



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 9
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	18 March 2025
Centre ID:	OSV-0005838
Fieldwork ID:	MON-0037881

About the designated centre

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

Designated Centre 9 is a designated centre operated by Stewarts Care DAC. The centre provides long stay residential support for up to seven residents with intellectual disabilities and additional complex support needs. The centre is located on a large campus in West County Dublin and comprises two residential homes. One home is a single occupancy house equipped with an en-suite bedroom, a sitting room, a dining room, a kitchen and a toilet. There is also open access to a secure back garden. The second home is a wheelchair accessible bungalow that comprises six bedrooms for residents, a kitchen where snacks and meals are prepared, an open plan dining and living room, and a second living area. It also has two smaller shower rooms, a wet room style bathroom with a walk in shower, and a second bathroom. Residents also have access to a secure back garden. The staff team for the centre consists of a full-time person in charge, nursing staff and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 March 2025	09:05hrs to 15:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to assess the provider's compliance with regulations and to inform a decision regarding the renewal of the designated centre's registration.

The person in charge and programme manager facilitated the inspection by engaging with the inspector and promptly providing all requested documentation. The centre, registered to accommodate seven residents enabled the inspector to interact with each resident throughout the inspection. Through careful observation, direct interactions, a thorough review of documentation, and discussions with key staff the inspector evaluated the residents' quality of life and compliance by the provider with the regulations. The inspector observed a high level of compliance with the regulations.

The centre consisted of two buildings, within a campus setting managed by the provider. It was conveniently located near various amenities and services, such as shopping centres, restaurants, cinema, and public transportation. The inspector completed a walk through of both buildings within the designated centre. They found the spaces to be clean, bright, well-furnished, comfortable, and suitably designed to meet the needs of all residents. Each resident had their own bedroom, which reflected their individual interests and preferences. For instance, bedrooms featured family photographs, personal pictures, memorabilia and soft furnishings that aligned with each resident's tastes and interests.

The inspector noted that residents could freely access and utilise the spaces within the centre and garden without any restrictions. There was sufficient private and communal space, along with adequate storage facilities. The centre was in good structural and decorative condition. Although some minor maintenance issues were identified, they had already been reported to the provider's maintenance department.

At the back of the centre, there was a well-maintained garden area with outdoor seating available for residents to use at their leisure. The inspector observed outdoor plants, garden ornaments and raised garden beds used for growing a variety of fruits and vegetables. Residents had access to equipment in good working condition, including bicycles, soccer net, basketball hoop, swing set and barbecue.

The person in charge and programme manager emphasised the high standard of care provided to all residents and expressed no concerns regarding their wellbeing. Observations by the inspector, interactions with residents, feedback from staff, and a review of documentation all provided strong evidence to support this. Throughout the inspection, there were warm interactions between the residents and staff members caring for them. On the day of the inspection, the inspector noticed that residents appeared relaxed and comfortable within the centre. The staff engaged

with them in a very kind and supportive manner, demonstrating a strong rapport.

Some residents in the centre had diverse communication support needs. For those with minimal or no verbal communication, staff assisted them in expressing themselves and interacting with the inspector as needed. Residents expressed high satisfaction with the service, and it was clear to the inspector that they appreciated the staff and felt at ease in their company. Observations of interactions between residents and staff revealed that staff effectively understood and responded to the residents' communication.

The inspector took time to speak with two residents. One resident shared that they really enjoyed living in their home and were happy with the support from staff. They discussed their hobbies and interests and mentioned plans they had made for the day, which included buying new glasses and getting a haircut. The staff supporting them were observed being attentive to the resident's needs, interacting with them in a kind and friendly way. Another resident shared with the inspector that they were happy living in their home. They were observed moving around the centre freely, without any restrictions, showcasing their independence. The resident had made plans for the day, which included going for a walk and attending the gym. Throughout the inspection, the inspector noted that staff were consistently friendly, kind and attentive, providing the right level of support while being mindful of all residents' needs.

On the day of the inspection, one resident was celebrating their birthday. The inspector observed that the centre was decorated with balloons and banners, and a party was planned for the evening. There was a wide selection of party foods, snacks, and drinks available for all residents to enjoy, creating a festive atmosphere for everyone.

Residents were informed about the upcoming inspection and were at ease with the inspector's presence in their home. Prior to the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys, which asked for their feedback on what it was like to live in the designated centre. Staff supported residents, where necessary, in completing the surveys, and the inspector reviewed all responses. The feedback was generally positive, with residents expressing satisfaction with the service they received, including the care from staff, outings and the food provided.

The inspector was unable to meet or speak with the relatives of any residents during the inspection. However, a review of the provider's annual review of the quality and safety of care revealed that relatives were satisfied with the care and support provided to the residents.

Through interactions with residents and observations of their time with staff, it was clear that they felt at home in the centre. They were able to live their lives and pursue their interests according to their own choices. The service was guided by a human-rights based approach to care, ensuring that residents were supported to live in a way that aligned with their individual needs, wishes and personal preferences.

The following two sections of the report outline the findings of this inspection regarding the governance and management structures in place at the designated centre. It also examines how these arrangements influenced the quality and safety of the service provided to each resident living in the centre.

Capacity and capability

This section of the report presents the inspection findings regarding the leadership and management of the service, and evaluates how effectively it ensured the provision of a high-quality and safe service.

The provider ensured that suitably qualified, competent, and experienced staff were on duty to meet both the current and evolving needs of all residents. The inspector noted that the staffing levels and skill-mix positively impacted residents' outcomes. For instance, the inspector saw residents being supported to engage in a range of home and community based activities, all chosen according to residents' personal preferences. The person in charge conducted monthly formal staff team meetings and regularly provided the provider with assurance regarding the quality and safety of care and support given to residents. Any issues or concerns were promptly escalated to the provider for resolution.

The education and training provided to staff ensured they were equipped to deliver care that reflected current, evidence-based practices. Furthermore, staff had undergone training in human rights, which helped deepen their understanding of a human-rights based approach and enabled them to implement national standards in their daily work. The inspector observed that staff received regular, high-quality supervision, which included discussions on topics relevant to both service provision and their professional development.

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The provider ensured that both buildings within the designated centre and all of their contents, including residents' personal property, were fully insured. The insurance coverage also included protection against risks within the centre, such as potential injury to residents.

The registered provider had established robust management systems to monitor the quality and safety of the service provided to residents. The governance and management frameworks in place were found to be operating at a high standard within the centre. The provider had prepared an annual report for 2024 on the quality and safety of care and support, which included consultations with all residents, their families, and representatives. Additionally, the provider had conducted an unannounced visit in accordance with regulatory requirements, and a comprehensive suite of audits was implemented, covering key areas such as

medication, resident finances, maintenance and infection prevention and control (IPC).

The registered provider had developed a comprehensive written statement of purpose, which included all the information required under Schedule 1.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application to the Chief Inspector of Social Services, requesting the renewal of the designated centre's registration.

The inspector reviewed the application before this inspection. All required information and documentation specified in Schedule 2 and Schedule 3 were included in the application.

Additionally, the provider ensured that the fee for renewing the registration of the designated centre, as outlined in Section 48 of the Health Act 2007 (as amended), was paid in full.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge was supported in their role by a programme manager. The staff team was comprised of nursing staff, healthcare assistants and a social care worker. The inspector spoke to the person in charge, programme manager and to four staff members on duty, and found that they were all knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Effective roster management, conducted by the person in charge, ensured appropriate staffing levels. On the day of inspection, seven staff were present during the day, and two staff members provided waking night-time cover. A review of January, February and March 2025 rosters confirmed consistent deployment of regular staff, maintaining continuity of care for residents. Vacant shifts were covered

using a small, managed pool of relief staff. Roster documentation was accurate and comprehensive, reflecting all staffing details, including full staff names and employee numbers for all shifts.

The inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2, including an up-to-date vetting disclosure, evidence of qualifications and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Robust systems were in place for recording and regularly monitoring staff training, demonstrating effectiveness. Review of the staff training matrix confirmed that all staff had completed a comprehensive range of training courses, ensuring they possessed the necessary knowledge and skills to effectively support residents. This included mandatory training in critical areas such as fire safety, managing challenging behaviour, and safeguarding vulnerable adults, indicating strong compliance with regulatory requirements.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as human rights, epilepsy, infection prevention and control (IPC) and feeding, eating drinking and swallowing (FEDS).

The inspector noted that staff due refresher training were already booked in to complete this. For example, the person in charge provided evidence to the inspector to demonstrate provisions had been made for a number of staff to attend refresher training in fire safety in March 2025.

Consistent with the provider's policy, all staff were in receipt of quality supervision. A comprehensive 2025 supervision schedule, created by the person in charge, was reviewed and found to ensure that all staff were in receipt of quarterly formal supervision and ongoing informal supports tailored to their roles. The inspector's review of three staff supervision records confirmed that each session included a review of continuous professional development and provided a platform for staff to voice concerns.

Judgment: Compliant

Regulation 19: Directory of residents

In compliance with regulations, the provider ensured an accurate and up-to-date resident directory was maintained.

The inspector confirmed that all information met the required standards as set out in Schedule 3 and that effective systems were implemented to ensure ongoing accuracy. For example, the directory of residents included the name, address, date of birth, sex, and marital status of each resident, the name, address and telephone number of each resident's next of kin or representative and the name, address and telephone number of each resident's general practitioner (GP).

Judgment: Compliant

Regulation 22: Insurance

The service was sufficiently insured to cover accidents or incidents. The necessary insurance documentation was submitted as part of the application to renew the centre's registration.

Upon review, the inspector confirmed that the insurance policy covered both buildings, their contents, and residents' personal property.

Additionally, the insurance also provided coverage for risks within the centre, including potential injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed and changing needs and active multidisciplinary team participation in care planning.

The designated centre operated with a well-defined management structure, ensuring staff clarity regarding roles and responsibilities. The service was effectively managed by a capable person in charge, who, with the support of their programme manager, possessed a thorough understanding of residents' and service needs and had established structures in place to fulfill regulatory obligations. Furthermore, all residents benefited from a knowledgeable and supportive staff team.

Effective management systems ensured the centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering housekeeping, infection prevention and control (IPC), medication, residents' finances, and maintenance, was conducted by the provider and local management team. The inspector's review of these audits confirmed the audits' thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2024. The inspector completed a review of this and found that all residents, staff and family members were all consulted in the annual review. In addition, the inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in March 2025. The action plan with 24 documented actions demonstrated substantial progress. For example, the inspector noted that the majority of actions were either in progress or completed, effectively contributing to service enhancement.

Judgment: Compliant

Regulation 3: Statement of purpose

As part of the application to renew the registration of the designated centre, the provider submitted a statement of purpose that clearly described the services offered and met the regulatory requirements.

The inspector reviewed the statement of purpose and found that it clearly outlined the care model and the support provided to residents, as well as the day-to-day operations of the designated centre. The statement of purpose was accessible to the inspector during the inspection and was also made available to residents and their representatives in a format that suited their communication needs and preferences.

Additionally, a walk-around of the designated centre confirmed that the statement of purpose accurately reflected the available facilities, including room sizes and their intended functions.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre.

Residents living in this designated centre were actively supported to express their thoughts, feelings, needs and preferences in a respectful and empowering manner. Staff were observed providing tailored assistance to residents, helping them communicate in accordance with their assessed needs, abilities and preferences, using individual communication passports and up-to-date support plans.

The provider had established arrangements in place that respected residents' wishes and preferences regarding visitors. The inspector noted that visiting was unrestricted, and there was an abundance of both communal and private spaces

available for residents to meet with their visitors.

The inspector observed a warm and relaxed atmosphere throughout the centre, with residents appearing content and comfortable with both their living environment and the support they received. After walking through both homes within the designated centre, the inspector found that the design and layout of each premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. There was a good balance of private and communal spaces, and each resident had their own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected. They were supported by a coordinated multidisciplinary team, including medical professionals, speech and language therapists and dieticians. During the inspection, staff were observed following the guidance and expert recommendations provided by these specialist services.

The provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to effectively assist residents in managing behaviours that challenge. The provider and person in charge ensured that the service consistently upheld residents' rights to independence and a restraint-free environment. For instance, any restrictive practices in use were thoroughly documented and regularly reviewed by the appropriate professionals.

Robust safeguarding practices were established within the designated centre. The inspector observed that comprehensive procedures were in place, which included mandatory safeguarding training for all staff, the development of personalised intimate care plans to support staff in providing respectful care, and the involvement of designated safeguarding officers within the organisation to ensure effective oversight and protection.

Regulation 10: Communication

The inspector observed throughout the inspection that staff tailored their communication approach to each individual resident, recognising the individual nature of their communication abilities. For example, when residents had minimal or no verbal communication, staff effectively used gestures paired with simple,

consistent phrases and non-verbal cues to assist them.

Residents with assessed communication needs were provided with up-to-date communication support plans, which were routinely monitored by the appropriate multidisciplinary team members. Staff consistently demonstrated respect for each resident's individual communication style and preferences, as documented in their personal plans.

Furthermore, all residents were provided with access to relevant media, including televisions and access to the Internet.

Judgment: Compliant

Regulation 11: Visits

Visitors were warmly welcomed at the service, and residents had access to appropriate communal areas or private spaces for receiving visitors, according to their preferences. Visits were supported in a way that ensured they did not negatively affect the experience of other residents living in the designated centre.

The inspector observed that visiting was unrestricted, and the provider had implemented appropriate measures to ensure the safety of all residents, staff and visitors. For example, a visitor sign-in and out book was available at the entrance, where visitors were required to record the time and purpose of their visit.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that both homes within the designated centre were designed and arranged to align with the service's aims and objectives, as well as the number and needs of residents. The centre was well-maintained, clean and appropriately decorated.

The inspector observed a warm and calm atmosphere within the designated centre. Residents spoken with expressed high levels of satisfaction with their living environment and the support they received. A walk-around of the centre further confirmed that both homes were thoughtfully designed and laid out to meet the assessed needs of all residents.

Residents had their own bedrooms, each considerably decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings and possessions, all in line with each residents' interests. This not only promoted their independence and dignity but also

celebrated their uniqueness and personal taste. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

The equipment used by residents was both easily accessible and stored securely. Records reviewed by the inspector evidenced that the equipment was regularly serviced, with items such as high-low beds and shower chairs undergoing annual servicing.

During the walk-around of one of the homes within the designated centre, the inspector noted that some minor maintenance work was needed. However, this had already been identified during the provider's most recent unannounced visit and had been escalated to the maintenance department. The person in charge kept a detailed maintenance log, and the inspector observed that progress was being made on the required tasks.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with identified needs related to feeding, eating, drinking and swallowing (FEDS) had up-to-date care plans in place, including nutrition support plans. The inspector reviewed three of these care plans and found they provided clear guidance on mealtime requirements, including food consistency, as well as the residents' preferences and dislikes.

Staff demonstrated a strong understanding of FEDS and nutrition care plans and consistently followed guidance from specialist services, including speech and language therapy and dietician services. Throughout the inspection, staff were observed by the inspector adhering to the therapeutic and modified dietary consistency requirements outlined in residents' care plans.

Residents were served meals prepared in the centralised kitchen on campus. The inspector observed that the meals were not only wholesome and nutritious but also carefully tailored to meet each resident's specific needs. Additionally, all food items were appropriately labelled, adhering to both legislative requirements and best practice guidelines. It is also worth noting that residents who chose not to eat meals prepared in the campus's centralised kitchen were given the option to prepare meals in the kitchen within the designated centre.

The inspector observed a diverse range of food and drinks, including fresh and perishable items, stored in the kitchen for residents to select from. All items were stored in a hygienic manner. The kitchen was also well-equipped with high-quality cooking appliances and utensils, providing residents with everything needed to prepare their own meals.

Judgment: Compliant

Regulation 28: Fire precautions

The provider effectively mitigated the risk of fire by implementing appropriate fire prevention and oversight measures. For example, the inspector noted the presence of fire and smoke detection systems, firefighting equipment, and emergency lighting. A review of servicing records maintained at the centre revealed that all these measures were regularly inspected and serviced by a fire specialist company.

The inspector noted that each home within the designated centre was equipped with an addressable fire panel that was easily accessible in the entrance hallway. Additionally, all fire doors, including bedroom doors, closed securely when the fire alarm was activated. Emergency exits were fitted with thumb-lock mechanisms, ensuring a swift and efficient evacuation in the event of an emergency.

The provider had implemented suitable arrangements to ensure each resident was aware of fire safety procedures. For instance, the inspector reviewed six residents' personal evacuation plans, each of which outlined the specific support required by residents to safely evacuate in the event of an emergency. Staff had completed mandatory fire training, and those spoken with during the inspection demonstrated a clear understanding of the specific support each resident required to ensure a prompt and safe evacuation.

The inspector reviewed fire safety records, including details of fire drills, and found that regular drills were conducted, as per the provider's policy. The provider demonstrated their ability to safely evacuate residents in the event of an emergency, both during day-time and night-time circumstances.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, each resident had a positive behaviour support plan on file. Upon reviewing two of these plans, the inspector noted that they were detailed, comprehensive, and developed by qualified professionals. Additionally, each plan identified potential triggers and antecedent events, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

The provider ensured that staff received thorough training, equipping them with the necessary knowledge and skills to effectively support residents. Staff demonstrated a strong understanding of the support plans in place, and the inspector observed

positive communication and interactions between residents and staff throughout the inspection.

Two restrictive practices were implemented within the designated centre. The inspector reviewed both of these and found that they were the least restrictive and used for the shortest duration possible. Residents had given their consent for the use of these restrictions. For instance, one resident was shown how the restrictive practice functioned, while another resident received easy-to-read information about it. Additionally, restrictive practices were regularly discussed during monthly staff meetings and key working meetings with all residents.

The inspector found that the provider and person in charge actively promoted residents' right to independence and a restraint-free environment. For example, all restrictive practices were regularly reviewed by the provider's restrictive practice committee. Additionally, each restrictive practice was risk assessed, clearly documented, and involved relevant multidisciplinary professionals in the assessment and development of evidence-based interventions in collaboration with the resident.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had established systems in place to protect residents from abuse. This included a clear policy with detailed procedures, guiding staff on how to respond to safeguarding concerns. Additionally, all staff had completed safeguarding training, equipping them with the skills to prevent, detect, and address any issues. Staff demonstrated a strong understanding of their safeguarding responsibilities during conversations with the inspector.

At the time of this inspection, there were no active safeguarding concerns. However, the inspector found that previous safeguarding issues had been properly reported and addressed. For example, interim safeguarding plans had been put in place, with well-defined actions to mitigate any identified risks. The inspector reviewed five preliminary screening forms and confirmed that all incidents, allegations, or suspicions of abuse had been appropriately investigated, in line with national policies and best practice standards.

Each resident received support to develop the knowledge, self-awareness, and skills necessary for self-care and protection. For instance, all residents had a "My Personal Safety Plan" on file, which outlined steps to stay safe and provided guidance on how to report feeling unsafe.

Following a review of three residents' care plans, the inspector observed that robust safeguarding measures were in place to ensure staff provided personal and intimate care in strict accordance with each resident's individual plan, prioritising dignity and respect throughout the process.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant