



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

Issued by the Chief Inspector

Name of designated centre:	Teach Gairdeach
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	08 November 2023
Centre ID:	OSV-0005721
Fieldwork ID:	MON-0032990

About the designated centre

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

Teach Gairdeach designated centre, operated by St. Hilda's, is equipped to provide residential services for six residents. Services are provided for adults of a mixed gender whose primary diagnosis is an intellectual disability with additional healthcare needs and behaviours that may challenge. Teach Gairdeach is a full-time residential service, and residents may go home when they wish for visits. The residents are supported by care assistant staff with nursing oversight. Teach Gairdeach is an extended bungalow building which consists of six double bedrooms all with en suite bathrooms and showers. There is a separate living room area, kitchen and dining area with a dedicated area for activities. Residents avail of organised transport and the centre is located in a quiet area near to all local amenities.

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
Wednesday 8 November 2023	10:20hrs to 18:00hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre is a residential service providing care and support for up to six residents, and there were five residents living in the centre on the day of the inspection.

The inspector had the opportunity to meet four residents, and to briefly greet one resident. Over the course of the day the inspector met a family member, the person in charge, and two staff members. The inspector also observed practice, and reviewed documentation, for example, residents' questionnaires, personal plans, incident records, audits, staff rosters and complaints records.

On arrival to the centre the inspector met three residents, who were being supported by staff to get ready for the day ahead. One resident was going home for the day and the inspector spoke with a family member. The family member was very complimentary on the service their loved one received, was happy that their relative was well cared for, and that their needs were met. Later in the evening, the inspector met a resident, as they were settling down to watch some television and relax in the sitting room.

The inspector spoke with a resident, who showed the inspector their newly painted nails, and staff explained they enjoyed getting these done. Two of the residents were planning to go out in the morning with the day activity staff, and two residents had gone to day services. While some residents preferred to use gestures and vocalisations to communicate, it was evident that residents appeared happy in their home, and there was a relaxed atmosphere in the centre. Staff described some of the communicative methods used by residents to make their needs known, and to support residents to make choices and consent to care. These included for example, pictures, gestures, and objects of reference.

The person in charge showed the inspector around the centre, which was homely, well maintained and spacious. Each of the residents had their own bedrooms, and each bedroom was personalised, with a range of pictures and personal items on display. For example, a resident really liked to wear jewellery, and had a jewellery stand on display in their room.

Throughout the hallways there were colourful art works on walls which residents had completed. There was a courtyard, that had seating, and windchimes, and residents liked to access this space at their will. Where a risk had been identified with a resident accessing this outdoor space, the person in charge had ensured the recommended appropriate signage was put in place. A staff member described how residents sometimes had sensory sessions in the courtyard, and this was an activity they really enjoyed.

There was a large dining area, and a separate sitting room, and in the evening after their meal, residents were observed to enjoy relaxing in the sitting room, with sensory lights on. Overall the inspector found there was a homely and welcoming

atmosphere in the centre, and the pace in the centre, reflected the preferences of residents for a calm and relaxed day to day life.

Residents were provided with varied and meaningful activities, and were involved in planning their goals, and in turn the activities to meet these goals. For example, a resident wanted to increase their skill of using their bank card, and staff were bringing the resident to an ATM machine to practice this skill.

Some staff had completed a four module training in human rights. The person in charge described how this had resulted in a review of residents' access to their finances, and residents now kept their money in their possession, and each resident had their own key to their money boxes. Another staff member described how this human rights training had enhanced their awareness of residents' rights, and the importance of reflecting on practice to improve outcomes for residents, for example, the development of independence skills and personal goals for residents.

Staff were observed and heard to be respectful and kind in their interactions with residents. From speaking with the person in charge and two staff members, it was evident they knew the residents well, and knew how best to support residents with their needs.

The inspector found significant effort had been made to promote residents' rights in the centre, by informing residents of their personal plans, seeking their informed consent, assessing how residents make choices and consent to support, and actively listening to and responding to choices residents made and to complaints made on or on behalf of residents. In this regard, residents were participating in decisions about their care and support, and about the day to day organisation of the centre.

The inspector reviewed five resident questionnaires, completed prior to the inspection, three by a staff member answering for the residents, and two by residents with the support of staff. Positive feedback was reported in questionnaires, and residents liked where they lived, the choices of food and activities, and said they made their own choices and decisions. Residents liked who they lived with and felt safe in the centre. Residents reported that staff knew what was important to them, their likes and dislikes, and staff helped them when they needed it.

The next two sections of the report outlined the governance 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 for six residents.

The provider had the arrangements, 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. Actions were taken to risks and issues identified through auditing and review processes.

The provider had also ensured there were appropriate resources in terms of facilities and staff training, and staffing levels were under review. Staffing levels were in line with the statement of purpose, and assurances were provided by the person participating in management on the day of inspection regarding nursing support in the centre.

Complaints made by or on behalf of residents were followed up promptly in line with the centre policy on complaints management.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff numbers employed in the centre on the day of inspection, and staffing was in line with the details set out in the statement of purpose. The centre was staffed by support workers. The inspector spoke with two staff members, and found staff knew the residents well, and described some of the health and social care supports in place to meet the needs of residents in the centre.

The person in charge provided nursing support, and was also responsible for one other designated centre. Prior to their appointment in August 2023, the person in charge post had been for this centre only; therefore the nursing support provided in the centre had reduced by 0.5 of a post. Given the specific healthcare needs of some residents, and the expected outcomes, the inspector found the provision of nursing care in the centre required review going forward. The inspector discussed this with the person in charge who outlined they had highlighted this issue to the operations manager. The inspector spoke to the person participating in management who stated they were aware of the issue, and provided assurances, that these additional nursing hours were for review at a scheduled senior management meeting the following week.

The inspector reviewed staffing rosters, and planned and actual rosters were maintained. Two day activation staff worked during the day, Monday to Friday, until approximately 16.00hrs, and two staff worked in the evening time. Two staff worked at night time one on a sleepover capacity, and one in a waking night capacity.

Approximately three evenings a week an additional staff was provided to support residents with scheduled appointments. At the weekend two staff were on duty during the day.

The inspector reviewed a sample of two staff records, and all documentation as per schedule 2 of the regulations were available.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre, and contained all of the required information as per schedule 3 and schedule 4 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records as per schedule 3 and schedule 4 were available in the centre. Records pertaining to fire safety were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date certificate of insurance was submitted to HIQA as part of the application to renew the registration of this centre. A copy of the certificate of insurance was also available in the centre on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the resources and systems were in place, in order for residents to receive a service which met their needs, promoted their wellbeing, and respected their rights.

The provider had ensured there were sufficient resources in place, for example, a

well maintained premises, adequate staffing levels, centre transport, and a household budget.

There was a clearly defined management structure. Staff reported to the person in charge. The person in charge reported to the residential services manager who was also nominated as a person participating in management. The person participating in management reported to the operations manager, and on to the chief executive officer. The chief executive officer reported to the board of management. An on call manager was available during out of hours times.

There were systems in place to ensure residents were safe and that the care and support provided to residents was effective, for example, policies relating to medicine management, safeguarding and risk management, as well as safe practices relating to medicines management, the management of residents' finances, infection prevention and control (IPC), and food safety. Practices in the centre were monitored on an ongoing basis, and a range of audits had been completed throughout the year. The inspector reviewed a sample of audits completed, including IPC, medicines management and person centred goals, and where issues were identified through reviews, actions had been taken to mitigate the risks. For example, there had been a number of medicine errors in the centre, and following reviews, individual medicine cabinet had been provided in three residents' rooms to limit the risk of distractions, with positive effect.

A quarterly report was submitted to the board of directors, and staff meetings were held monthly in the centre.

A six monthly unannounced visit by the provider had been completed in May 2023, and this review had included consultation with residents and a family member. Actions were observed to be complete on the day of inspection, for example, a review and improvement to documentation on residents' needs analysis, assigning one staff to take responsibility for the medicine keys, improved storage for mops, and providing a new visitors book.

An annual review of the quality and safety of care and support had been completed for 2022, and all actions had been completed. For example, a specific restrictive practice had been reviewed in line with the centre policy, a range of community activities were offered to residents, and person-centred goals were reviewed, and achievable timeframes had been set. The inspector spoke to a staff member who told the inspector they could raise concerns regarding the quality and safety of care and support with the person in charge or the management team if needed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents were provided with a contract for the provision of services, and the inspector reviewed a sample of two contracts. Contracts outlined the services to be

provided to residents and the fees to be charged. Additional fees, which residents may need to pay were clearly set out in these contracts.

There had been no admissions to the centre since the last inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre, and contained all of the information as per schedule 1 of the regulations. The statement of purpose had been regularly reviewed.

Judgment: Compliant

Regulation 31: Notification of incidents

HIQA had been notified as required, of adverse incidents, of practices, and of changes in specific personnel in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up-to-date policy on complaints, and the procedure for making a complaint was available in an accessible format for residents. The complaints policy outlined the procedure for making a complaint, the timelines for review of complaints, and the process for appeals.

The inspector reviewed records of complaints made by, or on behalf of residents, and all complaints had been investigated, and the measures needed to improve outcomes for residents were documented in records. Records were also maintained to confirm that residents or their representatives had been satisfied with the outcomes of complaints.

The person in charge was appointed as the complaints officer in the centre, and the provider had also nominated a person within the service to maintain records of all complaints, including the investigation, outcomes to, and satisfaction of complainants regarding complaints made.

Information was available for residents on how to access advocacy services.

Judgment: Compliant

Quality and safety

Residents were provided with a good quality of care and support in accordance with their needs. Residents' rights to participate in decisions, and to choose how they wished to live their life was respected and promoted.

Residents' needs had been assessed, and care and support was provided to meet the health, social, emotional and personal care needs of each resident. Staff were knowledgeable on the needs of residents and described some of the healthcare supports, as well as the social activities provided to residents.

Residents had been informed about their support plans, and overall had indicated they were happy with the support plans in place. A variety of activities were provided to residents both in the centre, in day services, and in the community, and in general residents enjoyed a varied lifestyle.

There were safe procedures in place for food safety and medicines management, and all of the actions from the previous inspection relating to infection prevention and control had been completed.

Residents were protected in the centre, and there were appropriate procedures in place for the management of residents' finances.

Overall the inspector found the quality and safety of care and support provided to residents was of a good standard, and the rights, safety, and individuality of residents were promoted in the centre.

Regulation 11: Visits

There was an open visiting policy in the centre, and suitable facilities were available in the centre for residents to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control over their own possessions, and were provided with support to manage their finances, if they wished.

Each resident had their own bedroom, and bedrooms were large, with a range of storage options for resident to store their clothes, and personal possessions. A record of each residents' personal possessions was available in their personal plans.

Staff were supporting residents to maximise their independence with their finances, for example, a resident was practicing using their ATM card more frequently, and residents had recently began to keep their finances in their own room. Where residents needed help with managing their finances this was provided, for example, reviewing records of their financial transactions. The inspector reviewed records of two residents' finances, and accounts in financial institutions were in each residents' name. Accurate records of purchases made by or on behalf of residents were maintained, and receipts were maintained for all purchases made. The person in charge reviewed residents' account records at the end of each month. Consent had been received from residents or their representatives, to pay rent to the provider, and details of this were outlined in the contract for the provision of services.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their needs, and had ongoing support to engage in meaningful activities, and to access the community.

There were two staff employed in the centre, who worked Monday through to Friday, and provided day activation for the residents. One resident also attended day services, and another resident was supported two days a week by a staff from day services. The inspector met with a day activities staff who described some of the activities residents liked to do, and how these activities are planned. Day staff met with residents once a week and made plan for the upcoming week based on residents choices and known preferences. For example, residents liked to go shopping, to the local garden centre, go swimming, or bowling in the community. Staff also facilitated art sessions and sensory sessions in the centre, walks in a local park or coffee out.

Residents had developed personal goals and the actions needed to achieve goals formed part of day to day activities in the centre. For example, supporting a resident to visit their family, going on a boat trip, going out for dinner, and attending a family wedding. A resident had recently been on holidays with staff for four nights, and there was an upcoming trip arranged for the weekend for another resident

Residents were supported to maintain links with their families, and visited home, or received visits in the centre. Families were also invited to attend an annual review of

residents' needs and personal plans.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported with their nutritional needs, and were supported to help with preparing meals or snacks if they wished.

The person in charge showed the inspector where food was stored and prepared, and all areas for food storage and preparation were clean and well organised. There was a variety of nutritious food available for meals and snacks. The inspector reviewed records of meals provided for a resident, and a variety of meals had been provided. Where residents had specific nutritional needs, these had been assessed. For example, a resident had been reviewed by a dietician the day prior to the inspection, there was a detailed plan available on how best to support the resident with their nutrition, and the person in charge told the inspector about the additional nutritional supplements provided to the resident.

Where symptoms of a specific healthcare risk may be evident in the nutritional intake and output of residents, this was monitored and recorded in intake output charts.

Residents if they wished, helped with baking, or making simple snacks or drinks.

Judgment: Compliant

Regulation 20: Information for residents

The centre had a resident's guide that contained all of the information as per the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector followed up on the actions from the previous infection prevention and control inspection in December 2022, and found all actions as per the provider's action plan had been completed.

The organisational policy on IPC had been reviewed and updated and now contained

the following:

- appropriate use of personal protective equipment for droplet, contact and airborne transmissions
- roles of the IPC lead and the person in charge as IPC lead in the centre
- frequency of IPC audits, which were to be completed on a quarterly basis
- required IPC training for staff and the frequency of this training.

The inspector was shown around the centre by the person in charge, and the centre was clean and well maintained. Since the last inspection kitchen press doors had been replaced, and flathead mops were now in use, and were appropriately stored, and separated once used, for laundering. Appropriate storage was provided in bathrooms, and the person in charge explained that surplus supplies had since been removed from the centre. Entry and exit doors to be used in the event of an outbreak were clearly marked.

The inspector reviewed cleaning records, and all records were documented as complete. Records now included items, for example, laundry baskets and foot spas, as well as cleaning of the centre vehicle.

The person in charge had a specific isolation plan in place for a resident who may find it difficult to self-isolate in the centre. Risk assessments were developed for residents relating to COVID-19 and respiratory illnesses, and suitable control measures were in place. For example, there was an ample supply of PPE in the centre, and satisfactory hand hygiene facilities. Each resident had their own bedroom, and most residents could self-isolate with the support of staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe and suitable practices were in place for medicine management. Where issues had arose relating to medicine management practices, measures had been implemented so as to mitigate potential risks to residents.

There had been a number of medicine variances occurring in the centre, and the person in charge had identified the contributing factors and had arranged for medicines for most residents to be stored in individual locked presses in bedrooms. This meant that distractions while preparing medicines were limited, and had resulted in a reduction in medicines variances. The remaining medicines were stored in locked presses in the office, and a controlled medicine was stored in a locked press within a locked press.

A staff member described medicine management procedures to the inspector. Medicines were supplied by pharmacist in the community, and stock counts were completed on receipt of medicines from the pharmacist and routinely every three to four nights. A sample of stock records for one month was reviewed by the inspector

and all records were complete.

The inspector reviewed prescription and administration records for two residents, and all prescription and administration records were complete. PRN (as needed) medicine prescription sheets and accompanying care plans set out the circumstances for the administration of these medicines, and the maximum dose in 24 hours was documented.

The staff member described the process and circumstances for the administration of a controlled medicine, the review process for this medicine, and the stock control records required. The staff member also described the procedure for the disposal of medicine, and records were maintained of medicines that had been returned to the pharmacy, and signed as received by the pharmacist. The staff member was knowledgeable on residents' prescribed medicines, and described the intended actions of a number of these prescribed medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' individual needs had been assessed, and personal plans were developed in consultation with residents, and were implemented to support residents to meet their needs, and to realise their goals.

The inspector reviewed records for four residents, and spoke with two staff members about some of the needs of residents, and the supports in place to meet these needs. Each of the residents had an up-to-date assessment of need completed, and assessment included reviews and recommendations from residents' general practitioner, as well as a range of allied health care professionals. Personal plans set out the support to meet the identified needs, and staff had met individually with residents to go through their own personal plan. There had been an annual review meeting of residents' needs and supports, and residents' families had been invited to attend these meetings. Residents were supported to develop goals, and the steps required to achieve these goals were set out in plans. Records of activities to achieve goals were maintained in photographs and in goal progress notes.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to healthcare, and their healthcare needs were monitored on an ongoing basis.

Residents' health care needs had been assessed, and interventions and monitoring

activities were based on recommendations made by general practitioners, hospital consultants, and a range of allied healthcare professionals. Residents were regularly reviewed by the relevant healthcare professionals in line with their needs, for example, an occupational therapist, or a speech and language therapist.

Health care plans were detailed and were implemented in practice. For example, recommended monitoring such as blood pressure, blood tests, fluid intake and output, and sleep were completed and recorded. Staff were knowledgeable on the healthcare needs of residents, for example, a staff member described the plan for pain management for a resident, as well the management of oedema and mental healthcare needs.

As assessed, end of life care was being provided appropriate to the wishes and preferences of a resident, and community palliative care supports were also being provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their emotions, and could access a behaviour support specialist if needed. Where required, a behaviour support plan was in place for a resident, and defined the function of behaviours, as well as the proactive strategies, communication strategies, antecedent controls, and reactive responses. The behaviour support plan had been reviewed in July 2023.

Records of behavioural incidents were maintained, and the person in charge described how the introduction of consistent staffing had resulted in a significant reduction in incidents, and was evident from incident records. Staff had up-to-date training in managing behaviours of concern, and in the use of therapeutic techniques.

There were some restrictive practices in use in the centre, and the inspector observed that where a new restriction had been introduced relating to the use of a lapbelt, consent had been received from the resident, and a referral had been made to the restrictive practice committee to review this practice. The remaining restrictions, for example use of bedrails, and a car safety lock, had been reviewed by the person in charge and physiotherapist, to ascertain their use relevant to the risks.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed records of incidents, and there were no safeguarding incidents in the centre. Staff had been provided with training in safeguarding, and where refresher training was required for two staff, this was booked for the coming days. A staff member described the actions to take in the event a safeguarding concern arose.

Measures were in place to protect residents against a risk of financial abuse, and robust procedures were in place for the management of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents to choose how they wished to live their life, to participate in decisions about their care and support, and to take part in activities that were important to them were respected and supported by the staff in the centre.

There were plans of care in place for each of the residents' assessed needs and staff had met with residents to explain their personal plans, and to ascertain if residents were happy with the proposed plans. A picture symbol for happy or sad was printed on each care plan, and photographs of residents recording their choice was maintained in personal plans. As mentioned, the rights of a resident to participate in decisions regarding end of life care had been facilitated also. Consent been received from residents with regard to medical care and community activities.

The choices of residents formed the day to day organisation of the centre, for example, choices of activities which were planned at a weekly meeting, as well as meal choices. Some residents preferred to rest for a period in the afternoon, and this choice was respected and facilitated. Choices were also informed by the known preferences of residents, and a poster of what residents liked to do was on display in the dining room in the centre.

The person in charge and a staff member described how they support residents to understand and make choices, and how this in turn is interpreted. For example, the use of verbal explanations, objects of reference and pictures, as well as interpreting gestural and vocal expressions made by residents. Staff were active in listening to residents, for example, where a resident had become vocal and appeared discontent, while out for a walk, this had been followed up as a complaint, and the person in charge had put an action plan in place deal with the issue.

Intimate care plans described how residents give consent, and how staff should interpret residents' expressive communication regarding consent. These plans also described how to support residents with their choices and preferences regarding personal care, while at the same time ensuring their privacy and dignity was respected.

Information was on display regarding an external advocacy service.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant