



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Respite Services Designated Centre 11
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	08 April 2025
Centre ID:	OSV-0005856
Fieldwork ID:	MON-0038088

About the designated centre

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

Designated Centre 11 is intended to provide respite care to no more than 5 male and female children. Designated Centre 11 aims to support and empower people with an intellectual disability to access disability specific respite care by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities. Designated Centre 11 comprised of one campus based bungalow.

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
Tuesday 8 April 2025	09:00hrs to 14:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

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

The person in charge facilitated the inspection by engaging with the inspector and promptly providing all requested documentation. Through careful observation, direct interactions, a thorough review of documentation, and discussions with key staff the inspector evaluated the respite users' quality of life. Ultimately, the inspector observed a high level of compliance with the regulations.

Designated Centre 11 is a children's residential respite service located on the grounds of Stewart's Care campus in a busy West Dublin suburb. Respite care was scheduled on a planned rotational basis and provided on a 24/7 basis. There was a maximum of five respite users that could be accommodated in the centre, at any one time. On the day of this inspection there were five respite users availing of residential respite services. Those availing of the service were grouped based on individual assessed needs. Respite allocations were coordinated and managed by the person in charge in consultation with the programme manager and use of a compatibility matrix.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The respite service aimed to "support and empower people to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled, and caring workforce, in partnership with the person, their advocate, their family, the community, allied healthcare professionals and statutory authorities".

The inspector carried out a walk around of the designated centre in the presence of the person in charge. The residential respite service was comprised of five single occupancy bedrooms, a staff office, a multi-purpose room, a utility room, a kitchen/dining room, a large accessible bathroom, a large accessible shower room, a sensory room, three toilets and a large play/sitting room. The physical environment of the centre was found to be very clean, tidy and well-maintained. The design and layout of the centre ensured that respite users could enjoy staying in an accessible and comfortable environment during their respite break. The inspector found the atmosphere of the centre presented as welcoming and as an inviting sense of familiarity for the children who used the service.

The inspector also observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in the designated centre. In addition, the person in charge ensured that the centre's certificate of registration and complaints information was also on display. The centre had it's own dedicated transport which was used by staff to drive respite users to various activities and outings. For example, respite users were supported to attend school, shopping, trips to the zoo,

playground, and local park to look at the wildlife.

During this inspection the inspector did not have the opportunity to meet or talk with any of the respite users availing of the service as they had all left to attend school for the day. In addition to attending school the inspector saw evidence that respite users had access to a wide variety of age appropriate toys, interactive games, puzzles, soft toys, sensory equipment and outdoor play equipment.

Each child using the respite service was assigned a dedicated keyworker to ensure consistent care. The staff nurse was tasked with assessing each respite user's healthcare needs and ensuring that appropriate care plans were in place. These plans were regularly evaluated and updated according to the respite user's stay. They contained detailed information about each respite user's likes and dislikes. For instance, plans reviewed by the inspector highlighted that the respite users preferred activities such as visiting the local park for walks, spending time in the sensory room, going out in the car, and interacting with staff.

The inspector noted that each respite user had a personalised communication board located in the play/sitting room. These boards included important details about their food preferences, food choices, activity choices, personal care routines, and daily schedules. Respite users took part in weekly meetings called "Nothing About Me Without Me". The inspector examined the latest meeting minutes dated 07 April 2025, where all five respite users were present. The agenda covered topics such as staff assignments during respite stays, personal rights, meal preferences, and activity choices. This provided staff with essential insights into how to best support and care for respite users and understand their likes and dislikes.

In advance of the inspection, respite users had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and feedback about what it was like to stay in this designated centre. Completed surveys were given to and reviewed by the inspector during this inspection. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, food and the premises. Positive feedback from parents and guardians who completed the questionnaires on behalf of respite users included "Since our son has begun attending respite we have seen a happier boy at home", "Communication from staff to parents is excellent", "The staff are so supportive in accommodating his complicated needs. We are so grateful to the PIC and all the lovely staff" and "Lovely team. We are very happy with the respite".

The service was operated through a human rights-based approach to care and support, and respite users were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each respite user staying 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.

This inspection found that the provider had implemented management systems which were effective in providing oversight of risks in the service and in ensuring that respite users were safeguarded and were in receipt of a good quality and person-centred service.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The person in charge met the requirements of Regulation 14 and were supported in their role by a programme manager. There was a regular core staff team in place and they were very knowledgeable of the needs of the respite users. The staffing levels in place in the centre were suitable to meet the assessed needs and number of respite users staying in the centre.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet respite users' assessed needs. The inspector spoke with a number of staff over the course of this inspection and found that staff were well-informed regarding respite users' individual needs and preferences in respect of their care.

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

The registered provider had implemented management systems to monitor the quality and safety of service provided to respite users and the governance and management systems in place were found to operate to a good standard in this centre. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. For example, the person in charge reported to a programme manager who reported to a Director of Care. There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including unannounced visit reports, and audits on medication, personal plans, safeguarding, staff training, fire, infection prevention and control and the premises.

There were contracts of care in place for all respite users, which were signed by their parents or guardians. Contracts of care were written in plain language, and

their terms and conditions were clear and transparent.

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.

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 respite users 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 and healthcare assistants. The inspector spoke to the person in charge, programme manager and to three staff members on duty, and found that they were all knowledgeable about the support needs of respite users and about their responsibilities in the care and support of respite users.

Effective roster management, conducted by the person in charge, ensured appropriate staffing levels. On the day of inspection, five staff were present during the day, and three staff members provided waking night-time cover. A review of March and April 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 maintained by the Human Resource department and found that they contained all the required information in line with Schedule 2, including an up-to-date vetting disclosure, evidence of qualifications, evidence of identity, and a full employment history.

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 respite users. This included mandatory training in critical areas such as fire safety, managing behaviours that challenge, and safeguarding, 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 children's first, infection prevention and control (IPC), human rights, total communication, feeding, eating, drinking, and swallowing (FEDS), and autism awareness.

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 four 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 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 and was also made available for the inspector to review on the day of this inspection.

Upon review, the inspector confirmed that the insurance policy covered the building, it's contents, and respite users' personal property.

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

Judgment: Compliant

Regulation 23: Governance and management

The provider had established measures to ensure that a safe, high-quality service was consistently provided to respite users, while also ensuring that national standards and guidelines were being adhered to.

A clear management structure was in place, with well-defined lines of accountability. Evidence showed that there was consistent oversight and monitoring of the care and support provided at the designated centre. along with regular management

presence. The respite service was effectively managed by a capable person in charge, who, with the support of their programme manager, possessed a thorough understanding of respite users' and service needs and had established structures in place to fulfill regulatory obligations. Furthermore, all respite users 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 fire safety, housekeeping, infection prevention and control (IPC), medication, and respite users' care plans, 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.

There were effective arrangements in place for staff to raise any concerns. Staff spoken with during this inspection shared with the inspector that they felt comfortable raising concerns with the person in charge. In addition to regular supervision, staff attended monthly team meetings, which provided a platform to raise and address any concerns. The minutes from these meetings, reviewed by the inspector, demonstrated that the agenda was thorough, covering important topics such as safeguarding, internal communications, individual care issues, care plans, quality and safety, and audits.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Information regarding the admission of respite users was clearly outlined in both the provider's established policy and their statement of purpose. Referrals for respite care were accepted from the Health Service Executive (HSE) for CH0 area 7, specifically for children with mild, moderate, severe, or profound physical and/or intellectual disabilities.

Admissions were coordinated and managed on the priority rating of the referrals, as well as the compatibility with other respite attendees, which ensured a well organised and suitable environment for all respite users.

On admission, each respite user and their parent or guardian agreed to and signed a written contract with the provider, which clearly outlined the terms of their stay in the respite service. The inspector reviewed five contracts of care and found that they were written in a clear, comprehensive, and understandable manner, ensuring that both the respite user and their parent or guardian were fully informed of the terms and conditions.

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 respite users, 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 respite users and their families 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.

The provider had measures in place to ensure that a safe and quality service was delivered to respite users. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred.

The inspector found the atmosphere in the centre to be welcoming, warm, and relaxed. The inspector completed a walk around of the centre and found the design and layout of the premises ensured that each respite user could enjoy staying in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair. Each respite user had their own private bedroom for the duration of their respite stay and had ample storage in which to keep personal belongings safe and secure.

Arrangements were in place to ensure respite users received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. There were processes in place to rigorously monitor and evaluate respite users' nutritional care to ensure high-quality care was being provided.

A respite users' guide was available in the designated centre. The guide was reviewed on the day of inspection and was found to contain all of the information as

required by Regulation 20.

The provider had implemented a range of good infection prevention and control measures. There was a policy available that was reviewed at planned intervals. This policy clearly outlined the roles and responsibilities of staff members and gave clear guidance with regard to the management of specific infection control risks. The policy also guided comprehensive cleaning and monitoring of housekeeping in the centre, and these practices were observed on the day of this inspection.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Respite users' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge had ensured that respite users' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions respite users required.

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.

Overall, respite users were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 17: Premises

The design and layout of the designated centre ensured that each respite user could enjoy their stay in an accessible, spacious and comfortable environment. Each respite user had their own private bedroom for the duration of their respite stay. They were able to store their belongings in individual wardrobes, drawers, and lockers within their rooms. One bedroom was equipped with a ceiling hoist to assist respite users with assessed needs in this area.

The equipment used by respite users 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, ceiling hoists, and shower beds undergoing annual servicing.

The inspector observed a warm and calm atmosphere within the designated centre

and a walk-around of the designated centre further confirmed that the centre was thoughtfully designed and laid out to meet the assessed needs of all respite users. For instance, there was a sensory room, which was designed to create a multi-sensory environment. The inspector observed it was equipped with fibre optic lighting, toys, beanbags, padding, and soft play objects, which provided a calm and engaging space for respite users to enjoy during their stay.

At the rear of the designated centre, there was a garden area featuring solar lighting and a sensory garden, which provided a peaceful space for respite users to enjoy if they desired. The inspector also observed a variety of outdoor activity items available for use, including a trampoline, a swing chair, and access to a football pitch and mini golf area.

Overall, the premises was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of respite users using the service.

Judgment: Compliant

Regulation 18: Food and nutrition

On the day of this inspection respite users did not present with identified needs related to feeding, eating, drinking and swallowing (FEDS). However, the inspector reviewed FEDS care plans for two respite users who recently stayed in the designated centre and they provided clear and comprehensive guidance on mealtime requirements, including food texture and consistency, utensils required, and feeding routine and behaviours.

All meals provided were home-cooked and customised to meet each respite user's unique preferences. During their stay meal options were discussed during weekly meetings to ensure all individual tastes were considered and provided for. Additionally, respite users were actively encouraged and supported to take part in meal preparation, making the experience and their stay more inclusive and enjoyable.

Each respite user had a detailed food preference sheet outlining their individual likes for breakfast, lunch, dinner, snacks, and fluids. These sheets also included specific information regarding school lunch preferences, which were thoughtfully prepared each day at the designated centre. During the inspection, the inspector observed that all food items listed on the preference sheets were readily available and well-stocked, reflecting a high standard of personalised care and attention to dietary needs.

The inspector noted the kitchen was well-equipped with high-quality cooking appliances and utensils, ensuring that both respite users and staff supporting them had everything they needed to prepare meals comfortably and safely.

Judgment: Compliant

Regulation 20: Information for residents

In accordance with Regulation 20, the registered provider prepared a guide for the designated centre. A copy of this guide was made available to the inspector and to each respite user upon their stay.

The inspector reviewed the guide and confirmed that the information met regulatory requirements. Specifically, it covered information pertaining to the statement of purpose, admissions and service contracts, complaints procedure, communication, visits, and respite users' rights.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had prepared written policies and procedures on infection, prevention and control (IPC) matters which were readily available for staff to refer to.

The provider had established procedures for the ongoing and reinforcement of effective infection prevention and control practices. These measures were designed to protect both respite users and staff from the risk of infection, thereby enhancing the overall safety of the centre. For instance, comprehensive cleaning schedules were in place for both day and night-time routines. The inspector observed day staff diligently completing cleaning tasks as per the checklist throughout the duration of this inspection. Additionally, the cleaning schedules included specific provisions for cleaning sensory room equipment and disinfecting toys used by respite users, ensuring a clean and safe environment at all times.

Furthermore, day staff were required to complete weekly deep cleaning duties, which included cleaning all window blinds, outside windows, and recreational areas in the designated centre. These tasks were essential in promoting strong infection prevention and control measures, and ensured a clean and safe environment for all respite users, visitors and staff alike.

All staff received appropriate training and regular updates in line with best practice guidance. Staff spoken to were knowledgeable about how to reduce the risk of infection and understood the procedures to follow in the event of an outbreak. For example, staff members were familiar with the provider's protocols pertaining to the management of laundry and linen. Additionally, the inspector observed that the necessary equipment (alginate bags and spill kits) was in place and readily accessible to effectively manage any potential outbreaks, ensuring a prompt and

appropriate response if needed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider effectively mitigated fire risks by implementing comprehensive fire prevention and oversight measures. For instance, the inspector observed the installation of fire and smoke detection systems, firefighting equipment, and emergency lighting. A review of the service records maintained at the designated centre evidenced that all these measures were regularly inspected and maintained by a specialised fire safety company.

The inspector observed that the respite home was outfitted with an addressable fire panel, conveniently located in the entrance hallway. Furthermore, every fire door, including those in bedrooms, was equipped with automatic door closures to ensure optimal safety.

The provider had established robust measures to ensure that each respite user was fully informed about fire safety procedures. For instance, the inspector examined the personal evacuation plans of five respite users, each of which detailed the specific support needed for a safe evacuation during an emergency. Additionally, staff had completed mandatory fire training, and those spoken with during the inspection demonstrated a thorough understanding of the tailored support each respite user required to ensure a prompt and safe evacuation.

The inspector reviewed fire safety records, including details of completed fire drills, and confirmed that regular fire drills were conducted in accordance with the provider's policy. The provider and person in charge demonstrated their capability to safely evacuate respite users during emergencies, both in day-time and night-time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed five respite user files, all of which contained detailed, up to date assessments of need. These assessments were developed through a collaborative consultation process involving both the respite user and their parent or guardian prior to the first admission to respite care. The consultation process was thorough, and focused on gathering comprehensive information in order to assess the resources required for a smooth admission and transition. This approach also ensured that each potential respite user had the opportunity to express their

individual needs, preferences, and wishes.

The assessments of need formed the basis of comprehensive care plans, which were written in a person-centred manner, clearly reflecting the respite users' individual preferences and needs regarding their care and support. For instance, the inspector observed detailed plans on file covering areas such as personal support, communication, family inclusion, safety and supervision, health promotion, personal care, social development, and community access. These plans ensured that the care provided was tailored to each respite user's specific requirement, which promoted their wellbeing and independence.

The inspector also reviewed five respite users' personal plans, which were presented in an accessible format and outlined individual goals for 2025 that were important to each respite user. These personal plans included key information such as "All About Me", "My Family", "Special People, Special Things", "How I Communicate", "Fun Things I Like to Do", "Places I Like Going", and "Things I Don't Like". This ensured that the care and support provided were tailored to each respite user's unique preferences and needs, which fostered a person-centred care environment.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had established systems in place to protect respite users 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.

During this inspection, there were no open safeguarding concerns. Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident to the inspector that staff took all safeguarding concerns seriously.

Following a review of five respite users' 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 respite user'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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant