



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

Issued by the Chief Inspector

Name of designated centre:	Riverrun
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	17 November 2025
Centre ID:	OSV-0005563
Fieldwork ID:	MON-0048177

About the designated centre

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

Riverrun is a designated centre operated by Nua Health Care Services Limited, located in County Wicklow. It provides a full-time residential care and support for up to five young people with disabilities up to the age of 18 years. The designated centre is a two storey detached house which consisted of a kitchen/dining room, a utility room, sitting room, sun room, a staff office, a bathroom and three bedrooms. The centre also comprised of two separate single occupancy apartment facilities, one on the ground floor of the main house which provides self contained accommodation for one resident, consisting of a large bedroom, sitting room, bathroom and storage space. The second apartment is a detached building, consisting of an open plan kitchen, dinning and sitting room, a bedroom with en-suite shower facilities and a garden space to the side. The centre is staffed by the person in charge, deputy mangers, social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 17 November 2025	08:50hrs to 16:10hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care and welfare, and support arrangements for residents living in the centre and assess compliance with the regulations. From what the young residents (referred to as residents for the duration of this report) told us and the inspector observed, it was evident that the residents living in this centre were treated with dignity and respect and that they were empowered to make decisions about their own lives. The inspection had positive findings, with high levels of compliance across all regulations inspected.

The inspection was conducted over a single day by one inspector. The person in charge facilitated the inspection by speaking with the inspector and promptly providing all requested documentation. The inspector also met the Director of Operations and the shift manager. The designated centre is registered to accommodate five residents and the inspector had the opportunity to meet with two residents over the course of this inspection.

To form judgements on the residents' quality of life, the inspector used observations, discussions with the residents in this service, a thorough review of documentation, and conversations with key staff. The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that their relatives received.

The designated centre comprised a large two-storey home, and one standalone apartment adjacent to the main house in north County Wicklow. There were four resident bedrooms in the main house, a kitchen, a sun room, a sitting room, a staff office, and a utility room. The standalone apartment consisted of one resident bedroom, and a large open plan kitchen / living room. There was a large private car park to the front of the home, and residents had access to a garden to the rear of the designated centre.

The inspector noted a variety of well-maintained leisure equipment was available for residents to use as they so wished. For instance, there were bicycles, a trampoline, a swing ball set, a swing chair, and a basketball hoop. Residents also had access to their own mobile phones, gaming devices, computers, a large variety of board games, puzzles, toys, and arts and crafts materials. The inspector found the atmosphere of the centre presented as very welcoming and as an inviting sense of familiarity for the residents who lived in the designated centre.

The inspector was shown around the designated centre by the person in charge who was both knowledgeable and very familiar with the assessed needs of all residents living in the designated centre. The house, and stand alone apartment, was found to be laid out to meet the needs of the residents living there. They were all bright, spacious and colourful. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout. For

instance, residents' bedrooms were decorated in line with residents' personal preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

The designated centre was well resourced with a full staff team, made up of social care workers, and assistant support workers. Residents were typically supported by two staff members. Residents were observed receiving a good quality person-centred service that was meeting their needs. They were supported by a familiar staff team who knew them well and understood their communication styles and individual support needs. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

The designated centre had five vehicles. All vehicles used by the service to transport residents to school and community based activities and appointments were observed to be roadworthy, regularly serviced, insured, and driven by staff who were properly licensed and trained. The inspector noted that an appropriate number of named drivers were always rostered on shift to support and attend to residents' transport needs.

The inspector briefly met with one resident before they left for school. They appeared very content and relaxed in the company of the staff team supporting them. The inspector noted that staff engaged very positively with the resident and they were very knowledgeable of the resident's likes and routine. Staff played board games, put on music, and spent time doing karaoke with the resident before bringing them to school. It was apparent to the inspector that the resident enjoyed spending time with staff and were observed to be having fun, laughing, and joking with the staff who were supporting them.

In the afternoon, the inspector had an opportunity to briefly meet with another resident who had returned home from school. The resident appeared very content in the company of staff, and the inspector noted that staff were very knowledgeable of the resident's likes, and interests. The resident enjoyed coding activities and staff were observed supporting the resident in this activity at the kitchen table. There was a relaxed, comfortable and homely atmosphere, and it was apparent to the inspector that the staff team had built a strong rapport with the resident.

It was evident that the staff team were familiar with the needs of the residents. For example, staff members were familiar with each resident's preferred pastimes. Residents were observed to be at ease among the staff members and enjoyed their company.

A review of the quality and safety of care evidenced positive feedback from all key stakeholders. For example, positive feedback included "Thank you for all your hard work and input. (Resident) is very content and settled within Riverrun", "The staff are very attentive and know (Resident's) needs well", and "I have visited many residential units but this one by far is the nicest and most welcoming". Residents also completed weekly happiness surveys and participated in weekly individual forum meetings where they discussed activities, and menu planning.

Staff members spoken with advised they really enjoyed working in the designated

centre and raised no concerns regarding the welfare of any of the residents living in the designated centre. They both spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities, and a commitment to ensuring a safe service for them. It was apparent to the inspector that residents were very well cared for and supported.

The designated centre was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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 to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the centre was very well governed, and that there were effective systems in place to ensure that residents were safe and received a high quality service in the designated centre.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents residing in the designated centre. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing. In addition, the provider had also ensured that the centre was well-resourced. For example, five vehicles were available for residents to access school, and their wider community.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider ensured that the directory of residents was readily available in the

centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a high standard in this centre. A six-monthly unannounced visit of the centre had taken place in June 2025 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The staff team comprised of the person in charge, two shift managers, social care workers, and assistant support workers. The inspector reviewed planned and actual staff rosters, which were maintained in the designated centre for the months of August, September, and October 2025 and found that regular staff were employed, which ensured continuity of care for all residents. Furthermore, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector saw evidence that staff were suitably qualified and trained, and were committed to providing care that promoted residents' rights and kept them safe. During the inspection, the centre demonstrated adequate staffing levels with nine staff members present during the day, and four staff members on at night in a waking capacity.

During the inspection, the inspector spoke with a number of staff members on duty

including the person in charge, and shift manager and found that all were highly knowledgeable about the residents' support needs and their responsibilities in providing care and support.

Information and documents pertaining to schedule 2 was not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems were in place for recording and regularly monitoring staff training. A review of the staff training matrix confirmed that all staff had completed a comprehensive range of training courses, ensuring they possessed the necessary knowledge and skills to effectively support residents. This included mandatory training in critical areas such as fire safety, managing challenging behaviour, and safeguarding, indicating strong compliance with regulatory requirements.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as Children First, manual handling, basic first aid, autism and aspergers, food hygiene, and infection prevention control (IPC).

Consistent with the provider's policy, all staff were in receipt of quality supervision. A comprehensive 2025 supervision schedule, created by the person in charge, was reviewed and found to ensure that all staff were in receipt of formal supervision and ongoing informal supports tailored to their roles.

In addition to formal supervision, all staff actively participated and engaged in on-the-floor mentoring. A review of records maintained in the designated centre evidenced that these meetings covered a variety of critical areas pertaining to safeguarding, risk management, medicine management, fire safety, and restrictive practices.

Judgment: Compliant

Regulation 19: Directory of residents

In compliance with regulations, the provider ensured an accurate and up-to-date resident directory was maintained.

The inspector confirmed that all information met the required standards as set out in Schedule 3 and that effective systems were implemented to ensure ongoing accuracy. For example, the directory of residents included the name, address, date of birth, sex, and marital status of each resident, the name, address and telephone

number of each resident's next of kin or representative and the name, address and telephone number of each resident's general practitioner (GP).

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home. For example, staffing levels were appropriate to their needs, and multidisciplinary team services were involved in the development of individual care plans.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed, and active multidisciplinary team participation in care planning. The designated centre operated with a well-defined management structure, ensuring staff clarity regarding roles and responsibilities. The service was effectively managed by a capable person in charge, who with the support of their shift managers, and staff team, possessed a thorough understanding of residents' and service needs and had established structures in place to fulfill regulatory obligations.

Effective management systems ensured the centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering health and safety, fire safety, medicine stock checks, residents' support plans and finances, and weekly governance reports, was conducted by the local management team. A review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2024. A copy of this report was provided to the inspector and it was seen that it assessed the centre against relevant national standards while also containing valuable feedback from residents and their representatives. In addition, the inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in June 2025. Following review of the action plan, the inspector observed that all actions had been completed and that they were being used to drive continuous service development and improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that a statement of purpose was in place which clearly described the services offered and met the regulatory requirements.

The inspector reviewed the statement of purpose and found that it clearly outlined the care model and the support provided to the residents, as well as the day-to-day operations of the designated centre. The statement of purpose was accessible to the inspector during the inspection and was also made available to residents and their representatives in a format that suited their communication needs and preferences.

Additionally, a walk-around of the designated centre confirmed that the statement of purpose accurately reflected the available facilities, including room sizes and their intended functions.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, in line with the regulations.

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred.

Staff knew each residents' communication requirements and the inspector observed throughout the inspection that staff were flexible and adaptable with all communication strategies used. There was a culture of listening to and respecting

residents' views in the service and residents were facilitated and supported to communicate with their families and friends in a way that best suited them.

Residents had opportunities for play and age-appropriate activities and enjoyed varied and meaningful social, educational, and recreational opportunities in their community as well as keeping busy and active during the day.

There were suitable facilities to store food hygienically and adequate quantities of food and drinks available in the centre. The fridges and presses were well stocked with lots of different food items, including fresh fruit and vegetables. All residents were consulted with and encouraged to lead on menu planning and had the opportunity to participate in the preparation, cooking and serving of their meals as they so wished.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal emergency evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, and ongoing oversight by the person in charge.

The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Robust safeguarding practices were established within the designated centre. The inspector observed that comprehensive procedures were in place, which included mandatory safeguarding training for all staff, the development of personalised intimate care plans to support staff in providing respectful care, and the involvement of designated safeguarding officers within the organisation to ensure effective oversight and protection.

Regulation 10: Communication

Some of the residents living in the designated centre presented with a variety of communication support needs. The inspector found there was an individual approach to supporting residents that recognised the uniqueness of each of their communication skills and abilities. For instance, where residents presented with limited or no verbal communication, staff were observed to use gesture in conjunction with simple consistent phrases, non-verbal cues, and Lámh.

Furthermore, all staff had completed total communication approach training.

The provider demonstrated respect for core human rights principles by ensuring that each resident could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes. Throughout the duration of this inspection the inspector observed residents freely expressing themselves, receiving information, and being communicated with in the best way that best met their individual needs.

Residents had access to media including mobile phones, televisions and the Internet, and to information that was appropriate to their communication needs. For example, the inspector observed easy-to-read information relating to money management, food choices, kitchen safety, human rights, and medicine management. In addition, the inspector noted that easy-to-read information pertaining to safeguarding, advocacy, and complaints was displayed on a notice board in the entrance hallway of the designated centre.

All residents had up-to-date communication passports on file. The inspector reviewed three residents' communication passports and found that they each contained specific information relating to things residents liked to speak about, how they communicated, and fun things residents liked to do.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to and opportunities to engage in activities that aligned with their preferences, interests, and wishes. A wide range of activities was available both within the centre and in the local community, ensuring residents could participate in meaningful and enjoyable experiences.

Staff were cognisant of each resident's personal interests and preferences for activities, and ensured these were scheduled and planned for them. Residents were not unduly dissuaded or discouraged from exploring different activities and staff and management were observed to make every effort to facilitate residents' requests.

There was evidence of the person in charge and the staff team advocating for the residents' right to access education. All of the residents had school placements. Three of them were attending school on a regular basis, while one resident had chosen not to attend. As an interim measure, they were availing of an educational tutor, who was reported working with the resident and developing individual education plans. On the day of the inspection, the inspector briefly met with the educational tutor who was working with the resident. They had weekly meetings and were currently working on subjects and areas of interest the resident had chosen.

Furthermore, all residents were supported to maintain personal relationships with

family members in line with their care and support needs. Where residents were meeting with family, or spending time in their family homes, staff facilitated transport and provided support as appropriate.

Judgment: Compliant

Regulation 18: Food and nutrition

On the day of this inspection the residents living in the designated centre did not present with identified needs related to feeding, eating, drinking and swallowing (FEDS).

Residents were consulted with and encouraged to lead on menu planning and had the opportunity to participate in the preparation, cooking and serving of their meals as they so wished. It was also noted that the timings of meals and snacks throughout the day were planned to fit around the needs and preferences of the residents being supported.

The inspector observed a good selection and variety of food and drinks, including fresh and perishable food items, in the kitchen for residents to choose from. All food items were hygienically stored and labelled correctly, and fridge temperature checks were completed by staff on a daily basis. The kitchen was also well-equipped with cooking appliances and equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to mitigate the risk of fire by implementing effective fire prevention and oversight measures. During this inspection, the inspector observed that the designated centre was equipped with fire and smoke detection systems, emergency lighting, and firefighting equipment. In addition, a review of maintenance records maintained by the person in charge confirmed that these systems and equipment were subject to regular checks by staff, and inspections and servicing by a specialist fire safety company.

The inspector noted that the fire panel was addressable and easily accessible in the entrance hallway of the designated centre. Additionally, information pertaining to fire zones were readily available and accessible to the staff team in the event of an emergency. It was observed that all fire doors, including bedroom doors, closed properly when the fire alarm was activated. Furthermore, all fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed five personal emergency evacuation plans for residents living in the designated centre. Each plan detailed the supports each resident required when evacuating in the event of an emergency. In addition, all staff members had completed mandatory fire safety training and staff spoken with were knowledgeable about the individual support each resident required to facilitate their timely evacuation.

The inspector reviewed the fire safety records, including fire drill documentation, which verified that regular fire drills were conducted as per the provider's policy. The provider demonstrated that they were capable of safely evacuating residents under both day-time and nighttime conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the provider's safe administration of medication policy, which was next due review in April 2027.

Residents received a comprehensive individualised service from their pharmacist who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the centre.

The inspector reviewed two residents' medicine administration records in full. They clearly outlined all the required details including known diagnosed allergies, dosage, doctors details and signature, and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Furthermore, staff were competent in the administration of medicines and were in receipt of training and ongoing education in relation to safe administration of medicine.

All medicines errors, suspected adverse reactions and incidents were recorded, reported and analysed within an open culture of reporting. Learning was fed back to improve each resident's safety and to prevent recurrence. Medicines management was audited regularly, and this included practices in areas such as medicine stock control, administration, storage, and disposal.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had completed mandatory training in the provision of positive behavioural support, and demonstrated that they had the necessary skills and knowledge to understand and respond to behaviour and verbal and non verbal communication that could indicate an issue of concern.

The provider ensured that there was an established policy in place regarding the provision of positive behavioural support. The inspector reviewed the policy and found that it promoted a positive approach to the management of behaviour that challenges. Staff working in this designated centre had access to specialist advice and appropriate supports should they require it.

There were a high number of restrictive practices used in this designated centre. However, the inspector completed a thorough review of these and found they were the least restrictive possible and used for the least duration possible. Restrictive practices in use had been notified to the Chief Inspector on a quarterly basis in line with the regulations. Additionally, each resident had on file a detailed "Restrictions Passport" which was in an easy-to-read format and provided detailed information on each restrictive practice in use.

The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, all restrictive practices in use were reviewed by the person in charge and Director of Operations on a monthly basis. Furthermore, the person in charge and behavioural specialist formally met on a quarterly basis to review all restrictions and explore in detail the justification and rationale for the use of restrictive practices in place.

Judgment: Compliant

Regulation 8: Protection

Safeguarding is more than just the prevention of abuse, exploitation and neglect. It is about being proactive, recognising safeguarding concerns, and having measures in place to protect people from harm. Safeguarding is about promoting individuals' human rights, empowering them to exercise choice and control over their lives, and giving them the tools to protect themselves from harm.

The inspector found that the registered provider and person in charge had implemented systems to safeguard the residents in their care from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding incident or concern.

The inspector confirmed that all staff had completed Children First and safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

On the day of the inspection there were no open safeguarding concerns. However,

the inspector saw evidence that all previous concerns had been reported appropriately through the child protection notification system. Staff spoken with were very knowledgeable about their safeguarding remit and regulatory responsibilities. For example, staff were aware that all safeguarding concerns were to be reported to the Chief Inspector in line with the regulations.

Following a review of three residents' care plans, the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with their personal plans and in a dignified manner. For example, individual intimate care plans included guidelines and directions for staff to provide assistance and support with toileting, showering and bathing and staff spoken with were knowledgeable of all care plans in place.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant