



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

Issued by the Chief Inspector

Name of designated centre:	Candoris
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	28 August 2025
Centre ID:	OSV-0007923
Fieldwork ID:	MON-0048058

About the designated centre

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

Candoris is a full time residential service that can provide appropriate quality care and support to individuals with an intellectual disability and or Autism Spectrum Disorder, Acquired Brain Injury and who may display behaviours of concern or have medical needs. Candoris can accommodate five residents both male and female over the age of 18 years. The centre consists of a two storey house, situated outside a large town in County Westmeath. The ground floor of the centre is accessible throughout and is suitably decorated with adequate furnishings. There are two bedrooms on the ground floor, which one has a water closet and another has an en-suite. Also on the ground floor there are two sitting areas, kitchen-cum-dining room, and another water closet facility. On the first floor, there are three resident bedrooms, a staff office and a bathroom facility. Each resident has their own bedroom which has been decorated to their taste and choice. There is transport available to all residents in order to ensure that they have access to nearby towns and engage in preferred activities. There are garden areas to the front and rear of the centre. Residents are supported 24 hours a day, seven days a week by a person in charge, social care workers and support workers.

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
Thursday 28 August 2025	09:55hrs to 17:55hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of this unannounced monitoring inspection, the inspection findings were very positive. The residents were receiving a good standard of person-centred care from a staff team who were aware of and ensured their assessed needs were being met.

The inspector had the opportunity to meet and chat with the five residents that were living in the centre at different times of the day. They appeared content in their home and comfortable in the presence of the staff on duty.

The five residents spoke individually with the inspector. They all confirmed that they were happy living in the centre. One resident when asked what the centre was like to live in said it was "brilliant". They all communicated that the staff team were nice and spoke to them in a respectful way. They all felt they received choice in how they spent their days, and the dinners on offer each day. They communicated that they felt safe living in the centre and that if they had any concerns that they would tell a staff member.

On the day of this inspection, the residents attended the opening day of a new section of the day service programme run by the provider. The residents informed the inspector that they had enjoyed the day. They said the new area was really fun and had a bouncy castle and a zip line. Additionally, one resident had an appointment that they attended and they played hurling on their return. The residents had no plans for the evening and they communicated that they were probably going to relax in the house. One resident was observed to enjoy listening to their favourite music in one of the sitting rooms. Other residents spent time in the kitchen together and with staff members. They were overheard chatting easily.

Residents' activities ranged depending on their interests from going to matches, going out for coffee, boat trips, massages, dog walking, special Olympics, and going to the cinema to name but a few activities.

The inspector had the opportunity to speak with the four staff on duty, the residential manager, and the person in charge. They came across as caring and knowledgeable. They demonstrated they were aware of any support requirements for the residents. The inspector overheard a staff member reassure a resident in a calm and gentle manner when they appeared to require reassurance.

The inspector had the opportunity to speak with one family representative on the phone. When asked if they had any concerns about the care and welfare in the centre they responded by saying "none whatsoever". They said that the 'staff were fantastic and that there were none that they could speak negatively of'. They said that if they did have any concerns that they could "pick up the phone anytime day or night and staff would go out of their way to help". They believed that their family member was treated with great respect and dignity and that they were supported to

make choices. The stated that it was 'like winning the lotto to have such lovely staff looking after their family member'.

The provider had issued questionnaires out to families and residents as part of the 2024 annual review of the service. Feedback was fully positive, for example one family representative communicated that their family member "is very happy and content living in Candoris". Residents ticked "yes" meaning that they were satisfied with all aspects of their care and support provided. For example, residents answered "yes" to questions related to do you feel safe, do you feel listened to, and are you happy with the care you receive.

The inspector observed the house to be nicely decorated and it was observed to be clean and tidy. The two sitting rooms had a television for use. One sitting room had a games console, a karaoke machine, and a cycling machine along with art supplies.

Each resident had their own bedroom. The inspector had the opportunity to be shown around three bedrooms by the residents themselves. They were decorated as per each resident's preference. For example, some bedrooms had posters of their favourite football club. There were personal pictures displayed along with personal items and pictures. The bedrooms had adequate storage facilities for any personal belongings. The residents confirmed to the inspector that they felt they had enough storage for their belongings.

There was an accessible front and back garden. The front garden had some shrubs, trees, hanging baskets, and window boxes of flowers which supported the centre to look more visually appealing. The front garden was mainly used for parking. The back garden had a, a swing, football goals, swing ball, garden furniture, bike storage with bikes, and some raised flower beds. A trampoline was due to arrive in the coming weeks as per a request by one of the residents. The person in charge communicated that it would be built into the ground.

At the time of this inspection there were no visiting restrictions in place and there were no vacancies or recent admissions to the centre. While there were some complaints raised in the centre, they were found to be dealt with. They will be discussed in more detail under that specific regulation.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was unannounced and was undertaken as part on on-going monitoring with compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in

June 2023 at that time the centre was found to be fully in compliance with the regulations inspected against.

The provider and the person in charge were operating the service in a safe manner and the centre was appropriately resourced which ensured the delivery of care was meeting the residents' needs.

The inspector reviewed the provider's governance and management arrangements and found that there were appropriate systems in place in order to ensure the quality and safety of the service. For example, the person in charge completed a review of the centre each month in order to ensure that the governance arrangements were adequate.

The inspector also found that any complaints made were observed to be adequately reviewed and responded to. Additionally, the provider had prepared the required policies and procedures as per the regulations and they were available for review.

The inspector found that there was suitable staffing arrangements in place to meet the assessed needs of the residents. From a review of a sample of rosters across three months, staffing levels had never went below the safe minimum staffing ratio that the provider had determined was necessary to safely support the residents. Staff were found to be in receipt of a suite of training in order effectively support the residents, for example Autism awareness training.

Upon review of the most recent admission to the centre, the inspector found that they had a contract of care in place as required by the regulations. In addition, opportunities had been provided to the individual and their family representative to visit the centre prior to the resident moving in. This facilitated a smoother transition for the resident.

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role. For example, they held a qualification in leadership and management skills. They demonstrated a good understanding of the residents and their needs, such as what healthcare needs each resident required support with.

They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process. For example, they were aware that it was their responsibility to ensure the reporting of any adverse incidents that occurred in the centre to the Chief Inspector of Social Services (The Chief Inspector).

The person in charge was responsible for two designated centres. The inspector found that they were actively involved and participated in the operational management of the centre. For instance, they attended the centre two to three times per week in order to provide oversight and provide informal supervision for

staff. They completed a monthly audit of the centre to ensure an appropriate service was being delivered to the residents.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff available, with the required skills to meet the assessed needs of residents.

As previous mentioned, the staff on duty on the day of the inspection were observed to be respectful and caring towards the residents.

The inspector reviewed a sample of rosters over a three month period from June to August 2025, and additionally reviewed the roster for three specific incidents that occurred in January, February and April 2025. The review demonstrated to the inspector that there were planned and actual rosters maintained, and that staffing arrangements were in line with resident's assessed needs.

As previous mentioned, the inspector had the opportunity to speak with a family representative on the phone. They believed the staff were "fantastic" and went on to give an example of a time when their family member required to go to an out of hours general practitioner (GP) that the family representative was taking them to. A staff member stayed beyond their rostered hours in order to be an additional support.

Staff personnel files were not reviewed at this inspection. However, the inspector reviewed a sample of four staff members' Garda Síochána (police) vetting (GV) certificates. All four were completed within the last three years which demonstrated that the provider had arrangements for safe recruitment practices that was in line with best practice.

Judgment: Compliant

Regulation 16: Training and staff development

There were suitable arrangements in place to support training and staff development. The inspector reviewed the training oversight matrix for training completed. Additionally, the inspector reviewed a sample of the certification for seven training courses for all staff that worked in the centre. Those reviews demonstrated to the inspector that staff received a suite of training in order for them to carry out their roles safely and effectively.

Examples of the training staff had completed included:

- safeguarding vulnerable adults
- medication management
- epilepsy awareness
- Autism awareness
- assisted decision making
- human rights
- fire safety.

The inspector also reviewed the supervision files for three staff members. From that review, it was found that staff received an annual appraisal, and that there were formalised supervision arrangements in place as per the organisation's guidance. Supervision was found to be an opportunity for staff to raise any concerns they may have. Staff were reminded at staff meetings, for example at the August 2025 meeting, that they could request one-to-one supervision at anytime.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance and management systems in place at the time of this inspection.

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by the person in charge and they were supported by a local residential manager. Two staff spoken with were aware of the reporting structure if an issue was required to be escalated.

Management systems ensured that the service provided was consistent and that it was appropriately monitored. For instance, there were arrangements for annual reviews, and six-monthly unannounced provider led visit reports as per the requirements of the regulations.

The inspector reviewed the annual review, which included family and resident consultation. Feedback from that consultation was positive. The inspector also reviewed the last two six-monthly unannounced provider led visit reports and found that they were occurring as per the requirements of the regulations. The last review report had taken place in July of 2025 and the reviews were found to be a comprehensive review of the service. When necessary, the provider identified areas needing improvement and took steps to address them. From a sample of two of the actions from the most recent report, the inspector found they had been completed by the time of this inspection. The person in charge communicated that all actions were complete.

The provider had arrangements for night time checks to be completed periodically in the year. This was to ensure night time arrangements were appropriate and that

staffing was as per the roster. The last two checks were reviewed having taken place in January and April 2025 with no issues identified. In addition, the provider had on-call managers complete periodic audits of the centre at weekends. The inspector observed that those audits also took place on some bank holiday weekends, for example 2 June 2025. This was in line with a control measure prescribed by the provider in order to ensure staffing levels were appropriate to meet the assessed needs of the residents and that they were as per the assigned roster. Additionally, they reviewed residents' activities planned for that day, and the cleanliness of the centre.

Furthermore, there were bi-annual medication audits as well as an annual audit completed by a pharmacist, with the last one being completed in June 2025. The residential manager completed a weekly audit of different topics and the person in charge completed a monthly review of different areas. For example, they included but were not limited to, fire safety, maintenance, risk, and residents' goals.

The inspector observed from a review of team meetings from January to August 2025, that they were occurring monthly and included a discussion on the residents including their goals. From a review of extracts of the records of the minutes of four team meetings, the inspector observed that any incidents occurring within the centre were reviewed for shared learning with the staff team. The centre management ensured that staff read and signed the minutes of all minutes prior to the minutes being filed, this was in order to ensure staff were familiar with the contents.

From all four staff spoken with, they communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that the compliance requirements for this regulation were being met in this centre.

The admission for the last resident to move to the centre was planned, completed on a gradual basis and enabled the new resident and other residents living in the centre to get to know each other. It also enabled the staff to have the right supports in place for this resident when they transitioned on a full time basis to the centre.

For example, pre-admission impact assessments were conducted to evaluate the compatibility of prospective residents with those already living in the centre. These assessments demonstrated a thoughtful approach to ensuring a smooth transition and maintaining a positive environment for all residents.

From a sample of two contracts of care reviewed, the inspector observed that the

services provided and fees to be charged were included in the document as required by regulations. In addition, they were found to be signed by the resident.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy, and associated procedures in place. An accessible version of the policy was available for residents, and a copy of the complaints policy was available in the hall. There was also a designated complaints officer nominated.

The inspector observed any complaints made had been suitably recorded, reviewed and attempts were made to resolve any identified issues. From a review of the complaints log and associated paperwork, the inspector observed that there was one complaint in 2024 and two in 2025. All three complaints were closed at the time of this inspection with the complainant informed of the outcome.

The centre also received nine compliments since 2024. One was from the compliance manager for the organisation with regard to improvements in the presentation of the centre's files. One was received from an external professional communicating that the centre was lovely and that they were very happy with how the most recent resident to be admitted had settled in the centre and how happy they appeared.

The other seven were from family members thanking staff for their help. For example, one compliment stated "all my gratitude goes to the staff". They went on to say that 'they were delighted their family member was in the GALRO service'.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared in writing, adopted, and implemented all of the policies set out in Schedule 5 of the regulations. In addition, they were all reviewed within the last three years.

For example, there were policies on:

- admissions, including transfer, discharge and the temporary absence of residents, which was last reviewed in January 2023
- provision of intimate care, which was also reviewed in January 2023
- medication management, which was last reviewed in April 2024.

The inspector observed that staff signed to say that they had read the policies. Policies were also discussed at staff meetings. For example, the staff

training and development policy was discussed at a meeting in August 2025.

Judgment: Compliant

Quality and safety

This inspection found that the residents living in this service were supported in line with their assessed needs.

There were systems in place to meet residents' assessed needs with regard to healthcare, positive behaviour support, communication, and general welfare and development.

For example, residents had access to different healthcare professionals, such as a general practitioner (GP). There were communication plans in place to promote effective communication. The residents had access to opportunities for recreation in line with their preferences. When required they had a positive behaviour support plan in place to guide staff as to how best to support them should they be experiencing periods of distress.

There were suitable arrangements in place to ensure they were safeguarded in the centre and in the community. For example, there was safeguarding policy in place to guide staff to recognise and escalate any safeguarding concerns. In addition, residents had access to their personal possessions and their possessions were found to be logged appropriately.

The inspector observed the premises to be clean and tidy which in turn facilitated in the arrangements for good infection prevention and control (IPC). There were suitable fire safety management systems in the centre. For example, there were detection and alert systems in place.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences. Residents in this centre communicated verbally. From a review of two residents' files they had communication plans in place. They were last reviewed in January 2025, which guided staff as to how the resident communicates. The plans explained "what I do", "what it means", and "how to help with communication". For example, one resident's plan informed the reader not to overwhelm the resident, and that they don't like the word "no".

Staff spoken with were familiar with how the residents communicate and how best to communicate with them. In addition, staff were found to be trained in

communicating effectively with challenging behaviour.

The inspector also observed easy-to read documents available for residents to support with their understanding. For example, the statement of purpose, and the complaints policy were observed to have been available for residents in an easier-to-read format.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that residents had access to a radio, television, and a phone.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property. Residents had their own items in their home and these were recorded in a log of personal possessions of which the inspector reviewed a sample of two residents' inventories.

Each resident was supported to manage their own laundry. There was adequate space to store and maintain their clothes, personal property and possessions.

From communication with the person in charge and from a review of two residents' bank statements, the inspector found that each resident had a bank account in their own name.

From speaking with the residents, the residential manager, and the person in charge, residents had support provided to manage their financial affairs in line with their preferences and assessed needs. For example, one resident chose to have the majority of their money minded by staff in the centre's office; however, they chose to keep the money they receive from their work experience in their own bedroom.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community.

Residents were supported to set and achieve personal goals in order to enhance their quality of life. For example, from a review of a sample across the two residents' goals they related to undertaking a course, gaining work experience, promoting healthy eating and exercise, and booking a holiday. The inspector observed

individual key-working sessions completed with the residents to discuss different aspects of their goals and support them to achieve them. For example, prior to a resident starting their work experience, a key-working session was completed in relation to when they would be starting the job and what to expect.

From a review of two residents' files over August 2025, the inspector observed that residents were being offered a variety of activities. Ranging from equine therapy, swimming, board games, walks, baking, drama classes, computer classes, and going shopping.

One resident also spoke to the inspector about a holiday in June 2025 to Donegal that they had helped arrange. They said they had a great time.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. For example, The premises was modified in a non-intrusive manner in order to support the specific needs of one resident with a visual impairment. For example, painting a step a specific colour.

The premises was found to be clean, tidy and in a state of good repair. The provider arranged for a cleaner to attend the centre regularly to clean in addition to the daily cleaning completed by staff. The cleaner was in attendance cleaning the centre on the day of this inspection.

The facilities of Schedule 6 of the regulations were available for residents' use. For example, there was access to cooking and laundry facilities.

Each resident had their own bedroom with sufficient space for their belongings. Bedrooms were observed to be individually decorated to suit the preferences of each person. For instance, they were each painted a different colour and there were personal pictures and items displayed.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. Staff had also received training in fire safety.

The inspector reviewed three residents' personal emergency evacuation plans

(PEEP), The review demonstrated to the inspector that there were fire evacuation plans in place for residents in order to guide staff as to evacuation supports required in the event of an emergency. While two residents' PEEPs required more elaboration in order to ensure staff were guided appropriately, this was updated prior to the end of the inspection.

Regular fire drills were completed in order to assure the provider that residents could be safely evacuated from the building at all times including with minimum staffing levels and maximum residents participating. From a review of five fire drill records, the inspector found that alternative doors were being used for evacuation as part of the practice drills. This was in order to assure the provider that residents could be evacuated from all areas of the building if required.

As part of the provider's fire evacuation plan, a designated 'safe room' was assigned upstairs in the case the stairs became inaccessible. A resident spoken with was aware of this 'safe room'.

There were fire containment doors in place where required and they were fitted with self-closing devices. From a sample of fire containment doors tested they closed as required which would facilitate containing a fire in the case of an emergency.

Therefore, based on the information above, the inspector was assured that there were appropriate fire precautions systems in place which would facilitate residents' safety in an emergency situation.

Judgment: Compliant

Regulation 6: Health care

From a review of two residents' healthcare information, the inspector found that residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident. For example, residents had access to a range of allied healthcare services. They included, a GP, a chiropodist, psychologist, a psychiatrist, audiologist, and a dentist.

There were clear personal plans in place for any identified healthcare need and they incorporated recommendations from specialists where applicable. Healthcare plans were found to be guiding a delivery of responsive healthcare supports. The inspector observed healthcare plans to support across a range of areas, such as bowel health, epilepsy, asthma, and high cholesterol.

Two staff members spoken with were familiar as to healthcare supports residents required. For example, how to support a resident if they were to have a seizure.

Healthcare needs were also discussed as part of the staff meetings to ensure staff were aware of required supports and to ensure consistency.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and when required had access to the support of allied health professionals. For example, they had access to a behaviour therapist, psychologist, and a psychiatrist as required.

From a review of two residents' files, the inspector found that where required, residents had a positive behavioural support plan in place which was reviewed by a behaviour support therapist. They were observed to have been reviewed within the last few months to ensure accuracy of the information provided to staff. This in turn ensured that the residents were receiving up-to-date appropriate supports.

Behaviour Support plans were found to outline strategies that staff needed to follow to support the residents in times of distress.

For example:

- they contained a list of potential behaviours that may be seen
- triggers that may lead to the behaviours
- the function of the behaviour
- proactive responses staff could engage in with the resident
- responses to when the resident is becoming anxious or in distress
- what it may look like and the response to be taken to when the resident was returning to baseline which they called "post incident recovery and repair".

Restrictive practices were found to be logged and reviewed quarterly. It was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration. For example, a resident previously had a restrictive practice in place with regard to their mobile phone and this was discontinued since the last inspection of this centre.

When medication was prescribed as a chemical restraint as an 'if and when needed' medication for a resident, there was an associated protocol in place to guide staff as to when and how the medication should be administered. It also included possible side effects to look out for and when to seek medical advice. Those protocols were found to be signed off by the prescribing professional.

Therefore, based on the above information, the inspector was satisfied that the provider had appropriate systems in place to meet the requirements of this regulation.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to protect the resident from the risk of abuse. For example:

- there was an organisational safeguarding policy in place which was last reviewed January 2023
- staff were suitably trained to recognise and escalate any safeguarding concerns
- there was a reporting system in place with a designated safeguarding officer (DO) nominated for the organisation
- two staff spoken with were able to identify who the DO was to the inspector, and the identity of the DO was displayed in the hall.

It was found that concerns or allegations of potential abuse were reviewed, reported to relevant agencies, and to determine if any learning arose from the incident that could be adopted by staff.

Two staff members spoken with were familiar with the steps to take should a safeguarding concern arise including a witnessed peer-to-peer incident or an unwitnessed disclosure.

From a review of three residents' files, the inspector observed that there were intimate care plans in place to guide staff as to supports they required. While one resident's plan required more elaboration in order to ensure staff consistency, from speaking with a staff member, this information was known to staff. The plan was updated prior to the end of the inspection.

The inspector reviewed the finance balance recording sheets for two months for two residents and found that the residents' money was being checked daily by staff. This was to ensure their money was safeguarded. The inspector counted the money balance belonging to one of those residents in the presence of a staff member, and the amount was found to match that recorded on the finance recording sheet. This demonstrated that the systems in place were working appropriately.

The above arrangements and systems would facilitate a culture of safeguarding in order to appropriately protect the residents from the risk of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant