



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Respite Home Centre 14
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	24 July 2023 and 25 July 2023
Centre ID:	OSV-0004104
Fieldwork ID:	MON-0031460

About the designated centre

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

Stewarts Respite Home Centre 14 is operated by Stewarts Care Limited and is made up of four separate community based properties. Three of the properties provide respite services to adults, the fourth property provides services to children. The designated centre can provide respite services for up to 20 residents at any one time. The service provides respite stays for persons with physical and intellectual disabilities and a range of accompanying complex medical needs, life limiting conditions and behaviours that challenge in a setting conducive to supporting these needs. The centre is managed by a full-time person in charge, and the staff team includes clinical nurse managers, nurses, and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 24 July 2023	09:00hrs to 17:30hrs	Michael Muldowney	Lead
Tuesday 25 July 2023	10:00hrs to 15:20hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to help inform a judgment regarding the provider's application to renew the registration of the centre. The inspection took place over two days due to the size of the centre which comprised of four separate houses located across a geographical area. Overall, the inspector found that the centre was operating in compliance with the regulations and standards and that residents received a good quality and safe service.

The centre provided residential respite services for approximately 230 residents; three of the houses accommodated adults and one accommodated children. There was a maximum of 20 residents that could be accommodated in the centre, across the four houses, at any one time. Respite stays were generally for half a week approximately every four to eight weeks however, full week stays could be facilitated sometimes.

The inspector completed a thorough walk around of each house with the person in charge. Since the previous inspection of the centre in November 2021, extensive renovations and refurbishments had been carried out in all of the houses. Overall, the inspector found the premises to be clean, spacious, nicely decorated and furnished, homely, and appropriate to the needs of the residents.

The first house was a large two-storey property in a rural setting. The house contained seven bedrooms, staff rooms, several bathrooms, open plan kitchen dining area, sitting room, sensory room, and garden spaces. The renovation works had included a new kitchen and utility room, upgrades to the bathrooms, painting throughout the building, new window blinds, and redecoration of bedrooms. The garden spaces had nice furniture and sports equipment for residents to use.

The second and third houses were located in a mature housing estate in a large town with many amenities and services. The houses were very similar in size and layout, and comprised of bedrooms, kitchen dining rooms, sitting rooms, bathrooms, staff rooms, and front and rear gardens. The houses were very homely and comfortable, and had also been renovated to a high standard. There was new flooring, kitchens, utility room facilities, appliances, beds, sanitary ware, fittings and furniture, and repainting throughout both houses. The fire safety systems had also been upgraded with new fire panels and fire doors. The gardens were nicely maintained for residents to use. In one of the houses, residents had a keen interest in gardening and this was seen through the bright flower boxes and baskets they had displayed at the front of the house.

The fourth house was a large bungalow in a rural setting. It comprised a large dining room, kitchen, sensory room, play room, bathrooms, staff areas, and bedrooms. There was a large garden for residents to use with a trampoline, basketball hoop, and swings. The renovations in this house had included new sanitary ware, garden shed, kitchen appliances, fire doors, and furnishings. There

were further plans to upgrade the gardens. The house catered for children, and the inspector observed plenty of toys and facilities for them to play with, including a play room which was fitted with sensory equipment. Some minor works were required, such as repainting to the interior and exterior of the building, and removal of a transparent cover over a television that was no longer needed. The person in charge was planning to report these areas to the provider's maintenance department. The inspector also observed that some radiators were covered with metal grates. The coverings were not homely in aesthetic, however the person in charge told the inspector that the coverings were installed for durability purposes.

The inspector observed that equipment used by residents such as electric beds and hoists were maintained in a good condition, and servicing records indicated that they were up to date with servicing.

The inspector observed a good variety and selection of food and drinks in all of the houses for residents to choose from. There were also notice boards displaying information on safeguarding, fire safety, complaints, the announced inspection, and COVID-19. Visual planners were displayed with pictures of staff and activities for residents to choose from. The residents' guide and booklets on advocacy were also available in the houses for residents to refer to.

The inspector observed good fire safety systems in all of the houses, for example, the fire equipment was up to date with its servicing, the fire doors closed properly, and fire evacuation plans were displayed. The inspector also observed good infection prevention and control (IPC) arrangements, such as access to hand-washing facilities and cleaning equipment.

Some residents (with support from their representatives) had completed questionnaires in advance of the inspection on their views of the service. The questionnaires indicated their satisfaction across the topics of the environment, food and mealtimes, rights, activities, care and support, and staff. The comments included "[staff] are all lovely", "[staff] are amazing, kind caring people, who know my needs very well and they meet them", the centre is "home from home", "I love the independence I get when I am there", and "I am happy" in the centre.

During the inspection, the inspector met many residents. In the first house, four residents spoke with the inspector. They said that they were happy with the service and liked the staff, and one resident commented that they would actually like more respite provision. They said that they liked the environment, including the bedrooms, and felt safe in the centre. They liked activities, such as going to the pub, restaurants, shopping, day trips, and listening to music. They told the inspector that they liked the food in the centre and had their favourite meals. Some residents told the inspector that they would evacuate the house if the fire alarm activated.

In the second house, two residents spoke together with the inspector. They said that they "loved" the house and described their stays as being "like a holiday". They also said that they "loved" all the staff, and enjoyed spending time with their friends in the house. They said the recent renovations were "lovely", the bedrooms were comfortable, and the environment provided sufficient space and privacy. They liked

to go on social outings while in respite, and planned their activities on their first day of stay (all of the houses had their own dedicated vehicle to facilitate residents' community activities). They liked the food in the centre, and sometimes liked to cook. They had participated in fire drills and knew where the fire assembly point was. They knew about some of the infection prevention and control precautions such as good hand hygiene. They told the inspector that they felt safe, chose their own routines in the centre, and had no concerns, but could talk to the person in charge if they had. The inspector did not have the opportunity to speak to the residents in the third house as they were not there when he visited.

The children in the fourth house did not verbally communicate their views with the inspector. However, one child led the inspector to their bedroom to show them their toys. The children spent time playing in the garden, and in the afternoon went for a walk in the park and out for lunch.

Overall, the inspector observed residents to be relaxed and comfortable in the centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good rapport.

The inspector spoke with different staff members working during the inspection including the person in charge, nurse managers, nurses, and healthcare assistants. All staff demonstrated a good understanding of the service to be provided in the centre, and spoke about residents with respect and warmth.

The person in charge told the inspector that residents received an excellent quality and safe service that was delivered to their individual needs, and that the centre aimed to provide a 'holiday or hotel' experience that residents looked forward to. They told the inspector that residents enjoyed their stays, and were provided with choices regarding their routines, meals, and activities. They were satisfied with the staff skill-mix, and described the team as being "person-centred". They had no concerns, but told the inspector that the senior management were very supportive and would be responsive to any potential concerns.

A nurse manager told the inspector that residents received an "amazing" service which focused on their individual needs, wishes, and preferences. They told the inspector that residents were supported to plan their activities at house meetings on admission. They had completed human rights training, and told the inspector that the training had affirmed the positive practices in the centre such as promoting and respecting residents' wishes. They had no safeguarding concerns, but were aware of the reporting procedures, and told the inspector that residents compatibility was considered when planning respite provision to reduce the risk of peer-to-peer safeguarding incidents. They had no concerns about the service, and felt well supported in their role by the person in charge.

Another nurse manager described the centre as being a "home away from home". They spoke about how residents' needs were assessed and how respite provision was planned with careful consideration to ensure that these needs could be met, for example, some residents' needs may require additional staffing. They said that the governance and management of the centre was "excellent" and that it was well

resourced. They were satisfied with the staffing levels, felt supported by the person in charge, and also told the inspector that they could utilise support from the provider's multidisciplinary team if required.

The inspector briefly spoke with a relief staff nurse working in the centre. They said that they had received a good induction, and was familiar with the residents' needs, and health and safety matters in the centre. They described the service as being "really nice, and individualised" and delivered by a very good staff team. They had no concerns, and told the inspector that residents' choices were respected in the centre.

A healthcare assistant described the service provided to residents in the centre as being the "best", as they received "great care". They told the inspector that residents had similar interests and got on well. They spoke about some of the activities they enjoyed, such as playing in the garden, games, and outings. They knew about residents' individual communication means and specialised diets. They had completed training in human rights, and spoke about the importance of identifying and respecting residents' personal preferences. They were aware of how to report any potential safeguarding concerns.

From what the inspector was told and observed during the inspection, it was clear that residents received a good quality and safe service which they enjoyed using. The service was operated with a human rights-based approach to care and support, and residents were being supported in line with their needs, wishes and personal preferences.

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

Capacity and capability

There were management systems in place in the centre to support the delivery of a service that was safe, consistent, adequately resourced, and appropriate to residents' needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in managing the centre by nurse managers. The person in charge reported to a programme manager who in turn reported to a Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

Generally, the registered provider had implemented good systems to monitor the service, such as annual reviews, six-monthly reports, and a wide range of audits. Actions for quality improvement were identified and progressed to completion.

The staff skill-mix and complement was appropriate to the needs of the residents and for the delivery of safe care. However, the provider was engaging with their funder to resource an additional nursing post to further enhance the complement. The person in charge maintained planned and actual rotas showing staff working in the centre. There were some vacancies, however they were managed well to reduce any potential adverse impact on residents.

Staff had completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge (with support from the nurse managers) ensured that staff were provided with support and formal supervision. Staff spoken with told the inspector that they were satisfied with the support they received. Staff could contact the programme manager or an on-call service if outside of normal working hours in the absence of the local management team.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on the safeguarding policy, risk management, complaints, residents, infection prevention and control, fire safety, promotion of residents' rights, restrictive practices, residents' care plans, health and safety matters, and audit findings.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The registered provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

The person in charge had ensured that incidents occurring in the centre had been notified to the Office of the Chief Inspector of Social Services in line with the requirements of regulation 31.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge had the necessary skills, experience and appropriate qualifications (in nursing and management) to manage the centre. The person in charge worked across all of the houses to ensure effective oversight and monitoring of the centre. The person in charge had a clear understanding of the service to be provided in the centre and was promoting a human rights-based approach to the care and support provided in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff complement and skill-mix, which comprised nurse managers, nurses, and healthcare assistants, was appropriate to the number and assessed needs of residents. There were some vacancies, however they were been covered within the staff complement to minimise any potential adverse impact on residents.

The inspector viewed a sample of the planned and actual recent rotas, and found that they showed the names of staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. Staff training logs showed that staff had completed training in relevant areas, such as fire safety, safeguarding and protection of residents, managing behaviours of concern, infection prevention and control, manual handling, autism awareness, and supporting residents with their individual eating and drinking needs.

The person in charge and nurse managers provided informal and formal supervision to staff. Formal supervision was scheduled quarterly as per the provider's policy, and supervision records were maintained. In the absence of the local management team, staff could contact the programme manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours. Staff told the inspector that they felt well supported in their roles.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents, for example, there were sufficient staffing levels, transport was available in all locations, and the premises were well maintained.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge, supported by nurse managers in managing the centre, reported to a programme manager and they met on a regular formal and informal basis. They also attended group manager meetings for the purposes of shared learning and support.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Audits had been carried out in the areas of infection prevention and control, fire, mealtimes, health and safety, medication, personal plans, and finances, and written reports on the safety and quality of care and support provided in the centre were completed every six months. The inspector found that actions for improvement were being monitored and progressed to completion.

As part of the annual review, surveys were posted to residents' home addresses. Some residents' representatives provided feedback which was mostly positive, however some expressed a wish for more respite provision. The review noted that "no feedback was received from service users".

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was available in the centre for residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that incidents occurring in the centre had been notified to the Chief Inspector in line with the requirements of regulation 31.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. The inspector observed that residents were supported in line with their assessed needs, will and personal preferences, and that their rights were been promoted and respected in the centre. Residents told the inspector that they were enjoyed using the centre and were happy with the service they received.

Assessments of residents' individual needs had been carried out which informed the development of personal plans. The plans viewed by the inspector were up to date and provided sufficient guidance for staff to effectively support residents with their needs.

Up-to-date communication guidelines had also been prepared; and staff were observed communicating with residents in accordance with their communication means. Residents had access to different forms of media including the Internet, and some residents used electronic devices such as tablets to maintain communication with their families.

Residents were supported to be involved in the shopping for, preparation and cooking of their meals as they wished. There was a good variety of food and drinks for residents to choose from which the residents told the inspector they liked. Food preference lists and care plans for residents with specialised diets had been prepared. While the care plans were still current, the inspector found that the arrangements for reviewing some of the plans required more consideration to ensure that they were up to date.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns.

The premises, comprising four separate houses, had been renovated and refurbished to a high standard since the previous inspection. There was sufficient communal and private spaces, and the bathroom and kitchen facilities were in a good state of repair. However, the inspector also observed some areas that required more minor upkeep such as repainting. Overall, the premises were clean, comfortable, well maintained, and appropriate to number and needs of residents.

The inspector also observed effective infection prevention and control measures, such as good hand-washing facilities, that were consistent with the associated national standards.

There were good fire safety systems in the centre. Staff completed daily checks on the fire safety equipment, and there were also arrangements for the servicing of the equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of regular fire drills carried out in the centre. Staff completed fire safety training.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. Some residents' used alternative communication means such as picture boards. Communication guidelines had been prepared to guide staff on residents' individual communication needs. Staff spoken with were aware of the residents' communication means, and were observed following the communication guidelines when engaging with residents.

The registered provider had ensured that residents had access to different forms of media, including televisions and the Internet. Some residents used electronic tablets and telephones to maintain contact with their family while using the service.

Judgment: Compliant

Regulation 17: Premises

The premises contained four separate houses. Since the previous inspection, extensive premise renovations and refurbishments had been carried out in all of the houses which included installation of new kitchens, flooring, sanitary ware, repainting, and new furniture and fittings. There were plans for further upgrades to parts of the premises such as enhancing some of the garden spaces.

The premises provided sufficient communal and private spaces, as well as inviting gardens for residents to use. Some bedrooms had been decorated in a 'hotel' style, and the person in charge was planning on extending this style to the other bedrooms. There were arrangements for the upkeep and servicing of equipment used by residents, such as electric beds and hoists.

Overall, the premises was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living in the centre. Residents spoken with told the inspector that they were happy with the premises.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook meals in the centre as they wished.

The inspector observed a good variety of food and drinks in all of the houses for residents to choose from. Residents were encouraged to be involved in the preparation and cooking of their meals if they wished, for example, some liked to bake. Food preference lists had been prepared for each resident to guide staff on their likes and dislikes. Residents told the inspector that they enjoyed the food in the centre, and also liked to eat out and get takeaways.

Some residents required modified and specialised diets. Associated care plans had been prepared, and were readily for staff to follow. Staff spoken with were aware of the residents' individual dietary needs, and had also completed relevant training in this area.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures that were consistent with the associated national standards.

The provider had prepared a written IPC policy with associated procedures, and there was also signage and public health information on IPC matters for staff to refer to.

There were good arrangements for monitoring IPC arrangements in the centre. The person in charge had completed a self-assessment tool, and a comprehensive audit had been carried out. The person had also completed risk assessments on infection hazards in the centre. There was an infection management plan, and staff spoken with were aware of the procedures if a resident presented with COVID-19 or other infection symptoms. There were systems to reduce the risk of potential infection transmission, such as decontamination of bedrooms after each stay, use of colour-coded cleaning equipment, and pre-admission checks to determine any potential illnesses.

The centre was clean. The inspector observed a good supply of cleaning chemicals and equipment, personal protective equipment, and adequate hand-washing

facilities throughout the centre.

Staff had completed relevant IPC training to inform their practices. IPC was also discussed at team meetings to refresh their knowledge, for example, recent meeting minutes discussed use of colour coded equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems. There was fire detection and fighting equipment, and emergency lights in the centre, and it was regularly serviced. Staff also completed daily fire safety checks of the equipment. The fire panels were addressable. Since the previous inspection, some of the fire doors had been upgraded, and the inspector observed that they all closed properly when released. There were arrangements for the safe storage of oxygen.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan to outline the supports they may require in evacuating. Some individual plans required more information, for example, they stated that residents' required staff assistance but provided no more detail on the level of assistance. Before the inspection concluded, the Director of Care told the inspector that the template for the plans would be reviewed to allow for more detail.

Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. Staff had completed fire safety training. Staff and residents spoken with were aware of the evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs were assessed. Respite admission checklists were completed over the phone with residents' representatives to determine if there was any changes to their needs in advance of admission. The assessments informed the development of personal plans. The inspector viewed a sample of residents' assessments and plans and found them to be up to date.

The plans were readily available to staff, and provided sufficient guidance to inform their practice. The plans also included information on residents' likes and dislikes, for example, their routines, and favourite activities and meals, to ensure that they had an enjoyable time in the centre. Some residents had personal goals such as "to have

fun” in the centre to emphasis the delivery of a holiday like experience.

Overall, it was found that appropriate arrangements were in place to meet the residents' needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

There were no current safeguarding concerns. Previous concerns had been responded to and appropriately managed, for example, safeguarding plans had been prepared with actions such as increased staffing to mitigate safeguarding risks. The compatibility of residents was always considered by the person in charge when arranging resident provision to reduce any incompatibility risks.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the provider and person in charge had ensured that a human rights-based approach to the care and support of residents was being delivered in the centre.

Residents told the inspector that they were supported to make decisions and choose how they spent their time in the centre, and the inspector observed residents being listened to with care and respect by staff. They also had free access around the centre. Residents’ privacy and dignity was respected in the centre, and they all had their own bedrooms.

Residents' rights were discussed at their house meetings to aid their understanding in this area, for example, recent meeting minutes discussed topics such as their rights to privacy and protection, human rights principles, making complaints, and the Assisted Decision-Making (Capacity) Act 2015. Easy-to-read information had also been prepared on some of these topics.

Staff meeting minutes also reflected discussions to promote residents' rights, for example, minutes from June 2023 reminded staff to ensure that residents were offered choices and their rights were discussed at residents' meetings. The minutes also noted that staff were to complete training in human rights and the Assisted Decision-Making (Capacity) Act 2015.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant