the next day. Later in the day the staff and this resident were building a picture board for the next day on what was happening and who was working.

For another resident who communicated with full speech which could be unclear, their person plan advised the reader that they will not accept anyone pretending they heard or understood them when they did not. Staff were advised to use terms or gestures to ask the resident to slow down or repeat themselves to be more clear. The inspector observed staff using these techniques to good effect when the resident was telling them about their news or what was on their mind, to facilitate more effective conversation.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to decorate and furnish their private spaces in line with their preferences. Residents' purses were readily available to them in their personal space. Risk control measures had been implemented to mitigate a risk related to residents interfering with each others private space. Residents who wished to do so were supported to do their own laundry.

Judgment: Compliant

Regulation 13: General welfare and development

Notwithstanding the challenges related to staffing levels and flexibility on community access referenced under Regulation 23, the inspector observed examples of how the residents were being supported to enjoy recreational and community engagement opportunities which were in line with their preferences and age profiles. Residents were supported to maintain their personal relationships and stay in contact with family, including having them visit the house and going to family events. One resident was supported to do voluntary work in a charity shop. One resident was supported to enjoy an active retirement and visit their local salon or restaurants.

Judgment: Compliant

Regulation 17: Premises

The premises of this centre was clean and spacious with natural light, and suitable kitchen and living room spaces. The provider had identified areas which could be upgraded to optimise accessibility for residents, including resurfacing a gravel driveway with tarmacadam to support wheelchair users. Beyond minor wear and tear to flooring and walls, the premises was generally kept in a good state of repair.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was conducting practice evacuation drills to ensure that residents and staff were able to efficiently and safely exit in the event of fire. At the time of this inspection, the provider was experiencing a challenge in achieving a consistent timely evacuation, with some practice evacuations called off as unsuccessful after extended delays. This had been risk assessed and escalated by local management and the inspector observed more frequent drills being carried out in April 2026 to address the causes of delay and achieve a consistent and timely exit. Residents' personal evacuation plans had also been kept under review in response to strategies which were, or were not, working based on the experiences of practice evacuations.

The staff were conducting routine checks of escape routes, fire-fighting equipment and the alarm system, to ensure these features were operating correctly. The inspector spot-checked fire containment doors along evacuation hallways which were closing properly. Attic spaces were included in the addressable detection and alarm system.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were appropriately stored in the designated centre. The provider had conducted audits of prescriptions and administration records and responded appropriately to trends related to medication errors. Analysis of the type and causes of errors had been conducted for the first quarter of 2026, and staff were provided guidance on correct recording of medicines, and risk control measures to avoid distractions and ensure records were correct.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector sat at the kitchen table with each resident and their support staff to review personal plans during this inspection. In the main the personal plans were detailed with person-centred information about the residents' likes and dislikes, interests, support guidance and personal outcomes. However these personal plans consisted of a substantial amount of plain text, and as such the residents were not able to read or engage with the content of their plans. Personal plans or information on what residents enjoyed or had been doing as part of their personal goals were not available in a accessible format which could be understood by the residents.

Judgment: Substantially compliant

Regulation 8: Protection

Through reviewing risk assessments, incident reports and events notified to the Chief Inspector, an identified moderate risk in this centre involved the impact of anxiety or distress for residents due to the support needs of the peers. While risk controls had been set out to mitigate this, there had been no formal assessment of the current compatibility of these residents in a shared living environment.

Among other notified incidents were occasions on which residents were observed to have injuries such as bruising or scratches for which the cause could not be accounted. The inspector did not observe evidence to indicate that these injuries were being reviewed or screened to determine their likely cause and to rule out potential safeguarding concerns in line with the centre's policy on safeguarding.

Judgment: Substantially compliant

Regulation 9: Residents' rights

On the day of this inspection, one resident who had been discharged from the ward of court system was meeting for the first time with their newly appointed decision supporter. One of the intended objectives of this was for the resident to attain supported access to their personal finances and a debit card.

The inspector observed examples of how the provider was ensuring that the residents' feedback and contributions to the service was being facilitated and escalated as necessary. Each resident had a protected "talk time" session during which they could sit with staff away from their housemates, reflect on their day, express what was on their mind and plan out the next steps in planning and progressing their longer term objectives and events they wishes to attend. The

inspector observed residents being spoken with in a respectful and dignified manner by the front-line team. Recent changes in the centre had been implemented to improve the residents' privacy in their bedrooms, to which residents had responded positively.
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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially 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 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nagle Services Dundrum OSV-0005064

Inspection ID: MON-0041625

Date of inspection: 21/04/2026

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: • The floor plans and statement of purpose have been updated to include ancillary laundry building and an updated copy of same has been sent to the registration team.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A risk assessment has been completed to assess the team's ability to access the community and this includes controls measures and actions to manage these challenges. • The PIC and PPIM conducted a comprehensive resource review, including staffing, transport, and the impact on residents. This was escalated to the Regional Services Manager in the form of a business case. Completion date: 1st June 2026.	
Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • The PIC with support from PPIM will ensure that all incidents requiring notification to the regulator will be completed within the timeframe going forward. • A risk assessment is now in place in the centre to capture appropriate control measures for any unexplained marks or bruising in line with the organisations safeguarding policy and procedures. An individual risk assessment and support plan is in place for a number of individuals who may experience this regularly.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • The complaints register at the centre has been revised to include information around the outcomes, actions, and complainant satisfaction.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The PIC and staff team have completed individualised Person Centered Plans, which include information about personal goals, for each resident in an easy-read, accessible format.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • A risk assessment is now in place in the centre to capture appropriate control measures for any unexplained marks or bruising in line with the organisations safeguarding policy and procedures. An individual risk assessment and support plan is in place for a number	

of individuals who may experience this regularly.

• The provider has developed a new assessment of need template which is currently being rolled out across all residential centres. When complete this will clearly capture potential risks or compatibility issues between residents at the centre.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/06/2026
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working	Not Compliant	Orange	31/07/2026

	days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	01/06/2026
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/08/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	18/06/2026
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take	Substantially Compliant	Yellow	31/07/2026

	appropriate action where a resident is harmed or suffers abuse.			