



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

## Issued by the Chief Inspector

Name of designated centre:	Hillcourt
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	18 May 2023
Centre ID:	OSV-0003000
Fieldwork ID:	MON-0031136

## About the designated centre

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

This centre comprises a community house located in Co. Louth, and four residents can be accommodated in the centre. All residents have their own bedrooms. The centre is located on the outskirts of a village, close to community amenities, and transport is provided for residents to access community amenities and services. The centre has a well-equipped kitchen and dining area, and two sittingrooms. There are large front and rear gardens, and adequate parking to the front of the property. The staff skill mix includes the person in charge, a clinical nurse manager, nurses and health care assistants. There is a waking night staff on duty in the centre, and two to three staff are on duty during the day.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 18 May 2023	10:00hrs to 18:00hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

This centre is a residential service which provided care and support to four residents. The centre is a four bedroom bungalow located on the outskirts of a village.

The inspector met the person in charge at the beginning of the inspection and was shown around the centre. Renovation works had recently been completed, and the centre was bright, welcoming, and homely. The person in charge explained how, the choices of residents had been very important in the redecoration of the centre, and pointed out a number of examples of furnishing and colour choices residents had made. The person in charge also described the positive impact this had on residents, in terms of a sense of their choices being respected, freely accessing the centre, and a sense of ownership of their own space.

There was a calm, warm, and home-like feel to the centre, and where residents chose to spend time alone in the sittingroom or in the garden, this was observed to be respected. While the inspector was not familiar with the communication preferences of residents, staff explained the meaning of gestures, words, and vocalisations they made, and were observed to respectfully respond to residents expressions of choices or requests.

The inspector spent some time with the four residents in the centre. Two of the residents were supported in the centre by staff, and if they chose, went out in the community during the day. For example, a resident asked to go out in the car, and this was promptly responded to by staff. Another resident chose to stay in the centre during the morning, and wanted to spend time alone listening to music, declining an offer of an activity with a staff member. Two residents went to day services during the week, and when they returned in the afternoon, one resident went to the beach with a staff member, and another resident went home to visit their family.

The inspector spoke to the person in charge, and two staff members about the care and support provided to residents. From speaking to staff and observing staff providing support, it was evident that staff knew the residents well, and two staff described how they had worked in the centre for a number of years. Staff talked about some of the activities residents were trying out in the community such as sensory sessions, going to concerts, going on holidays, and also reflexology sessions which were facilitated in the centre. Staff also described how some residents liked to watch their peers doing activities such as art, and joined in sessions when they felt comfortable to do so.

Staff also described the changes that had happened recently, and the positive impact this had on residents' wellbeing. For example, the availability of a second car meant that residents did not have to wait to go out in the community, and one resident now chose the staff member they would like to support them on a daily

basis.

The inspector found significant effort had been made to promote residents' rights in the centre, by informing residents of their rights, seeking their informed consent, providing residents with accessible information in order to make day to day choices, and to inform consent, and acting on residents' expressed choices. In this regard, residents were participating in decisions about their care and support, and about the day to day organisation of the centre.

The next two sections of the report outlined the governance and management arrangements in the centre, and how these arrangements positively impacted on the care and support residents received in the centre.

## Capacity and capability

This inspection was carried out following an application by the registered provider to renew the registration of this centre. An application to vary the registration of this centre had been received in January 2023, and the designated centre now consisted of one unit and could accommodate four residents.

The provider had the arrangements, resources, and systems in place to ensure residents received a good standard of care and support, and there was ongoing monitoring of the services provided to residents. The provider was responsive to risk in this centre, and had identified an issue a number of months ago. Consequently effective actions had been put in place to respond to the issue and to ensure residents were safeguarded going forward. Similarly issues identified through review and audits processes were responded to effectively.

The provider had ensured appropriate resources were in place, which meant that the supports and facilities residents needed to enjoy a good standard of life were provided. There were sufficiently skilled staff employed in the centre, and the provider was recruiting additional staff to fill hours at the weekend when all residents' were at home. Similarly, the provider had ensured staff had the necessary knowledge and skills to meet the specific needs of residents, and a range of mandatory and additional training had been provided to staff.

There were policies and procedures in place for residents or their representatives to make a complaint, and the complaints procedure was prominently displayed in accessible format in the centre.

Overall the inspector found the improvements made in the centre were reflective of a robust management system, which impacted positively on the day to day quality of life for residents in the centre, and on residents' plans for their future.

## Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

## Regulation 14: Persons in charge

There was a fulltime person in charge appointed to the centre, who also had responsibility for three other centres in the service. The person in charge was supported in their role by a clinical nurse manager, and this arrangement was found to be effective in ensuring the governance and operational management of the centre.

The person in charge had commenced in their role four weeks prior to this inspection, and had implemented a number of key changes to ensure residents' needs were met, and to ensure regulatory compliance. The person in charge had the required experience and knowledge to fulfil their role and had a management qualification.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient staff employed in the centre, and continuity of care and support was provided to residents.

The staffing provided was in line with the statement of purpose, and there was enough staff on duty during the day and night to meet the needs of the residents. The person in charge had reviewed the needs of the residents and staffing levels, since they started working in the centre, and had identified the need for additional staffing hours in the centre at the weekend. These additional hours had been sanctioned and the recruitment process had commenced.

The staff team consisted of the clinical nurse manager 1, staff nurses, and health care assistants. There were two staff on duty during the day, and one staff at night time. As mentioned additional hours had been sanctioned to allow for a third staff to work during the days at the weekend.

Planned and actual rosters were maintained. From a review of the rosters, regular staff were employed in the centre, meaning residents were provided with continuity

of care and support.

Three staff files were reviewed at the provider's main offices in April 2023, and most of the required documents as per schedule 2 of the regulations were in place at that time. The provider had ensured any outstanding documentation was made available by the day of inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had been provided with mandatory training, and additional training specific to the needs of the residents. All staff had up-to-date fire safety and safeguarding training completed, and most staff had completed training in managing behaviour that is challenging, with one staff due to complete refresher training in the upcoming week. Similarly where staff required refresher training in medicines training and the administration of emergency medicines, this was booked for the coming weeks.

Additional training had included manual handling, medicines management and administering emergency medicine, basic life support, therapeutic techniques, and Children's First. In response to infection prevention and control (IPC) risks, the provider had identified nine training modules for staff to complete, and all staff had up-to-date IPC training completed.

The person in charge outlined the supervision arrangements in the centre. Formal supervision meetings were completed two to three times a year with each staff member, as well as performance development reviews once a year. The person in charge supported by the clinical nurse manager supervised the day to day care and support provided to residents, and worked regularly in the centre during the week.

Judgment: Compliant

## Regulation 21: Records

Since the last inspection there had been improvement in the management of records in the centre. As mentioned schedule 2 documents were complete by the day of inspection.

All information reviewed, pertaining to residents' needs and plans were found to be complete and in date on the day of inspection, and staff training records were also found to be up-to-date.



Judgment: Compliant

## Regulation 22: Insurance

The centre had up-to-date insurance, and a copy of the insurance certificate was submitted to HIQA as part of the application to renew the registration of this centre.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had systems and resources in place to ensure the residents were enjoying a good quality of life, and that their needs were met. The care and support provided to residents had been reviewed recently, and the provider had made the necessary changes to improve the management and oversight arrangements in the centre. High levels of compliance were found on inspection, and all 20 regulations inspected were found to be compliant.

The provider had reviewed the services provided in this centre a number of months ago, and had identified there were significant improvements required. The inspector met with the person participating in management, who spoke about the identified risk, and the completed actions and proposed improvements in the centre going forward in response to this risk.

The inspector found the resources to implement these changes had been put in place by the provider, including significant investment in the premises. Consequently, the premises had been redecorated throughout in consultation with residents. Similarly, the provider had identified the need to change the management arrangements in the centre, and the changes had a positive impact on outcomes for residents such as their day to day choices, enhanced opportunities for activities, a second car for residents' use, and ensuring residents were safeguarded.

There was a clearly defined management structure in the centre, and staff reported to the person in charge, and in their absence the clinical nurse manager. The person in charge reported to the director of care and support, who was also nominated as the person participating in management. The director of care and support reported to the regional director, who reported to the chief executive officer.

The person in charge described the systems in place to ensure residents were safe, and to monitor the services provided, including regular management and staff meetings, audits, and reviews. Since the person in charge had taken up their role, they had met with the person participating in management every week, and minutes of these meeting had been maintained. Actions required to progress improvements in the centre, were identified in these meetings, and the inspector found actions

were complete on the day of inspection. For example, the staff support some residents needed with their emotional wellbeing were factored into the day to day delegation of staff duties, actions relating to retrospective safeguarding incidents had been implemented, and as mentioned additional transport had been provided for residents.

Staff meetings had been facilitated on a monthly basis, and twice in the past month, in order to keep staff informed of the changes in the centre, and to outline the expected actions for staff to complete. The inspector found these actions were complete on the day of inspection. For example, the introduction of a picture menu plan board for residents, the completion of goals development with residents, and the review and update of residents' personal plans. A workshop on keyworking had also been completed during one of the recent staff meetings.

There was a schedule of audits completed in the centre, for example, a medicines audit, a finance audit, and personal plan audits. As mentioned the actions arising from personal plan audits had been completed, and there were no actions identified from finance and medicine audits.

The provider had completed a six monthly unannounced visit at the end of April 2023, and a significant number of issues were identified at this time. In the interim the person in charge and staff had implemented all of the actions required to address the issues. The centre was re-audited a few days before this inspection and all actions had been completed. The person in charge maintained a quality improvement plan, to record and track actions arising from all audits and reviews. One action relating to painting garden furniture remained open on the day of inspection, and was due to be completed in the coming weeks.

The inspector spoke with the clinical nurse manager and a staff member, and both staff said they could raise concern or issues with the person in charge if needed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre had a statement of purpose that contained all of the information as per schedule 1 of the regulations. The statement of purpose had recently been reviewed and updated to reflect changes in the management personnel.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had submitted notifications to HIQA as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had developed a policy on complaints and had a copy of this procedure in accessible format displayed in the hall of the centre for residents to refer to if they needed. The policy had been updated in November 2022.

The person in charge was appointed as the complaints person, and the person participating in management was appointed as the nominated person to review all complaints received, and to ensure complaints received were appropriately responded to.

There was a complaints log available in the centre, and there had been no complaints logged as received.

Judgment: Compliant

### Quality and safety

Residents were provided with a good standard of care and support, and choices of residents were central in how the centre was run. The care and support provided was directed by the rights of residents, their assessed needs, and by their preferences, and the individuality and positive experiences of residents were embraced by a staff team who took every opportunity to continually improve outcomes for residents.

Residents' needs had been assessed, and staff were supporting residents to achieve positive health, social and personal goals in line with personal plans. This was supported by positive emotional support for residents, respectfully supporting residents during times of distress, and ensuring that all the recommended preventative measures were in place in line with behaviour support plans.

Residents were protected in the centre, and where safeguarding issues had been identified, safeguarding measures had been put in place to reduce risks for residents.

The provider had ensured safe systems were in place in relation to fire safety and infection prevention and control. Similarly the person in charge had identified risks which could occur, and had taken all reasonable measures to prevent reoccurrence.

## Regulation 13: General welfare and development

Appropriate care and support was provided to residents as per their own preferences, and their assessed needs. Staff knew the residents well, and were observed to interpret residents wishes, which may be communicated through gestures, words, and facial expressions. Residents' chose how they wished to spend their day, and staff listened to and responded to residents expressed preferences. For example, a resident was heard to tell a staff they wanted to go out, and this was promptly responded to, and the resident went out in the car with staff. Another resident was offered a hand massage by staff, and declined by gesturing the staff away, and staff acknowledged this. Later in the day the resident was happy to have a hand massage.

Staff told the inspector about how residents make choices, and pictures were also used to support residents' choice of meals and activities. For example, to help a resident expand their opportunities, staff were completing activity sampling, and records were being maintained. At times some residents preferred to spend time alone, either sitting in the back garden, or listening to music on their iPad.

Residents were being supported to access the community and to experience new opportunities. For example, residents were planning holidays in the coming months, some residents went bowling or out for a meal. Community activities were also integrated in skills development programmes, for example, one resident was working on potting plants bought at the garden centre.

Two residents attended day services, and two residents were supported with activities in the centre including day trips, art, coffee out, and beach visits.

Judgment: Compliant

## Regulation 17: Premises

The centre was a bungalow located on the outskirts of a village. The centre had recently been refurbished, and all areas of the centre had be repainted. New flooring had been provided in the centre, as well as new furniture in residents' bedrooms and two sittingrooms. The centre was clean, warm and welcoming, and had all the facilities residents' needed for their comfort.

There was a large kitchen with dining area, a utility room, a bathroom, one ensuite bathroom, and two sittingrooms. Each of the residents' had their own bedroom, and enough storage for their own belongings.

There were large gardens to the front and rear of the property, and outdoor

furniture was provided for residents' use.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available and contained all of the required information.

Judgment: Compliant

### Regulation 26: Risk management procedures

Suitable arrangements were in place for the management of risk in the centre, and appropriate actions were taken following adverse incidents in the centre.

The inspector reviewed records of incidents in the centre for the preceding five months. All incidents had subsequently been reviewed by the person in charge since they commenced in post, and at the time of this inspection, follow up actions had been recommended, documented and implemented in the centre. For example, the person in charge along with the staff team had identified the specific staff support needs for a resident in line with their preference, and this was observed to be provided on the day of inspection.

The person in charge had an up-to-date safety statement in place, and a risk register was maintained in the centre. A number of risks had been identified specific to the centre, and risk management plans outlined the measures in place to reduce the risk of injury. Control measures were found to be implemented, for example, a wheelchair was located beside a resident's bed to support them with evacuating the centre at night time if needed, and a second car had been provided to support a resident with their emotional wellbeing.

Individual risks had also been assessed, and from a review of a sample of risk management plans, control measures were also found to be in place. For example, in response to a risk of injury, all staff had been provided in training in therapeutic techniques. In addition a resident needed to bring some specific items with them when out on a car trip, and a staff member told the inspector about these items, and the inspector observed these were provided when the resident went out.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had put procedures in place to protect residents who may be at risk of a healthcare acquired infection.

The provider had developed a contingency plan, which outlined the procedures in response to a suspected or confirmed case of COVID-19, as well as the arrangements for personal protective equipment (PPE) use, testing, visitors, vaccinations and training. The plan also included the contingency arrangement should staffing levels in the centre be affected. The contingency plan had recently been reviewed and updated.

The inspector was shown around the centre by the person in charge, and as mentioned the centre had recently been renovated. The centre was found to be clean and well maintained. Cleaning was completed three to four times a day, and all cleaning records were found to be complete. Colour coded mops were provided for different rooms of the centre, and these were hygienically stored in the garage. Assurances were provided and documented daily by staff in relation to the implementation of infection prevention and control precautions.

Standard precautions were implemented in line with public health guidelines. There were suitable hand hygiene facilities throughout the centre, for example, hand sanitiser, disposable hand towels, and handwashing facilities. Pedal bins were provided throughout the centre, as well as a sufficient supply of PPE, which was observed to be appropriately stored. Residents' clothes were laundered separately.

Suitable arrangements were in place for food safety. Food was observed to be prepared in hygienic conditions, and colour coded chopping boards were used for preparing different food types. Food was also stored in suitable conditions.

All staff had been provided with a range of IPC training which included the following;

- Introduction to IPC and antimicrobial resistance
- Basics of IPC
- Cleaning and disinfecting the healthcare environment and patient equipment
- Hand hygiene
- Managing blood and body spills
- Outbreak management
- Donning and doffing PPE
- Respiratory and cough etiquette and
- Standard and transmission based precautions.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable fire safety systems were in place, including measures for the detection,

containment and fighting of fire.

The centre was equipped with a fire alarm, smoke detectors, emergency lighting, fire extinguishers, and a fire blanket and all equipment had been serviced regularly as required. Fire doors with self-closing devices were provided throughout the centre.

An emergency evacuation plan was developed and this plan was prominently displayed. All exit routes were clear on the day of inspection. The individual needs of residents had been assessed, and personal emergency evacuation plans were in place for residents. Where an issue had been identified regarding the evacuation of residents, adequate control measures were found to be in place. Fire drills had been completed with residents four times a year and included a night-time evacuation.

Staff had completed training in fire safety, and also did regular fire safety checks in the centre. These included daily checks of escape routes and the fire alarm, weekly checks of call points, emergency lighting, and fire doors, and monthly checks of fire fighting equipment.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs had been identified, and there were arrangements in place to ensure these needs were met.

The inspector reviewed two residents' files. Each resident had an up-to-date assessment of their health, social and personal care needs. For example, detailed communication dictionaries identified the communication methods and meaning of residents' gestures and words. Assessments were based on the wishes of residents, assessments by the staff in the centre, and reviews by their general practitioner and allied healthcare professionals.

Personal plans were developed based on residents' identified needs, and outlined the support residents needed to meet their needs. For example, a skills teaching plan outlined the steps and prompts a resident needed to make a simple meal, and nutrition plans incorporated the recommended food preparation, needed for modified diets. Personal goals were developed for residents and were based on the wishes of residents. The steps needed to help residents achieve their goals were also set out in plans and were progressing within the timeframes outlined. Personal plans and goals were developed into accessible format, and residents kept these plans in their rooms.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and there were up-to-date behavioural support plans in place to guide practice. Where required, residents had their emotional needs recently reviewed by the person in charge and the behaviour support specialist, and subsequent reviews of behaviour support plans had been completed. Plans were based on the known factors which may influence residents' emotional wellbeing, and both preventative, proactive and reactive strategies were outlined in behaviour support plans.

Two staff members described how residents' emotional wellbeing was monitored, and the inspector observed that mood monitoring charts were maintained in residents' files. Staff also described some of the preventative strategies, and the inspector observed staff positively supported a resident on the day of inspection, in line with the strategies in the behaviour support plan.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected in the centre, and all required actions had been taken following identification of safeguarding concerns.

There had been a number of retrospective notifications made to HIQA in recent weeks, since the person in charge had commenced in their post. In the interim the person in charge had reported these incidents to the safeguarding and protection team, and had put safeguarding measures in place to ensure residents were protected, and to reduce the likelihood of reoccurrence. The matter had also been referred to the rights review committee, and was due for review in the coming weeks.

The person in charge had considered the rights of residents both in terms of monitoring the impact of safeguarding concerns, and in terms of their consent to make a complaint, and social stories had been used to support residents understanding of these actions.

The inspector spoke to a staff member who outlined the changes that had recently taken place in terms of reporting incidents, which may impact on other residents living in the centre, and the inspector found this was in line with the providers' procedures. All staff had been provided with training in safeguarding.

Judgment: Compliant



## Regulation 9: Residents' rights

Residents chose how they wished to live their life and were given the necessary information to consent to support, and to participate in the running of the centre.

Residents' choices were respected, and these choices were embedded in the day to day positive interactions, activities and outcomes residents were experiencing in the centre. Choices included who supported residents on a day to day basis, choosing when and where residents wished to go out in the community, or residents' preference of meals. This was positively impacted by the relationships between residents and staff. For example, staff knew the residents well, and could interpret residents' communication preferences, both through non-verbal and verbal expressions. There had also been significant work completed recently on the day to day experiences of residents, so as to ensure the expressed preferences and emotional needs of residents were met. As a result residents were enjoying activities choices such as going out for meals, going bowling, out for coffee or a drive.

Staff supported residents to develop goals, and some residents were being supported to broaden their experiences in the community. Activity sampling was underway for a number of residents, in order to help residents experience new opportunities, and to identify those choices of activities which residents enjoyed most or those which they preferred not to engage in.

Residents had been involved in decisions regarding the recent renovations of the premises. For example, residents chose paint colours for bedrooms, two residents had particular preferences for furniture colours in sittingrooms, and when a resident requested a picture of a boat to be hung in the second sittingroom, this had been provided.

Residents were provided with accessible information in order to inform them of their rights. For example, residents had been provided with information on their financial management, contract of care, protection, assisted decision making, and how to make a complaint. As mentioned, the person in charge had met individually with residents so as to establish their consent to actions following safeguarding concerns, and both the verbal and non-verbal choices of residents had been respected in this regard.

Residents had been provided with information on how to access an external advocacy service.

Staff described how residents made day to day choices such as meals, and pictures were also used to support these choices. Residents were supported by staff to meet every week, and a range of topics were talked about with residents. For example, activities residents would like to do during the week, information on IPC and safeguarding, and informing residents about their rights. Residents were supported with positive risk taking and their choices in this regard were respected. For example, as a resident liked to smoke, a smoking shed, with comfortable seating was provided, and the resident liked to spend time sitting in this shed with a view of

the sea.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant