



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

Issued by the Chief Inspector

Name of designated centre:	Steadfast House Residential Service - Group Home
Name of provider:	Steadfast House Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	12 June 2024
Centre ID:	OSV-0001631
Fieldwork ID:	MON-0034997

About the designated centre

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

Steadfast house residential service provides care and support to five female residents on a full time basis. Residents are supported on an individual basis in line with their assessed needs, wishes and preferences. The centre has a staff team consisting of a person in charge, two team leaders, and healthcare assistants. The person in charge is supported in their role by the chief executive officer.

The centre is located within walking distance of a town, and residents can access a range of amenities and activities in the local community. Residents are supported by two staff during the day and two staff overnight. Four residents attend day services every day, and one resident is supported with activities in the centre and in the community, as is their preference. The premises is laid out to meet the individual and collective needs of residents in a homely environment.

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 12 June 2024	10:10hrs to 19:20hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From speaking with residents and observing the interactions between residents and staff, it was evident that residents were enjoying a life that was based on their own choices. This afforded residents a range of opportunities and new experiences, in order to fulfil their aspirations. It was evident that, what was important to residents in their lives was listened to and acted upon by the staff team, and supported through personal planning, goal setting, activities, and work experience.

The inspector spoke with four residents during the inspection, and briefly met another resident. Residents told the inspector about what it was like to live in the centre. They spoke about some of the new opportunities they had experienced, about their goals, and about their hopes for the future. Residents said they were happy living in the centre, and in general got on well together. Residents spoke about some of the things they liked to do including going out shopping, getting their hair done, or doing some gardening. Four residents went to a senior citizens community group and a staff member described how this was really important monthly event for these residents.

Two residents told the inspector about the work placements they had started in day services, and with the support of the local education and training board, one of the residents was hoping to get another job. One of the residents worked in a charity shop once a week, and went to day services four days a week. The resident told the inspector they felt so happy, that they loved the office work they did in their day service, and felt so proud that their work was valued. Another resident worked as a receptionist in day services, and told the inspector their work meant everything to them, and they did not like to miss a day of work for any reason.

Residents told the inspector about some of the goals they had developed. One resident had booked a holiday in the summer, and was learning how to use an iPad and a mini camera. Another resident said they were going to a concert, as well as the horse show in the summer. The resident also said they loved seeing new sights and new shops and had been on one to one shopping days with a staff member and trips had included Belfast and Navan.

The residents appeared very comfortable in the centre, and the person in charge and staff team knew the residents well. One resident was retired, and staff supported the resident to pick what they would like to do on a day to day basis. On the day of inspection, the resident told the inspector they were going to visit a relative, and had bought a gift for them. Staff supported the resident with the visit, and later in the day also went out to a garden centre. The resident told the inspector that sometimes they like to visit friends in the day service they used to attend, and have a coffee together. The resident liked to dress well, especially liked to wear jewellery, and showed the inspector a necklace they had received from a child they sponsored through a charitable organisation. The inspector observed that

staff were very respectful and kind when talking with the resident.

The person in charge joined the inspector at the request of a resident, and the inspector found the person in charge was respectful, sensitive and kind in their interactions with the resident. In addition, the inspector found the staff team knew the residents well, and knew the supports that were in place to meet their needs, and to keep them safe.

Residents were supported to maintain relationships, and residents had regular contact with their families. Families visited their loved ones in the centre, or residents went home to stay with their families. Residents could also phone their families if they wished. Some residents were also members of a local spiritual group in the community.

It was evident that staff listened to residents' wishes and concerns. Residents spoke very positively about the support they received from the person in charge and the staff team. For example, in helping them achieve goals, going on social outings, as well as supporting them during periods of ill health. Similarly, while there had been no complaints, the team responded proactively to risks, ensuring that incidents were managed effectively and preventative measures implemented to ensure the safety of residents.

The views of residents had been sought in reviews of the centre including the annual review and the six monthly unannounced visit, and positive feedback was received from residents. The inspector reviewed five resident surveys completed prior to the inspection, and residents reported they were happy living in the centre, and could get help from staff if they needed it. Residents met every week and discussed choices, for example, activities and meals, as well as topics, for example, safeguarding, complaints, and advocacy.

The centre was homely, comfortable and fully accessible for all residents. Residents' personal preferences were considered in the decor of both their bedrooms, and shared spaces, and there was plenty of space available for residents to spend time together or have time alone if they wished. Suitable assistive equipment was provided to ensure residents' safety and comfort, particularly related to their mobility. The outside of the centre was fully accessible, and included a large back garden, family room, and a polytunnel.

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

Capacity and capability

This inspection was carried out following an application by the provider to renew the

registration of the centre, and five residents could be accommodated in the centre.

The residents were provided with a good standard of care and support, and there were effective oversight arrangements in place, demonstrating a service of continual improvement. High levels of compliance were found on inspection, and the centre was compliant with all 17 regulations inspected.

There were suitable resources in place, and effective systems to ensure the service provided was safe and effective in meeting the needs of the residents in the centre. There were effective oversight arrangements including at local management, on call management, and board of management levels, and there were effective and timely reporting and responses to risks, and the changing needs of residents as they emerged.

The provider had employed a suitably skilled team, who knew the residents well, and staff were supported by a full time and suitably qualified person in charge, as well as a clinical nurse manager from another centre if needed.

Overall the inspector found the provider had demonstrated sustained effective governance and management systems and was committed to a service of continual improvement.

Registration Regulation 5: Application for registration or renewal of registration

An 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 full-time person in charge employed in the centre, and the person in charge attended the centre daily, Monday through to Friday. The person in charge was knowledgeable on their regulatory responsibilities, and had ensured these were implemented in the provision of care and support for residents. The person in charge knew the residents and their support requirements well, and was supported in their role by a clinical nurse manager from another centre, specifically for clinical support.

The person in charge had worked in a managerial role for a significant number of years, and had completed a management course. The person in charge provided good leadership, and staff members told the inspector they could seek the support of the person in charge as needed.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of skilled staff employed to effectively support the residents living in the centre. The team consisted of a person in charge, a social care worker appointed as a team lead, and healthcare assistants. Following the previous inspection, the staffing levels had increased in response to the changing needs of residents. There were two staff on duty in the morning, and three staff on duty in the afternoon. At night there were two staff on duty, one in a waking capacity, and one in a sleepover capacity. This meant that, where there was a need for two staff to support some residents with specific needs, these staff were consistently available. This also meant that safeguarding plans could be effectively implemented.

The person in charge outlined that while there were some vacancies due to the increased staffing hours, these hours were generally filled by a relief panel, of day service staff. A recruitment campaign was recently completed, and a new staff member was due to start in the near future.

The inspector reviewed a sample of three staff rosters for the previous three months and found staffing levels were as required, and consistent staff had been provided. This meant that continuity of care and support was provided for residents.

The inspector reviewed two staff files, and the required documentation was available in staff files.

Judgment: Compliant

Regulation 22: Insurance

The centre had up-to-date insurance in place, and a copy of the insurance details were submitted to HIQA as part of the application to renew the registration of the centre

Judgment: Compliant

Regulation 23: Governance and management

The oversight arrangements in the centre had ensured that residents were provided with appropriate, safe and consistent services. The management and governance

arrangements had continued to improve, and were embedded in the ongoing monitoring of the centre, reflecting a service of continuous improvements and a person centred rights based model of care and support for residents.

There were sufficient resources in the centre in terms of staffing, a centre vehicle, facilities, and additional assistive equipment provided in response to the changing needs of some residents.

There was a clearly defined management structure. Staff reported to the person in charge, and a team lead was also employed in the centre for reporting purposes. The person in charge reported to the board of management. There was an out of hours on call service in place, and staff told the inspector the management team were responsive when support was requested. The team lead and person in charge directly supervised the care and support provided to residents on a day to day basis.

The inspector found the systems were in place to ensure the service provided was safe and effective. These included for example, responsive actions to incidents and safeguarding concerns, appropriate fire safety systems, the provision of care and support led by residents wishes and needs, effective provision of positive behavioural support, and ongoing responsive action to maintenance issues as they arose.

The service provided was monitored on an ongoing basis, and included management meetings, staff meetings, board of management meetings and a range of audits and reviews. The inspector reviewed minutes of five management meetings over the past seven months, and a range of issues had been discussed. These included safeguarding incidents, adverse incidents, staffing requirements, staff training, policy reviews, and the quality improvements plan (QIP). Management meetings were held every week to fortnightly on average. Where required, a meeting had also included representatives from the funder, following a change in needs for a resident. Staff meetings had been facilitated every month and the person in charge, along with a clinical nurse manager were in attendance at these meetings.

The inspector reviewed minutes of board of management meetings, and three meetings had taken place in 2024. Reviews at these meetings including staffing levels and training needs, incidents including safeguarding concerns, complaints, audits, finances, regulatory requirements, and the centre's QIP. Where actions were required these were documented, and actions from previous meetings were also reviewed if outstanding. Overall the inspector found the minutes reflected a continued improvement in the oversight arrangements at board level, and effective reporting of matters concerning the centre. At the time of the inspection, two members had recently left the board, and three new members were due to start in the near future.

The inspector reviewed the centre's QIP, as well as medicine audits, person centre planning audits, individual care plan audits, finance audits, and fire safety audits. Actions arising from audits were found to be complete, for example, a resident's healthcare plan had been updated, all residents activity planners had been reviewed and updated, and a resident's medicines kardex had been reviewed. The finance

audit had been updated to reflect revised procedures for supporting residents, and weekly checks, as well as monthly audits were completed. Actions from all review processes were compiled on to the QIP, and were reviewed and updated every month. All actions were either complete within the specified timeframe, or in progress and not due for completion yet. For example, a health and safety audit had been completed by environmental health, and the recommended flooring, had been installed, and a review with a behaviour support specialist was complete.

A six monthly unannounced visit was completed in April 2024, and an annual review in January 2024. Both the annual review and the six monthly unannounced visit had included consultation with residents and their representatives. The inspector reviewed as sample of actions arising, and these were complete, for example, ongoing review of staffing levels was complete, and had been reviewed with the funder to secure additional hours in line with the changing needs of residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose that contained all of the required information as per schedule 1 of the regulations. The statement of purpose had recently been reviewed, and was reflective of the services and facilities provided in the centre.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, and residents chose how they wished to live their life on a day to day basis. The service provided to residents had continued to improve, and was focused on enabling residents to develop skills, broaden their experiences, and to uphold residents' rights.

Residents were provided with timely healthcare, and residents were supported with a multidisciplinary approach in assessing their healthcare needs, and in implementing healthcare interventions. Residents' rights were respected, and included choosing how they wished to live their life, consenting to care and support, declining interventions if they wished, and ensuring residents' privacy and dignity was upheld at all times. Residents were supported to be active members of the community, and to develop skills to increase their independence and wellbeing including work experience, learning to use an iPad, and organising an art exhibition.

Where risks had been identified residents were supported with proactive supports

including behavioural supports, mobility supports, and activity planning. There was effective and timely responses to adverse incidents in the centre, and thorough reporting of all incidents occurring in the centre. There were suitable fire safety systems in place, and the centre was accessible, and homely for residents.

Regulation 10: Communication

Residents were supported to communicate their needs and wishes, and met regularly with their keyworker to review their supports. All residents could verbally communicate, and accessible information had been provided to residents on for example, meal choices, the complaints officer, the health and safety officer, and on assisted decision making. Residents' communication needs had been assessed, and how residents prefer to communicate was set out in personal plans.

Residents could access the internet, television, radio, and telephone.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their wishes and their needs, and had access to a range of social and occupational opportunities both in the centre and in the community.

Four residents attended day services five days a week, and one resident had retired, however they still liked to visit their friends in day services at times. Each of the residents had an activity planner with an outline plan for the upcoming months, and offered a range of flexible activity options after residents returned to the centre in the evening, and for weekends. These included for example, arts and crafts, outings, movie nights, baking, meal preparation, money skills training, and bowling. Four residents also attended a community senior citizen group every month, as well as a monthly spiritual group. One resident preferred not to attend the senior citizen group, and was supported by staff to choose another activity if they wished

Residents chose what they would like to do, and spoke positively to the inspector about goals they had developed for the coming months. These included for example, going on holidays, attending a horse show, and learning to use an iPad. Residents liked to go out with staff on a one to one basis, and one resident told the inspector they really enjoyed a recent day out, shopping with a staff.

Residents were supported to maintain regular contact with their families, and visited home, or their families visited them in the centre.

Residents where they wished, had been supported to avail of employment

opportunities, and two residents spoke about how this had positively impacted on their confidence and sense of wellbeing. Residents had availed of support from the local education and training board, to help them fulfil their wishes of securing a job.

Judgment: Compliant

Regulation 17: Premises

The centre was laid out to meet the individual and collective needs of residents, and was clean and well maintained.

The inspector was shown around the premises by the person in charge. The centre was a large single storey premises, with six bedrooms. As part of the application to renew the registration of the centre, the provider had added an external family room to the footprint of the centre. This consisted of a single storey room, and was fitted with comfortable seating, portable heaters, and had suitable lighting and ventilation. This room was used for leisure activities for residents such as arts and crafts, and also had a television and DVD player. The inspector found this room was suitable for its intended purpose.

Each of the residents had their own bedroom with ensuite facilities, and residents had chosen the colour scheme in their rooms. There was enough storage in bedrooms for residents personal items, and if needed residents were provided with assistive equipment. These included for example, profile beds, a mobility transfer aid, shower chairs, and a hoist. In addition residents' ensuites, there was a main bathroom.

There was a large sitting room, and this was fitted with comfortable seating, and some residents liked to spend time here in the evening watching television. There was a large kitchen dining room, and an adjoining utility room, and the kitchen was fitted with suitable cooking facilities. To the rear of the property was a large accessible garden, and outdoor seating was provided. There was also an accessible polytunnel, and some residents liked to do gardening, and were growing herbs at the time of inspection.

Off street parking was provided to the front of the centre. Overall the inspector found the premises was suitably laid out and equipped, and was comfortable, warm, and homely for residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported with their specific dietary needs, and with their

preferences of meal choices.

Residents' nutritional needs had been assessed, and residents were provided with meals in line with their preferences, and with the specific recommendations of allied healthcare professionals. Where needed, residents had been assessed by a speech and language therapist, and modified diets were provided. Residents chose the meals they would like, and a meal plan was agreed at weekly residents' meetings. The inspector reviewed records of meals provided to residents, and the choices were varied and nutritious.

The inspector reviewed food storage and preparation facilities, which were observed to be clean, and suitably maintained. Opened food packages were labelled with dates of opening, and temperatures of cooked food, as well as fridge and freezer temperatures were recorded. There was a varied selection of food available including snacks and drinks, and residents could freely avail of snacks as they wished.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available in an accessible format, that contained all of the required information as per the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place, for the management of risks, including the response to adverse incidents occurring in the centre.

The inspector reviewed records of incidents since January 2024, and incidents had been recorded, and follow up actions taken where needed. Incidents were reported to the person in charge, and also discussed at board of management meetings. Where adverse incidents had occurred, incidents had been investigated, and actions had been implemented to mitigate presenting risks. These included reviews with the mental health team, and the clinical nurse specialist in behaviour following a change in presentation of behaviours of concern. Where a resident had experienced a change in their mobility, and had a recent fall, a review with an occupational therapist, and a physiotherapist had been requested. Some incidents related to safeguarding concerns and this is discussed further in regulation 8.

There was a policy in place for risk management. The inspector reviewed a sample of risk management plans, and all plans had been reviewed in recent months.

Control measures were implemented, for example, two staff to assist with some resident transfers, the recording and reporting of behavioural incidents, staff training in crisis prevention, providing modified diets where needed for some residents, and staff supervision for residents at mealtimes where there was a risk of choking incidents.

The centre vehicle had up-to-date insurance and a certificate of road worthiness available.

Judgment: Compliant

Regulation 28: Fire precautions

There were safe and suitable systems in place for fire safety, including measures for the detection, containment, and fighting of fire.

The inspector observed the centre was fitted with a fire alarm, self-closing fire doors, emergency lighting, a fire blanket, and fire extinguishers. All exits were observed to be clearly marked and unobstructed, and the rear external evacuation route was also clear and accessible for residents. A fire evacuation plan was displayed at the entrance to the centre.

There were enough staff on duty both day and night to assist residents with evacuating the centre in line with residents' personal emergency evacuation plans (PEEP), and all PEEP's had recently been reviewed. The inspector reviewed fire safety records, and fire drills were completed every month, and had included a night-time fire drill. All residents had been supported to evacuate the centre in a timely manner, and no issues had arisen during fire drills. All fire drill records were reviewed by the person in charge once completed. Certificates were available confirming all staff had attended fire safety and fire extinguisher training in March 2024.

Weekly fire safety checks were completed by staff including emergency lighting, fire blanket, fire extinguishers, and a fire alarm test, and all records reviewed since January 2024 were complete. The inspector reviewed service records for fire equipment, and all equipment had been serviced within the required timeframes.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with comprehensive healthcare through timely access to healthcare professionals, and ongoing healthcare interventions and monitoring by

the team in the centre.

Residents' healthcare needs had been assessed, and were informed by reviews with residents' general practitioners, hospital consultants, and allied healthcare professionals. The staff team monitored the residents' healthcare needs on an ongoing basis, and had sought timely reviews, where potential healthcare risks were evident. This meant that residents had received prompt treatment where healthcare issues had arisen.

Healthcare plans were developed and guided the practice in the provision of care, and healthcare plans were regularly reviewed. Residents were aware of their healthcare supports, and a resident spoke positively about the support they had received during a period of ill-health. From a review of records, it was evident that staff were implementing recommendations, for example, monitoring healthcare indicators such as blood pressure, weight, and emotional wellbeing. Where specific equipment had been recommended by allied healthcare professionals this had been provided, for example, a pressure relieving seat cushion, and a mobility transfer aid.

Residents had access to national health screening programmes, and to national vaccination programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and availed of services of a psychologist, psychiatrist, and clinical nurse specialist in behaviour as needed.

The inspector reviewed two behaviour support plans that had been developed in consultation with the clinical nurse specialist. Behaviour support plans had recently been reviewed in response to the changing needs of residents, and outlined the proactive and reactive supports to help residents manage their behaviour. The person in charge, clinical nurse manager, and a staff member outlined some of the proactive behavioural supports in place including trigger identification and reduction, a structured day for a resident, and a specific safeguarding measures while travelling on the centre transport.

The inspector reviewed restrictive practices in use in the centre. A phone restriction had been discontinued recently, and one chemical restriction had been reviewed recently by the prescriber. There was a procedure in place whereby staff sought clinical advice from the on call manager prior to administering PRN (as needed) chemical interventions. There were some restrictions in place relative to the mobility risks presented for two residents, and these had been reviewed by the relevant allied healthcare professionals.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and appropriate actions had been taken in response to safeguarding concerns.

There was an up-to-date policy in place on the protection of residents. There had been six safeguarding incidents reported to HIQA since the last inspection, and these incidents had also been reported to the safeguarding team. At the time of the inspection two incidents remained open to the safeguarding team.

Safeguarding incidents had been investigated and the inspector reviewed safeguarding plans, and found the control measures were implemented. These included for example, a transport protocol, one to one staffing for a resident, a review with the mental health team, and enhanced checking system for residents' finances. Two staff members outlined the actions to take in response to a safeguarding incident, as well as describing the current safeguarding measures in place when residents travelled on the centre bus, and supervision needs.

Residents had been provided with information on protection, and safeguarding was discussed at each residents' meeting. A staff member was assigned as the designated officer, and residents had confirmed in a residents' meeting that they knew who the designated officer was.

Judgment: Compliant

Regulation 9: Residents' rights

Residents chose how they wished to live their life, and these choices formed the organisation of the centre on a day to day basis.

The inspector spoke with four residents, who told the inspector about some of the choices they made, and how they were supported to achieve their goals. Four residents attended day services provided in the service. Two residents spoke about the importance of their work in day services, and how these opportunities had enhanced their sense of contribution and wellbeing. Residents also spoke about some of the plans they had in the coming months, for example, one resident was organising a photography exhibition, and said they were really looking forward to the event. Residents chose what they would like to do in the evenings after work, and at the weekends, and choices were based on their own personal interests or on family visits. If residents wished, they took a day off day services, and went on an outing of their choice. For example, a resident spoke about going on a one to one

shopping day with a staff member the day before the inspection.

As mentioned residents were supported to develop goals, and residents met with their keyworker every month, and reviewed the progress of their goals, and set new ones if they wished. Sometimes residents chose not to continue to pursue certain goals and these choices were respected. A resident also told the inspector about how they loved helping out, and had made plant pots for the garden and their family, and liked to tidy out the cabin, or help with paperwork if needed.

Residents were aware of their support needs, and could verbally consent to care and support. The right of residents to decline interventions, or to change their mind was respected, and a resident spoke to the inspector about a recent choice they had made in this regard. There was information available on an external advocacy service.

The privacy and dignity of residents was respected, and there was sufficient staff support, and suitable facilities to ensure residents rights were protected in the provision of intimate care. Personal information pertaining to residents was securely stored.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant