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:	Orchard Vale Apartments
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	07 November 2025
Centre ID:	OSV-0005513
Fieldwork ID:	MON-0047657

About the designated centre

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

Orchard Vale apartments provides a residential service for a maximum of five adults, both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties. The centre comprises two buildings. The first is a detached single storey building, which contains three individual style one bedroom apartments interconnected via a hallway. Each apartment has its own kitchen/living area, bedroom and en-suite bathroom. This building also contains a staff office. The second building is a single storey, two bedroom dwelling. It has a communal bathroom, staff office and a large kitchen/living area. The centre is staffed by direct support workers with each shift being overseen by a team leader. The centre is located in a rural congregated setting, a short drive from a town in Co.Meath.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Friday 7 November 2025	10:30hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards.

The person in charge was on leave on the day of this inspection, and the inspection was facilitated by the person participating in management, the acting team lead and the 'buddy' person in charge located in a nearby designated centre operated by the provider. In addition, one of the team leads who was off duty that day attended the inspection for a number of hours to facilitate the inspection.

There were five residents on the day of the inspection, one resident was out for the day, and another chose not to meet the inspector. The inspector met the other three residents during the course of the inspection.

One resident accepted a visit by the inspector to their apartment. They asked the inspector their name, and the purpose of the visit, but they were not keen to talk about their experience of living in the designated centre. This resident prefers visits and conversations to be kept short, and they soon indicated that they wished to bring the conversation to a close.

Another resident agreed to a visit by the inspector after lunch, however, they did not show any interest in interacting with the inspector. They did give the inspector permission to have a look around their house, which they share with one other resident. The inspector saw that there was insufficient storage arrangements in this part of the designated centre, and that various large items were stored in the living room and in the bedrooms of residents.

The third resident also agreed to a visit from the inspector to their self-contained apartment. They told the inspector about the outing they had that morning, and spoke with enthusiasm about the outing. They told the inspector who they would go to if they had any concerns. They then began to gather items in relation to doing their laundry, indicating a close to the conversation.

Throughout the designated centre the inspector found that the house and apartments did not have a homely feel, and that there was an institutional appearance in all areas. There were very few personal items in residents' rooms and apartments, and no evidence that residents had any input into the decor or furnishings. This is discussed in more detail in regulation 17: Premises of this report. The inspector was concerned that these issues had been raised in the last inspection of November 2023 but had not been addressed in any meaningful way.

It was evident that resident were supported to have meaningful life, and to be supported in a variety of activities and learning opportunities. The inspector reviewed the records that were maintained for each resident, and found that they were supported to be engaged in activities both in their home and in the local

community.

There were regular meetings with residents, and the records of these meetings indicated that residents were consulted with regularly, that staff were familiar with the ways in which residents communicated, and that residents were supported to make their own choices and decisions in various areas of their lives, and that information relating to these decisions was made available to them.

Overall residents were supported to have a meaningful life and there was a good standard of care and support in this designated centre, although some improvements were required in the premises and in maintaining documentation relating to safeguarding plans as further discussed under regulations 17 and 8 of this report.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective for the most part, although the most recent required six-monthly visits on behalf of the provider had not taken place, and some improvements were required in the monitoring of oversight systems.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff, and who was supported by team leaders.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a staff team who were known to the residents, including any relief staff who were drawn from the staff teams of other designated centres operated by the provider on the campus.

A sample of three staff files was reviewed by the inspector, and all the information

required by the regulations was in place, including Garda Síochána (police) vetting.

The inspector spoke to five staff members on duty, the person in charge and the person participating in management during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including specific manual handling training specific to the individual needs of residents. Staff could describe their learning from their training, and relate it to their role in supporting residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of two supervision conversations and found a clear record of a detailed discussion. Items for discussion included progress, a review of any required actions and a discussion around a variety of topics such as the rights of residents.

The inspector reviewed the probation conversations for three new members of staff. There was a schedule in place, and this had been followed for one of these staff members. However, for the other two new staff probation conversations had been scheduled for September 2025, but had not taken place.

With that exception, it was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge (PIC), who had responsibility for two designated centres, was supported by two team leaders. On the day of the inspection the PIC was on leave, and the team leader rostered to be on duty had applied for unexpected leave. A member of staff had been designated

to be the acting team lead for the day, and the inspector found this member of staff to be knowledgeable, and observed them to be taking a lead role.

The last inspection of this designated centre took place in November 2023 and a compliance plan was submitted by the provider and agreed by HIQA. However, not all of the agreed actions had been implemented, and some of the same issues were identified again during this inspection.

Actions relating to banks accounts for residents had been implemented, and there was good practice in place in relation to supporting residents with their finances, and personal emergency evacuation plans for residents had been updated and included clear guidance for staff. However, in relation to the premises, the inspector found no evidence of any improvements since the last inspection, and found additional issues which required attention on this occasion.

Monthly staff meetings were held, and a record of these meetings was maintained. However, these records lacked some detailed, for example where accidents and incidents were discussed, the record did not always describe the incident under discussion. There was a sign in sheet attached to the minutes of each meeting which staff were required to sign to indicate that they had read the minutes. The inspector reviewed the records of the precious three meetings, and found staff signatures missing on each occasion, some of whom had not been present at the meeting. It was therefore not clear that information discussed at the meetings was shared with all the staff team.

It is a requirement of the regulations that six-monthly visits are undertaken on behalf of the provider, however, the last of these visits had been undertaken on 28 January 2025, and there had been no further visit. There was a system whereby any required actions from this process were monitored and only closed when complete.

However, one of the required actions was that staff were to sign the minutes of the September staff meeting. This action had been signed off as complete, but actually there were two signatures missing from the record. A review of the staff roster indicated that the staff member whose signatures were missing had been on duty since then, and so had the opportunity to sign the record.

There was a monthly schedule of audits in place, and these had been completed as required by the organisation's quality team. The schedule included audits of admissions, fire safety, policies and safeguarding, and there was an online system whereby actions were flagged until complete.

Overall, staff were appropriate supervised, and there were several monitoring systems in place, but improvements were required to ensure on-going compliance with the regulations.

Judgment: Substantially compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met.However, the premises were not adequate to meet their needs, and did not reflect their personal choices.

There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Residents were supported to manage their finances, and to have their own bank accounts. Residents were protected from all forms of abuse, although improvements were required in the maintenance of all relevant documentation in the designated centre.

Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

There was detailed information in the care plans about the ways in which each resident communicates. For example, one resident was described as 'forcibly clapping their hands to indicate discomfort. Another resident did not indicate agreement verbally, but would reach out their hand if they agreed. Where a resident had particular words that they used, these were all listed in their communication care plan, together with the meaning of each word.

All residents had been referred to, or seen by, the speech and language therapist. One resident had been introduced to an assistive communication device, and although they were not yet using it, it was clear that alternative methods of communication were being offered to residents.

Information was made available and accessible to residents. There were various pieces of information throughout the designated centre, and social stories had been developed for some residents to assist understanding. For example a social story had been developed for one resident which assisted them to understand the supports they required with the use of their tablet.

All staff who spoke to the inspector could describe the various ways in which residents communicated, and the inspector observed effective communication with residents throughout the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

The findings of the previous inspection in relation to residents having control of their own bank accounts had been addressed, and all the residents that were living in the designated centre at that time now had their own bank accounts. One resident had been supported in appointing and assisted decision maker.

Another resident had been recently admitted to the centre since the last inspection, and the provider was in the process of supporting them to open their own bank account, while ensuring that they were protected from financial abuse.

Where staff were supporting residents with their finances detailed records were maintained. The inspector reviewed the records of the finances for one resident and found them to be correct, including the records of any purchases.

There was a list of possessions maintained for each resident. New purchases were included, and where an item was no longer in the possession of the resident there was information as to what happened to that item.

The inspector was assured that residents' right to have their own bank account was supported, and that the support offered to them ensured their maximum independence.

Judgment: Compliant

Regulation 13: General welfare and development

There was a clear emphasis in the designated centre on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

There was a system of person-centred planning, and the plans were detailed about the support each resident required and were based on a detailed assessment of need. Within these plans there was a system of setting goals for achievement with residents, sometimes in relation to activities and hobbies, and sometimes in relation to learning new skills.

For example, one resident was earning self-care skills. Another resident was being introduced to a sensory room. This was an area of interest to them, and they were being supported to enjoy the activity. One resident was learning about managing their money independently, and to budget their weekly spending money.

Steps towards the achievement of each goal were documented, and progress was recorded. For example, the resident who was getting used to the sensory room had recently spent an hour in the room and had enjoyed the experience. Another resident had been supported to achieve the goal of going swimming with the help of social stories to aid understanding about the activity.

Residents were all supported to engage in various activities of interest to them, including swimming, outings to local attractions, visits to the airport and caring for horses. Some residents had chosen to attend a day service where they did arts and crafts and music sessions.

Clear records were maintained on the activities of each resident, and their level of engagement in each activity, so that it was clear that residents were supported to have work and leisure activities of their choice, and to be supported in personal development.

Judgment: Compliant

Regulation 17: Premises

The premises were not appropriate to meet the needs of residents. There was insufficient storage space in some of the residents' living spaces. For example, in the house shared by two residents there was a hoist stored in a resident's bedroom which staff told the inspector was not used by that resident. In addition, the resident's shoes were stored between the lower prongs of that hoist.

In this bedroom there were items stored untidily in plastic containers, and items stored in a black plastic bag in a corner of the room. There were various different wheelchairs used by these two residents for various uses, and the chairs not in use were stored in the communal living area. There were two wheelchairs parked in the living room.

In another resident's bedroom, there were various mismatched items of furniture, none of which belonged to the resident, and the room was not person centred. In another the curtains were worn, and had been there from before the resident moved into the room, with no indication that they were a preference of the resident.

At one of the entrances to a resident's home, the inspector observed that there was an outside door mat which was saturated with rain, and that there was no inside mat. As people entered the residents' home this resulted in wet footprints throughout the home, posing the likelihood of unclean flooring as well as a slips risk.

It had been agreed with the provider following the inspection of November 2023 that improvements were required to ensure the rights of residents to have a homely living environment, with cognisance being given to the behaviour of some residents limiting the possibility for some soft furnishing and items in their room. However, there was no evidence of improvements having been made in accordance with these

agreed actions.

In addition, on this occasion the inspector found the following issues that there were outstanding maintenance requirements. For example, the doors to some the bedrooms of residents were badly scuffed and unsightly, and décor required attention.

The bedroom of on resident had large printed signs on several items of furniture. For example, there were signs for towels, and for wipes. It was evident that these signs were not in place to support residents, but were signs for staff.

While it was difficult for the inspector, in a brief conversation with each resident, to ascertain their preferences, there was no evidence of the views of residents having been sought by the provider.

Judgment: Not compliant

Regulation 8: Protection

The provider had made all the required notifications to the Chief Inspector of Social Services in relation to identified issues relating to the safeguarding of residents. It was evident from discussions with the staff team that staff were aware of any safeguarding issues. All staff had received training in safeguarding residents from abuse, and could discuss the learning from this training.

However, where there was a significant safeguarding issue for one resident, the safeguarding plan was not available in the designated centre, and it could not be located during the day of the inspection. There were specific steps that had to be taken by staff members, so that it was important that they had access to this plan.

However, the staff spoken to by the inspector were aware of their role in safeguarding the resident, and could describe the steps they were expected to take under the specific circumstances that were the subject of the safeguarding plan, so the inspector was assured that residents were protected from all forms of abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

All staff had received training in human rights, and could speak about their role in supporting the rights of residents. They explained how they discussed rights with residents at their individual 'key-working' meetings.

Consultation with residents was managed on an individual basis, as residents chose

not to have group meetings. There was guidance available for staff as to how to respond if a resident declined to engage in their individual meetings, for example to try a different staff member and to try again another day.

As discussed under Regulation 17: Premises, significant improvements were required to ensure the right of residents to a homelike environment. Otherwise it was clear that staff supported the rights of residents, and made all efforts to ensure that their voices were heard.

Judgment: Substantially 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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Orchard Vale Apartments OSV-0005513

Inspection ID: MON-0047657

Date of inspection: 07/11/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in charge is currently maintaining an up to date schedule for all staff probation reviews. This schedule ensures that probation conversations are conducted within the required timeframes for all new staff members. At time of response the probation schedule is current and up to date. The Person in Charge on an ongoing basis will follow up proactively to ensure probation conversations for all new staff are held as scheduled. All staff supervision sessions will continue to be scheduled regularly and documented thoroughly. During governance meetings, the Assistant Director will oversee the review process to verify that all scheduled probation and supervision meetings are completed in accordance with company policies.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge and Facility Manager will complete a full review of the premises to identify and address any maintenance or safety issues. Any necessary repairs or improvements will be prioritized and completed promptly to ensure the environment remains safe, functional and well maintained. A tracking system will be implemented to ensure al action identified are completed. The Person in Charge will ensure that all incidents are discussed at staff meetings.	

A brief description of each incident, including lessons learned, will be documented in the meeting minutes. This will promote shared understanding and continuous learning among staff. The Person in Charge will oversee this process and the Assistant Director will monitor the compliance during the governance meetings to ensure that the signatures are obtained and records are complete.

The Provider Led six monthly audit will be scheduled and completed by Jan 15th 2026. The Director of Services will oversee this process, ensuring the audits are conducted within the required time frame and any identified actions are addressed promptly. A schedule will be established to ensure ongoing adherence to this requirement.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The Person in Charge and the Facility Manager will complete a detailed review of all residents' apartments to ensure that the environment is safe, meets the assessed needs of the residents and is homely. Any unused or inappropriate equipment's such as hoists, wheelchairs or excess furniture has been identified and removed and stored appropriately where applicable.

The Person in charge will oversee the process of personalizing residents' bedrooms to reflect their will and preferences. This includes replacing mismatched furniture with appropriate, resident specific items and removing signs or labels that are not for residents' benefit.

All residents' personal belongings are now stored appropriately, ensuring their bedrooms are tidy and respectful of resident's dignity. Specific attention has been paid to ensure that items are stored in a way that respects residents' privacy and promotes homely atmosphere.

Appropriate mats have been purchased and placed at all entrances to prevent wet footprints and reduce slip risks. The Person in Charge will ensure that mats are maintained and replaced as needed and any environmental challenges will be reflected in individual care plans to mitigate risks. Any signage within the designated centre is now resident specific with the purpose of supporting the resident in line with their assessed needs.

A weekly environmental audit is in place, and any maintenance issues such as scuffed doors and damaged decor will be promptly communicated to the maintenance team. Repairs and refurbishments will be scheduled and completed promptly to enhance overall appearance and safety. Quarterly health and safety audits are completed, and action forms are tracked for completion. Following the completion of the detailed review a schedule fo works will be defined.

The Person in Charge will ensure that the residents' preferences regarding their environment and furnishings are actively sought and documented through key working sessions, resident meetings or resident surveys with the findings incorporated into ongoing improvements to the environment.

Progress will be reviewed during governance meetings and any issues identified will be addressed promptly.

Regulation 8: Protection	Substantially Compliant

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

The Person in Charge will ensure that all staff are aware of the location of all safeguarding plans.

Current safeguarding plans have been discussed with all staff to ensure that staff are familiar with the contents of same. It will always be accessible in the safeguarding folder in staff office to ensure it can be easily retrieved when needed.

The safeguarding plans are reflected in each individual resident's care plan, and the plans are reviewed ongoing basis by the Person in Charge for effectiveness.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The provider will implement a plan to improve the physical environment of the Centre aiming to make it more homely and person centered for residents. This will include consultation with residents and representatives where applicable to gather input on environmental improvements.

Staff have been advised to document residents' preferences and choices clearly ensuring these are respected and there is evidence of residents preferences available.

The Person in charge will monitor residents' engagement and satisfaction with how their rights are upheld via keyworking sessions, weekly individualized residents' meetings and residents surveys. Feedback from the residents and families will be collected and used to inform ongoing improvements.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/03/2026
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2026
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	15/01/2026
Regulation	The registered	Substantially	Yellow	15/01/2026

23(2)(a)	provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Compliant		
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2025
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	28/02/2026