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:	Ardchriocha
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	25 May 2026
Centre ID:	OSV-0009171
Fieldwork ID:	MON-0049198

About the designated centre

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

Ardchriocha provides residential services to a maximum of four residents, both male and female who have been diagnosed with intellectual disabilities, acquired brain injuries, physical and or sensory disabilities. Individuals who also present with mental health difficulties and behaviours which challenge may also be supported. The objective of the service is to promote independence and to maximise quality of life through interventions and supports in line with the provider's model of person centred care and support. The designated centre is designed to provide a home like environment that promotes dignity, respect, kindness and engagement for each resident. The staff team provide on going supports by day and waking staff are present at night time. The house is a two storey building located in a residential setting in a rural area. On the ground floor there is a large kitchen-dining area, utility room, sitting room and bathroom facilities. On the first floor there is a bathroom and four bedrooms, one with en-suite facilities. There is parking at the front of the property and a private garden and patio area to the rear.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Monday 25 May 2026	10:00hrs to 18:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This designated was registered by the provider in December 2025 to provide residential services with a maximum capacity of four residents. Two residents moved into the designated centre in January 2026. At the time of this inspection two residents were being supported in the designated centre and a third resident had begun accessing the service the week prior to the inspection. This was a short announced inspection to meet with the residents as part of the ongoing monitoring by the Chief Inspector of Social Services.

A high level of compliance with the regulations was identified during the inspection. Residents were supported by a core staff team to receive a high quality of care and support in their home. It was evident that residents had been supported to make person centred transitions, maintain connections with important people in their lives, engage in their local community, and that they were included in decisions relating to their care and support.

Prior to the inspection the person in charge informed the inspector of a planned power outage in the locality on the day of the inspection. It was agreed to progress with the inspection as scheduled. Both residents had been informed in advance of the inspector coming to visit them. The inspector was met by the person in charge on arrival and introduced to one resident who was present. The resident was being supported by a staff member and was observed to be using an electronic device. The inspector was informed a power bank was available and fully charged if required by the resident due to the power outage and access to WiFi was also being supported as this was important for the resident. Staff were observed interacting with the resident and including them in the conversation while the inspector was present. The resident smiled and responded to some questions before indicating they did not wish to continue with the conversation. Staff were observed to be aware of what the resident was expressing and this was facilitated.

During the inspection staff were overheard supporting the resident in a professional and unhurried manner. The person in charge outlined the plans for the day which included a walk and offering the resident the opportunity to have something to eat in the community. This was reported to have gone well for the resident. There were changes to the planned routine for this resident during the inspection as a family member was delayed. There were staff resources available to support the resident and additional activities were offered to the resident which included going on an outing in the afternoon with a peer.

The second resident had left to attend their day service before the inspector arrived. They had informed staff that they would meet with the inspector later in the afternoon. However, due to the planned loss of power and the nice weather the resident informed staff they would prefer to not return to the designated centre and

engage in a social activity with the other resident. This was facilitated and the residents had not returned by the time the inspection had finished.

The person in charge spoke of how both residents had been supported to transition into the designated centre. Both had been availing of respite breaks in another designated centre run by the same provider of which the person on charge also had remit over. Both residents had supports from staff who were familiar to them from the previous centre which assisted in the transition. One resident regularly spent six nights each week in the designated centre with links being maintained to an important person in their life on one night each week. The other resident was usually supported in the designated centre four nights each week, with the flexibility for changes to be made in consultation with their relative if/when required.

The inspector was informed prior to the inspection that a third resident was scheduled to stay overnight for the first time on the weekend prior to the inspection. This was reported to have gone well for the resident with further plans to increase this to two nights the weekend after the inspection. The person in charge also reported that the two other residents had engaged with the new resident and staff reported positive interactions had taken place including a residents meeting which all three residents attended.

The inspector was also aware that another resident had been in receipt of residential services during March and April 2026 but it was deemed that a single occupancy arrangement would better suit that resident and they were supported to transition to a new designated centre on 11 May 2026. From a review of documentation both of the current residents were being effectively supported while this resident lived in Ardchriocha. This included having meetings with their keyworkers, being provided with information regarding their rights, make complaints and having their voice heard.

The inspector was escorted by the person in charge during the walk around of the large house. All of the rooms were spacious and decorated in neutral and warm colours to create a homely atmosphere. Residents were being actively supported by the staff team to personalise their own bedrooms in-line with their preferences and wishes. There were large windows in the communal areas to provide ample natural light throughout the house. The house was well maintained and finished to a high standard. In addition, there was a patio and garden area where residents could participate in games such as football. There were photographs of such activities taking place on display in the hallway. The inspector was informed the residents were being supported to make decisions regarding the decor in the communal areas. In addition, the staff team had placed signs on doors to indicate the purpose of the room as well as on kitchen presses so that each resident would be aware of the location of areas such as bathrooms and where items such as cups and bowls were located in the kitchen. This was described as helping the residents to self-orientate themselves as they settled into the new house.

In summary, the findings of this inspection indicated that the residents were being provided with a safe level of service and had a good quality of life in their home. Where gaps in documentation had been identified during the inspection these were

all addressed before the inspection ended. These included updating of the floor plans to reflect a store room under the stairs and the door to access this space which were not present on the floor plans that had been submitted to the Chief Inspector at the time of the registration.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of person centred care and support from a consistent staff team. Some staff had transferred from another designated centre at the time of the initial transitions in January 2026 for the first two residents. Due to the requirement for another resident who had been in receipt of residential service during March and April 2026 to move to another designated centre four of the staff team had moved with that resident to provide support from familiar staff.

The provider had systems in place through which staff were recruited and trained, to ensure they were aware of their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of staff members. Changes to the team had taken place with the re-location of one resident to a single occupancy designated centre. At the time of this inspection there were five staff members at different stages of their probation. However, there was a team leader and direct support worker who were familiar with the residents and the provider's processes and systems to ensure consistency in the supports being provided to the residents. During the inspection, the inspector observed kind, caring and respectful interactions between the resident and staff. The resident was observed to appear comfortable and content in the presence of staff, and to seek them out for support as required.

The inspector was aware the provider had a range of electronic systems in place to monitor the services being provided throughout the organisation and in this designated centre. These systems provided up-to-date information, including alerts and reminders to inform the staff team of any actions or reviews that were required to be completed. The person in charge had ensured the inspector had access to printed versions of documents due to the planned power outage. In addition, access to the electronic documents were also available throughout the day as required by the inspector. The person in charge had ensured a device was fully charged to enable this to take place.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre.

One internal provider led audit had been completed the week prior to this inspection and the report was being complied. Other audits had taken place in-line with the provider's schedule since the designated centre opened. These included audits relating to safeguarding, the statement of purpose, risk management and communication which had been found to require no actions. Where actions had been identified in other audits which included residents personal possessions and communication these had been progressed. This included a referral for two residents to be assessed by a speech and language therapist. This action was identified on 13 May 2026 and the person in charge had held a phone consultation with the initial assessments to be scheduled.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre located in close proximity at the time of this inspection. The person in charge was assisted by senior members of the staff team in this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in-line with the statement of purpose. There was a core group of staff working in the designated centre, with newer team members being supported during their probation period by the person in charge and team leader.

- The staff team comprised of five direct support workers, two relief direct support workers, a team lead and the person in charge at the time of this inspection. Another team leader position was also part of the core staff team. Two more direct support workers were due to commence working in the designated centre to reflect the increase in staff resources required to support the third resident.
- No agency staff had worked in the designated centre. If additional staff resources were required to support the assessed needs of residents additional shifts were being offered to the current staff team.

- The person in charge had made available to the inspector actual and planned rosters from 27 April 2026 until 7 June 2026, six weeks. The staff resources reflected the number of residents being supported each night and changes made due to unplanned events/leave. The minimum staffing levels were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and reflected the hours when staff were attending staff meetings and scheduled training.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of nine members.

- The person in charge had ensured all of the staff team had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in areas such as fire safety, positive behaviour support and safeguarding.
- Staff had also been supported to attend additional training in advance of the most recent resident commencing their transition into the designated centre. This included a refresher course on the management of epilepsy and the administration of emergency medications.
- An audit of staff training had been completed on 20 May 2026. All current staff members were deemed to have had completed the required training to support residents living in this designated centre. One staff required to complete a competency assessment regarding the safe administration of medications and this was scheduled to take place in the weeks after this inspection. The staff member would not be administering medications during this time. The person in charge outlined the staff resources in place to ensure at least one staff member trained and deemed competent to administer medications was on duty at all times in the designated centre.
- The person in charge had scheduled staff meetings that occurred monthly since the designated centre opened. Topics discussed included safeguarding, learning and recommendations following incidents that had occurred and the specific supports required by each of the residents.
- The person in charge provided details of the dates supervision that had taken place with the staff team to date and the dates for scheduled supervision for the remainder of the year. Five of the current staff team were progressing through the probationary supervision process in-line with the provider's procedures.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had systems in place to reflect residents who had availed of services since the designated centre opened. However, on the printed directory of residents log provided to the inspector the details of the resident who had availed of services during March and April 2026 were not present. This included no details of the date of admission and transfer to another designated centre. The person in charge outlined how all information regarding that resident had transferred to the new designated centre and they did not have access to electronic records for that designated centre as it was not under their remit. The person in charge updated the directory of residents immediately to reflect the required information for the resident who had transferred as outlined in Schedule 4 of the regulations. This was discussed during the feedback meeting to ensure these details were retained for the duration of the current cycle of registration for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by a senior managers.

- The provider had organisational governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. This included a range of electronic systems which provided up-to-date information and alerts to both the person in charge and the senior management team if actions were required to be completed.
- The provider was aware of the regulatory requirement to complete an annual review and six monthly internal audits. The first of these audits was completed the week prior to this inspection and the official report was to be issued to the person in charge.
- The provider had a detailed schedule of regular audits which included monthly audits taking place since the designated centre opened. Where actions had been identified these were completed or actions in progress to address issues that were identified at the time of the inspection. This included the actions outlined in a medication audit that was completed on 13 April 2026.
- As part of the provider's ongoing monitoring of the designated centre the person participating in management completed an audit on 1 April 2026 to ensure safe and effective services were consistently being provided in the designated centre. Any actions identified were documented as being completed which included the completion of probationary supervisions for

some of the staff team in-line with the provider's policy, these had been completed by 29 April 2026 by the person in charge.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had taken steps to ensure all residents had an up-to-date contract of care in place. The inspector reviewed the contracts for the two current residents. The contracts were individual to each resident, outlined the services being provided and consistent with the assessed needs of the resident for whom the contract had been prepared. This included the details of costs incurred by each resident outside of their agreement of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations.

In addition, the document had been updated to reflect additional staff resources when there was another resident being supported during March and April 2026. The inspector was informed further changes will be made to the document in the event of the successful transition of the newest resident into the designated centre.

Residents were provided with an easy-to-understand version of the document

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had ensured that the Chief Inspector had been provided with notice in writing within three days of adverse incidents occurring in the centre, as outlined under this regulation. The inspector reviewed the centre’s incident report records from February to May 2026. This review noted that the incidents recorded had been notified as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a policy was in place for the management of complaints. The current version of the policy titled Comments, Compliments and Complaints was next due for review in August 2027.

- Details of who the complaint officer was were observed to be available within the designated centre.
- Easy-to-understand information was available to support residents with the complaint process.
- There were no open complaints in the designated centre at the time of this inspection. Two complaints had been made by the residents since the designated centre opened. Both complaints were made in April 2026 and there were details of supports provided to both residents regarding their complaint. This included key worker meetings and being provided with updated information regarding the transfer of another peer out of the designated centre. Both complaints were closed to the satisfaction of the complainants on 11 May 2026.

Judgment: Compliant

Quality and safety

Overall, residents were being supported to receive care in-line with their assessed needs. Both residents were being supported by the staff team and important people in their lives. A schedule for both residents was in place each week but this was flexible and subject to change as observed during the inspection. The person in charge ensured sufficient staff resources were in place to support such changes when they occurred. In addition, the residents enjoyed engaging in social and community activities regularly.

Both residents were being supported to attend their day services to maintain their regular routine. The person in charge outlined how the staff team engaged with the staff in each day service regularly. This included ensuring consistent approaches to supporting both residents, sharing of relevant information in an effective manner between the day service, family members and the staff team. For example, a communication book between three relevant parties had been developed to ensure up-to-date information was available while supporting one of the current residents. This was reported as working well.

A third resident was just beginning their transition into the designated centre at the time of this inspection. The person in charge outlined how the team were mindful this was a milestone for both the resident and their relatives. Communication and effective supports helped to ease concerns that had been voiced. The first over night stay was reported to have gone well for all three residents, who were described as having some similar interests which included electronic devices. The two current residents had been provided with information and kept informed of the planned admission of the new resident by the staff team in the weeks prior to meeting the resident.

Regulation 13: General welfare and development

The residents were being supported to make informed choices with regular meetings with core staff members and key workers. These meetings discussed meals and household activities for the week ahead. The residents were also supported with information in a suitable format regarding their home. For example, fire safety and staying safe.

The staff team were ensuring supports being provided were person centred and individual to each specific resident. This was attained by the team linking with relatives, day service providers and allied health care professionals. At the time of this inspection the person in charge had regular contact with three different day service providers to ensure the regular routine and previous services were being maintained for each resident as part of their transition into this designated centre. This link was described as being very informative and helpful in assisting with effectively supporting each resident without causing an increase in anxiety or other emotional dys-regulation where possible.

The staff team ensured each resident maintained regular contact with important people in their life, routines were flexible to support changes and the person in charge ensured sufficient staff resources were available at all times. Activities in the local community were also supported regularly and residents enjoyed both group and individual activities frequently.

Residents were being supported to mange their finances, one resident had a financial support plan in place which they had developed and signed with staff support. Advocacy and social worker supports were also available if required by the residents.

Residents were being supported to develop greater independence with life skills such as cooking, making informed decisions on healthy eating and using public transport if they wished to do so.

Where residents had concerns, these were discussed and updated information provided at all times to both residents.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. A choice of internal and external communal areas were available to the residents to use as they choose to do so.

- The premises was observed to be well maintained internally and externally.
- Communal areas were large and spacious with ample comfortable seating to suit the assessed needs of the residents.
- Residents were in the process of being supported to make their bedroom more personalised to them.

During the walk around with the person in charge the inspector noted that a storage area under the stairs and the access door into the space was not reflected on the floor plans that had been submitted as part of the registration of the designated centre. This was addressed during the inspection and the updated plans shown to the inspector before the end of the inspection. A vacant bedroom was currently being used as an office space to enable staff to support residents during the night. The dual purpose of the room was also updated on the revised plans and these were to be re-submitted by the provider after the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which outlined the processes and procedures in place to identify, assess and ensure ongoing review of risk.

- The designated centre's risk register and individual risk assessments identified hazards, assessed risks and put measures and actions in place to control these risks.
- There was no escalated risks at the time of this inspection.
- Centre specific risks had been identified and subject to review since the designated centre opened. These included lone working of staff, fire and unexplained absence of a resident.
- Centre specific control measures were in place to ensure residents were effectively supported with all of their care needs when there was a lone working staff on duty, such as receiving their prescribed medications.
- Where a resident wished to engage in activities in the community/increase their independence, these were viewed as positive risks and the staff team

supported such activities. This included volunteer work which was important to one of the residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems and equipment which included weekly, monthly, quarterly and annual checks being completed in this designated centre.

- All exits were observed to be free from obstruction on the day of the inspection.
- As there was a planned power outage all of the fire doors were observed to be activated and closed during the inspection and all emergency lighting was working. The power only returned as the inspection finished.
- All staff had completed training in fire safety.
- All relevant and up-to-date information pertaining to fire safety in the designated centre was located in a fire folder that was subject to regular review by the person in charge. Seven staff had signed that they had read the emergency evacuation plan at the time of the inspection.
- All residents had personal emergency evacuation plans (PEEPs) in place. These were subject to review on admission and subsequently as required. Each resident was supported by a staff member to complete a fire drill on admission to inform the details of supports required by the resident in their PEEP. The plans were reflective of the supports and prompts that may be required for each individual. This included the use of a social story and easy-to-understand information being provided where required to assist residents understanding of the evacuation process.
- Regular fire drills had taken place with the residents, including the newest resident who had begun availing of services. Where recommendations were made such as considering visual aids for a resident these were found to be in place. A minimal staffing fire drill had also been completed with two of the current residents. It was noted that not all of the records of the fire drills completed outlined the possible senario or exits used to ensure residents left via the closest and safest exit. This was discussed during the feedback meeting.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal plans of the current residents living in the designated centre. Both were found to be subject to regular review. The inspector was informed and saw documented evidence of the person in charge completing regular reviews of each residents personal plan.

- The person in charge had both electronic and hard copies of each residents personal plan. The inspector reviewed only the hard copies during this inspection due to the loss of power on the day.
- The profiles were found to be person centred, reflective of changes that had occurred for residents and provided up-to date information on supports required with activities of daily living, likes, dislikes and challenges experienced by each resident.
- Both of the residents had goals identified which reflected individual interests and were being documented/progressed with the input of the residents. For example, one resident had monthly updates on goals which included walking challenges and independent meal preparations. The other resident was being supported to achieve a long term goal of visiting a favourite football team. They had identified with staff support actions including developing a weekly savings plan to help progress towards attaining that goal.
- There was evidence of multidisciplinary team involvement prior to the residents moving into the designated centre and since their transition into this designated centre.
- All residents had an assessment of need completed prior to their admission to the designated centre. Compatibility assessments had also been completed. Both of the current residents would have spent time together when availing of respite breaks in another designated centre during 2025 operated by the same provider.
- Residents were being supported to engage in activities which they enjoyed as well as participating in activities to assist with increasing their independence. Residents were undertaking such activities as healthy meal preparations, baking, money management skills as well as household chores such as laundry. Social stories had been developed to provide additional learning aids to support these activities where needed.
- The residents personal plans also contained information how residents like to be interacted with, how they like to communicate and how they wished to be communicated with.
- Where residents were assessed as requiring input from allied healthcare professionals these were in progress. This included speech and language therapy, dietician, psychiatry and physiotherapy.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their

behaviour. Two of the residents had a positive behaviour support plan in place that had been subject to further review after their admission to the designated centre. There were procedures to support the residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. These plans were clear and up-to-date. The support plans outlined each resident's likes, dislikes, difficulties and challenges faced in particular during the transition phase into a new centre.

Easy-to-understand information was also available for one resident regarding coping with feelings of anxiety.

Where restrictive practices were required to support one resident on a transport vehicle these were not impacting the other two residents. Such restrictions were no longer in place after the resident moved to another designated centre.

The inspector was also informed that a chemical restraint that was documented in the restrictive practice log had not been required for use since the resident moved into the designated centre and was scheduled for further review the week after this inspection with the consideration for discontinuing the restraint.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- Residents were provided with information in easy-to-read format where required regarding safeguarding
- There was one open safeguarding plan in place at the time of the inspection. The person in charge had ensured up-to-date information and review was taking place with control measures in place to reduce the risk of safeguarding concerns.
- Four safeguarding plans had been closed by the Health Service Executive (HSE). This was due to transition of a resident to another resident
- All staff were aware of safeguarding concerns within the designated centre. Additional training had been provided to the staff team in March 2026 following an incident that had occurred.
- The personal and intimate care plans promoted the resident's rights to privacy and bodily integrity during these care routines. These had been subject to regular review and updated as changes occurred with individual assessed needs in recent months. This included ensuring residents were being supported by staff in line with expressed wishes and independence in completing these activities was respected.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant