



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

Issued by the Chief Inspector

Name of designated centre:	Praxis Care Rush
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0003417
Fieldwork ID:	MON-0043731

About the designated centre

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

Praxis Care Rush is a residential centre which can accommodate two adult residents with an intellectual disability and autism. The centre is a two bed roomed bungalow which also comprised of a kitchen-dining room, living room and sensory room. There is a small back garden to the rear of the property. It is situated in a coastal town in County Dublin and close to local amenities such as local beach, shops, restaurants, library, cinema, bowling and activity centre, and bus routes. Residents are supported by staff 24 hours a day, seven days a week. The staff team comprises a person in charge and support workers. Staffing in the centre is adjusted in line with residents' assessed needs .

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 November 2025	09:30hrs to 18:35hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

From residents feedback, and what the inspector observed, it was evident that residents living in the centre were leading busy lives, and engaging in activities of their choosing. Overall, the inspection found that the provider had taken a number of responsive steps to meet the identified changing needs of residents and was making efforts to bring about change to meet the needs of residents. The service was provided by a dedicated staff team who were very familiar with the residents needs. While a good quality service was being provided some further improvements were required to ensure safe care and that all residents were protected from abuse.

On arrival to the centre, residents had already left for the day to go to their day services. There was no staff in the centre as they had gone with the residents to the day service. The person in charge who also has oversight for another designated centre was also not at Praxis Care Rush, however, they arrived to the centre shortly after being contacted by the inspector.

The designated centre provides residential service for up to two adults with an intellectual disability and autism, which had no vacancies on the day. The centre is a two bedroom detached bungalow based in Rush Co. Dublin. Residents had access to a vehicle, which also supported them to attend their day service and was used to take trips. The centre consisted of two large bedrooms, with an en-suite in one, a small room with a television, a bathroom, staff office, an open plan kitchen/dining room, which lead out into a private back garden, and a large bright homely sitting room. Residents could freely move throughout the house with no restrictions on their movement. However, due to some compatibility concerns with the residents staff supported them to spend time separately when they were in the centre. They also attended different day services.

After an introduction meeting with the person in charge, the inspector was brought on a short walk through the centre. The inspector found that the centre was clean, bright, comfortable and provided ample space for residents. The centre was in a good state of repair and well-maintained both internally and externally. Each residents bedroom was decorated to their taste with equipment that they had been assessed for to meet there needs. For example, where a resident was assessed as needing a specific bed or mobility equipment by an occupational therapy assessment, they were found to have this in place.

The inspector met with both residents when they returned to the centre after attending their separate day services, with one resident also attending swimming lessons. Staff informed the inspector that transitions when returning to the centre can be a time that may prove to be challenging to the residents. Staff had plans in place to support this to ensure that both residents needs were met and to reduce the impact on each other. When the residents returned home they were greeted by staff and supported to relax, get refreshments and plan for what activities they

wanted to do for the evening. Staff interactions were very kind and caring with the residents and it created a very homely environment.

In addition to challenges with transitions between the residents, several safeguarding incidents had been reported between the residents, which impacted one residents quality of life and right to a peaceful sleep. These had been notified to the Chief Inspector, were evident through a documentation review and staff feedback. These incidents had been increasing since May 2025 due to changes in the residents health and medical needs. In response, the provider had ensured that the resident had additional assessments completed and identified that they can no longer meet their needs and are seeking an alternative placement. While the process was underway to support the resident find an alternative suitable placement, an extra waking night staff had been put in place meaning that there are two waking night staff, one to support each resident. While these measures were in place it had not mitigated the safeguarding concerns.

The inspector had highlighted another safeguarding concern for one resident, which was identified on review of notifications submitted to the Chief Inspector and a documentation review on inspection. The person in charge acknowledged this concern and had escalated this to the residents representative, and the safeguarding and protection team. Additional assessments and information had been provided to support the resident and were under review. While this review was taking place the safeguarding concern remained and there was no safeguarding plan in place to ensure the resident was safe and protected.

Both residents spoke with the inspector individually and said they liked living in the centre and they were happy. Both residents had communication needs, which were clearly understood by staff, with staff responding immediately to their requests. One resident spent time in the kitchen talking with staff as they cooked dinner and the other resident sat with staff in the sitting room watching television. Throughout the evening the inspector observed and heard staff interacting with the residents at different times in a light a jovial manner. After the residents had eaten dinner, they attended a sound bath in their sitting room together, which staff reported they thoroughly enjoyed. The sitting room had been transformed into a tranquil space with candles, aromatherapy, soft lighting and soothing music.

Residents were consulted with regarding decisions and the running of the centre. There were monthly residents meetings which actively sought the input, feedback and suggestions of residents. Different topics were also discussed at the meetings to ensure residents had a good understanding of important issues that impacted them like, safeguarding. They also took this opportunity to support residents to reflect on things that they could differently. Other area like menu planning, health and safety, fire procedures and new staff were also discussed at the meetings. The meeting records were also written in an accessible format for the resident.

The next two sections of the report 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 delivered.

Capacity and capability

Overall, the inspector found that there were established management structures in place in the centre, with key roles clearly identified within the management team to oversee the operation of the centre. While there were some good practices identified, the inspector found that some improvements were required to ensure all aspects of the service met residents needs, and were in line with the regulations. In particular, improvements were required in relation to protection to ensure that all residents were safeguarded at all times. A review of staffing arrangements at night time was also required to ensure that residents needs were being met as there was an over reliance of agency staff during this time.

This risk-based unannounced inspection was undertaken following receipt of solicited and unsolicited information to evaluate the effectiveness of governance arrangements in the designated centre and to assess the impact of safeguarding concerns on the residents. The inspection was completed by one inspector over the course of one day. The registered provider for Praxis Care Rush is Praxis Care, who are involved in the running of multiple other designated centres in Ireland.

The inspector used observations and discussions with residents, alongside a review of documentation and conversations with key staff and management to inform judgments on the residents' quality of life. There were clearly defined management structures in place that identified lines of authority and accountability, specified roles and detailed responsibilities. The inspector observed that the provider and person in charge was continuing to work towards achieving compliance. The person in charge facilitated this inspection and was observed to be well-known to the residents with a strong commitment to providing a good quality service for the residents. They are responsible for the centre's day-to-day operations and reported to the head of operations, who in turn reports to the director of care and chief executive officer. They worked full-time and had overall responsibility for two designated centres and equally divided their time between both. They were supported by a team leader in their role and had oversight of a staff team, who were knowledgeable about the support needs of the residents living in the centre.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. In general, the governance and management systems in place were found to operate to a good standard in this centre. However, some improvements were required for safeguarding systems in place. Monthly audits were being completed by the head of operations to look at all aspects of care. Six-monthly unannounced visits of the centre were also taking place to review the quality and safety of care and support

provided to residents. The reviews included an action plan to address any concerns regarding the standard of care and support provided.

The centre's management team met regularly to discuss all areas of governance, to ensure that the service provided was consistent and effectively monitored and appropriate actions taken where necessary. Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. An annual review of the quality and safety of care had been completed for 2024, which consulted with residents, their families and staff.

The provider had ensured that at all times there were suitably qualified, competent and experienced staff which were appropriate for the health and support of residents and which reflected the size, layout and purpose of the service. On a review of staff rotas there were no staff vacancies. Similar to the person in charge, the team leader worked full-time and worked across two designated centres. While there were no staff vacancies, due to the changing needs of a resident and an increase in adverse incidents during the night, it was identified that an additional waking night staff was required to meet the needs of the residents. An additional waking night staff was in place since August 2025, however, these hours were largely being covered by agency or relief staff. The provider made efforts to have continuity of care by having the same agency and relief staff covering these hours where possible.

Regulation 15: Staffing

The inspector had been informed that due to the changing needs of a resident that there had been an increase in waking night staff to ensure that all residents were supported at all times. The person in charge informed the inspector that two staff were now required at all times to meet the needs of the residents. This was an increase of one waking night staff.

The inspector reviewed the rosters for September and October 2025 and it was evident that these additional hours were being provided as required. To cover these additional hours there was a high use of agency staff from an external provider and on occasion, relief staff working with Praxis Care. In an effort to ensure continuity of care for the residents, the provider had aimed to have the same agency and relief staff working in the centre. However, in September half of the waking night shifts and in October a third of waking night hours were covered by agency and relief staff working together with no support from permanent staff. Given that there was an increase in adverse events occurring during the night time, a review of the use of relief and agency staff was required to ensure that this was not negatively impacting residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. The person in charge ensured that staff were supported to participate in training development to better support residents. All training was coordinated centrally and a training tracker maintained. Records showed that all staff had completed all mandatory training. All staff were trained to take a person-centred approach to care and the training provided was reflective of the assessed needs of residents. All staff received support and supervision relevant to their roles.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had implemented management systems to monitor the quality and safety of service provided to residents, this was not always effective. Following a safeguarding concern which had been identified for a resident, the systems in place had not identified that a safeguarding plan was not in place to support the resident on a day-to-day basis while this safeguarding concern remained.

While the provider had plans in place there were also a significant number of peer to peer safeguarding concerns which were ongoing and continued to impact the residents at the time of inspection.

Judgment: Substantially compliant

Quality and safety

The inspector observed kind and compassionate staff treating the residents with dignity and respect. Ongoing efforts were being made by the registered provider in respect of overall care and support. While these were generally delivered safely and effectively, improvements were required to ensure the provider had sufficient oversight and systems in place for the management of safeguarding residents.

Residents were provided with information, in an accessible format, which described the procedures that were in place to protect them and to whom they may direct any safeguarding concerns they may have. Staff training had been completed for the detection and prevention of and responses to abuse. Staff spoken with were knowledgeable about abuse and promoted a culture of openness and accountability

around safeguarding. Safeguarding concerns were discussed at residents meetings with the opportunity for them to reflect on safeguarding concerns they had experienced.

Staff were seen to take all safeguarding concerns seriously and the person in charge promptly and thoroughly investigated all incidents or allegations of abuse. While robust safeguarding measures were in place there had been a significant number of safeguarding allegations reported to the Chief Inspector which highlighted compatibility issues with the residents. In addition, there was no safeguarding plan in place for a specific safeguarding concern for a resident.

Residents were free to receive visitors without restriction, unless, the provider had deemed a particular visit to the centre would pose a risk to either the residents living in the centre or staff working in the centre. Any restrictions in relation to visiting the centre in place only applied to entering the centre and residents could freely meet their visitors outside of the centre if they wished. Residents were supported and encouraged to maintain connections with their family and often went to visit their family homes for day visits or overnight.

Regulation 11: Visits

Each resident was enabled to develop and maintain personal relationships with family and friends and links with the community in line with their wishes and with due regard for their safety. Visitors were welcomed in the service and encouraged to participate in the residents' life, if that resident so wished.

Where restrictions were in place this was to ensure that visits did not impact negatively on the other resident living in the service and for their safety. Alternative arrangements were also put in place to ensure that residents continued to maintain their relationships. These visiting arrangements were regularly monitored and reviewed to ensure the appropriate measures were in place and when required concerns were escalated to the appropriate avenue for decision making.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had individualised assessment and personal plans in place which aimed to enhance the quality of care and support provided to them. Through personal planning, residents were supported to live a full and meaningful lives.

A rights-based approach to assessment and personal planning was used to ensure the resident's voice was prioritised and respected. Where it has been identified that

a resident required support to make a decision, they were appointed with a person to assist them in the decision making process.

Personal planning was regularly reviewed, evaluated and continually improved on. Relevant professionals were also involved in reviews and evaluations, including decision supporters.

Since May 2025 it was noted that a resident's needs had begun to change due to declining and changing medical needs. The provider had ensured that the resident was reassessed by appropriately skilled and qualified health care professionals. Following this, had identified that they could no longer meet the residents medical needs as assessed. The provider ensured that multidisciplinary reviews have occurred and an action plan has been put in place to ensure that the resident's ongoing needs will be met.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to live a healthy lifestyle. The provider had implemented a proactive model of care delivery that was centred on the needs of individual residents and delivered personalised care and support. The health and wellbeing of each resident was promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical activities.

Residents had access to a medical practitioner of their choice to support their health and wellbeing. The inspector was informed that residents had difficulty accessing some community based health services for assessment and had to seek this service privately at a cost to them. The inspector was informed that this issue was escalated to seek a resolution. Some residents also chose to access other private health care for specialist services.

Management and staff were proactive in referring residents to healthcare professionals where their needs had changed, and supported residents to implement their recommendations.

Residents received support at times of illness which met their assessed needs and respected their dignity and autonomy.

Judgment: Compliant

Regulation 8: Protection

While the registered provider had measures in place to protect residents from abuse, the inspector found that there had been a significant number of allegations of abuse impacting both residents. However, one residents' quality of life and right to a peaceful sleep was being negatively impacted in particular. The inspector found that the allegations between residents and negative interactions had been increasing since May 2025, with an increased number of notifications received by the Chief Inspector. While the provider had increased staffing and supervision arrangements to mitigate the safeguarding concerns it did not fully eliminate the risk to residents.

On a review of documentation, residents were found to no longer be compatible to live together, following the changing needs of a resident, which were complex. The person in charge informed the inspector and written records confirmed, that arrangements were in place to support a resident to find alternative accommodation which would meet their changing needs. However, on the day of inspection no alternative placement had been found and the residents remained living together. Safeguarding plans and risk assessments had been developed to support staff during this period to try mitigate the ongoing risk of emotional and psychological harm arising from the negative interactions.

Additionally, a safeguarding concern had been identified for a resident. The provider had ensured that the concerns were escalated and appropriate representatives were informed. Actions had been implemented with the resident's representative and the provider was awaiting the outcome of a review based on assessments that had been completed. However, there was no safeguarding plan in place to support the resident on a day-to-day basis while this safeguarding concern remained.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were promoted and protected within the centre. Staff used a human rights based approach when supporting the residents and it was evident that they treated residents with respect and dignity. Residents were empowered to participate in their own care, support and plans. Staff also sought their opinions about their lives and their views and respected their wishes. Residents were also provided with information on their rights in an accessible format and supported to understand these.

Residents were consulted with, about the running of the service and attended monthly team meetings which covered topics like safeguarding, resident feedback/suggestions, menu planning and health and safety.

Residents were involved in the decision making process and supported to make informed decisions about their care. Where a resident required support to make a decision, this was done with an appointed decision maker who used formal assessments to engage with the resident and support the decision making process.

Residents accessed independent advocacy support services to ensure that their rights were protected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Praxis Care Rush OSV-0003417

Inspection ID: MON-0043731

Date of inspection: 20/11/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: There are currently 2 WTE support worker vacancies in the centre. The vacancies are been back filled by consistent relief and agency staff.</p> <p>There is currently a live rolling recruitment campaign. There are interviews scheduled bi-weekly for the centre to fill vacancies. To be completed by 30/05/2026.</p> <p>The Registered Provider has completed a full review of staffing arrangements at night time to ensure that there is a minimum of one core staff on night duty. Completed 06/02/2026</p> <p>The Head of Operations monitors the staff rota in the monthly monitoring visit to ensure appropriate skill mix to meet the resident's needs. Commenced 02/12/2025.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered provider continues to escalate safeguarding concerns to the commissioner and appropriate representatives. There are monthly safeguarding review meetings with the commissioners.</p> <p>The registered provider has re-escalated the specific safeguarding concern to the appropriate representative and requested a multi-disciplinary meeting to agree a safeguarding plan to support the resident on a day-to-day basis. To be completed by 28/02/2026.</p> <p>The Registered Provider will ensure that going forward where safeguarding concerns are raised, a safeguarding plan is agreed by all parties to support residents on a day-to-day</p>	

basis. Commenced 03/02/2026.

The person participating in management will monitor all safeguarding concerns in monthly monitoring visit and escalate concerns accordingly. Commenced 01.12.2025

The Registered Provider assures that safeguarding concerns are monitored monthly in the organisations safeguarding meeting chaired by the safeguarding champion. Commenced 14/01/2026.

The commissioner has confirmed an alternative placement for one resident has been approved.

To be completed by 30/03/2026 |

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 Registered Provider has ensured that the residents change in needs is reflected in resident(s) individual assessment and personal plan(s). Completed 06/01/2026

The registered provider has increased oversight by organizational clinical nurse to ensure residents needs are met. Commenced 01/12/2025.

The Registered Provider assures that when there is a change in residents need(s), appropriate intervention is sought to ensure resident(s) needs are met.

The commissioner has confirmed an alternative placement for one resident has been sought. To be completed by 30/03/2026 |

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The registered provider has an up-to-date compatibility risk assessment in the centre.

The compatibility concerns have been escalated to commissioner. The commissioner has confirmed an alternative placement for one resident has been approved.

To be completed by 30/03/2026

The registered provider will ensure that a smooth transition occurs for resident to new placement in line with assessed needs. To be completed by 30/03/2026.

The registered provider will ensure that all safeguarding plans continue to be implemented and reviewed to ensure safety of residents until transition occurs.

To be completed by 30/03/2026.

The registered provider will ensure that all safeguarding concerns continue to be escalated and reported as per regulation.

The registered provider has updated the safeguarding plan to include additional actions

to protect resident on a day-to-day basis. Completed 12/02/2026

The registered provider has re-escalated the specific safeguarding concern to the appropriate representative and requested a multi-disciplinary meeting to agree a safeguarding plan that supports the resident on a day-to-day basis.

To be completed by 28/02/2026.

The Registered Provider reviews safeguarding concerns in monthly safeguarding meetings chaired by the organisational safeguarding champion. Commenced 03/01/2026.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/03/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/03/2026
Regulation 05(2)	The registered provider shall ensure, insofar as	Substantially Compliant	Yellow	30/03/2026

	is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/03/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/03/2026