Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Lisheen Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Lisheen Nursing Centre Unlimited Company</td>
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<tr>
<td>Address of centre:</td>
<td>Stoneylane, Rathcoole, Co. Dublin</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>20 March 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000059</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0022139</td>
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About the designated centre

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

Lisheen is a purpose built privately owned designated centre which has been operating since 1988. Lisheen is a two storey building which as been adapted and extended to provide accommodation for 114 residents over the age of 18 years who need long term care and support. Accommodation is provided in single and twin bedrooms most of which are en-suite. The centre is divided into nine units each of which has a dedicated staff team. The units are laid out into homesteads with spacious communal areas served by a small kitchenette. The landscaped gardens are of a dementia friendly design and provide a safe outside space for residents. Lisheen is situated on a landscaped site with views over the surrounding countryside. The centre is a short distance form a local village with shops, community centre and churches. The village is served by public transport routes. There is a large car park to the front of the building and disabled parking is available. The building is wheelchair accessible. Lisheen provides care and support for individuals who require assistance with the activities of daily living. This includes persons with cognitive impairments, dementia and long term mental and intellectual disabilities. The service aims to support them in their illness whilst promoting their health and well being.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>03/10/2020</th>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>114</td>
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>20 March 2019</td>
<td>08:30hrs to 16:30hrs</td>
<td>Ann Wallace</td>
<td>Lead</td>
</tr>
<tr>
<td>20 March 2019</td>
<td>08:30hrs to 16:30hrs</td>
<td>Carol Grogan</td>
<td>Support</td>
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Views of people who use the service

Residents who spoke with the inspectors were very positive about the care and services that were provided in the designated centre. Residents said that they were well looked after and that staff were kind and caring. One lady described the centre as a home from home telling the inspectors that she could plan her day as she wished and that staff and routines would work around her to facilitate this. A number of residents commented on how the staff had encouraged and supported them to keep their independence with walking and other daily activities.

Residents and their families told the inspectors that the managers and senior staff were accessible and that they saw the person in charge most days. Families said that they were kept informed about any changes in their relative’s health or well being and that if they had any concerns or complaints that staff were approachable and dealt with the issues promptly. All of the residents that spoke with the inspectors said that they felt safe in the centre and that they could talk to staff if they were worried about anything.

Residents said that the premises met their needs and that they were warm and comfortable. A number of residents showed the inspectors around their bedrooms. Residents explained that they were encouraged to organise their personal space as they wished and staff would put up pictures and shelves if the resident wanted them. Residents made good use of the communal lounge and dining areas at meal times and for the activities on offer throughout the day. A number of bedrooms had patio doors which opened onto the enclosed garden areas and residents said that they particularly enjoyed going into the garden to sit out in the warmer weather.

Residents said that they enjoyed their meals and that there was plenty of choice available. Some residents preferred to take their meals in their rooms and they said that the meals were always nicely presented and were served hot. Breakfasts were served until late morning for those residents who preferred a lie in.

Residents who spoke with the inspectors said that there was plenty to do during the day and that they enjoyed the varied activities programme. Residents were encouraged to maintain skills such as playing the piano, singing and art work and some residents told the inspectors that they had learnt new skills since their admission. Both families and residents enjoyed the designated centre's pet dogs and resident cat.

Capacity and capability
The designated centre was well managed for the benefit of the residents and the staff who lived and worked there. There was a clear management structure in place. Staff were clear about their roles and responsibilities and were supported to provide a high standard of care and services for the residents.

Comprehensive staff selection and recruitment processes helped to ensure that appropriate staff were recruited to the staff team. Managers ensured that staff had access to appropriate training and supervision in their work. As a result there was a well established staff team and a low turnover of staff. This helped to ensure continuity of care for the residents.

There were effective systems in place to monitor the safety and quality of the service. There were regular audits of key clinical and risk areas. Audit findings were reviewed by the senior management team through the quality and safety committee. Appropriate actions were taken as needed and the outcomes were reviewed at follow up meetings.

Residents and their families were encouraged to provide feedback on the service through resident and family meetings. Complaints were well managed and all complaints were investigated promptly. Where improvements were required these were implemented by the relevant staff and followed up by managers.

**Regulation 14: Persons in charge**

The person in charge (PIC) role is shared between two persons. Both PICs are registered nurses with more than ten years experience of working with older persons in a residential setting.

Inspectors found that the persons in charge were engaged in the effective governance, operational management and administration of the designated centre.

Judgment: Compliant

**Regulation 15: Staffing**

Inspectors found that that the number and skill mix of the staff was appropriate having regard to the needs of the residents and the size and layout of the designated centre. There was a registered nurse on duty at all times in the centre. There were sufficient ancillary staff in the housekeeping, catering and activities teams to ensure that care and services in these areas were delivered as stated in the centre's statement of purpose.

There was a low turnover of staff which helped to create a well-established staff team with a number of staff having worked in the centre for more than ten years.
The person in charge monitored staffing levels closely and adjusted the staff mix as required to meet the changing needs of the residents. For example extra staff were available if a resident was ill in bed or a resident needed extra supervision from care staff. Staff were found to be kind and caring in their work and staff resident interactions were marked by genuine respect and empathy.

Staff received a comprehensive handover report when they arrived for their shift. Following handover an allocation sheet was completed and given to each member of staff so that they knew which residents they were caring for during the day. Staff worked well together showing cooperation and respect to each other in their work. This helped to create a calm and friendly atmosphere for residents and their visitors.

**Judgment:** Compliant

**Regulation 16: Training and staff development**

Staff had access to appropriate training and support in their work. The management processes ensured that staff were adequately supervised and that staff received regular feedback on their work. As a result staff were clear about what was expected of them in their role and about the standards that were required.

Records showed that staff attended regular mandatory training and updates in key areas such as moving and handling, infection control, fire safety and safeguarding. All new staff completed a comprehensive induction programme as part of their probationary period. Senior care staff and managers oversaw the induction training and ensured that staff were supported to complete all training required and that they were supervised during their first weeks working in the designated centre. The training included the designated centre's policies and procedures and helped to ensure that staff were clear about the correct policies and procedures to guide their work.

Additional training needs were identified through staff appraisals and quality assurance processes. This helped to ensure that staff had up-to-date knowledge and skills to care for the residents appropriately.

Staff had access to regular supervisions and annual appraisals with their line managers. Staff knew what they were doing well and where they needed to improve. As a result staff were aware of what was expected of them and were seen to take responsibility for their work.

**Judgment:** Compliant

**Regulation 23: Governance and management**
The designated centre was well resourced and effectively managed to ensure that a good quality and safe service was being provided for the residents. There were appropriate systems in place to provide oversight and monitor the safe delivery of the service.

Inspectors found that there were sufficient resources to provide safe and effective care and services for the residents currently living in the designated centre. Staffing levels supported flexible routines and residents were able to spend their day as they wished. There were sufficient activities staff to ensure that residents had access to meaningful activities in line with their preferences and capacities.

The designated centre is family owned and managed. The current providers have more than twenty years experience of managing a residential service for older persons. There was a clearly defined management structure in place which specified roles and detailed the responsibilities for all areas of the service. Managers were well known to residents and staff and were accessible in the building. During the inspection the person in charge was familiar with the current residents and was aware of any recent complaints and incidents.

Staff and resident meetings were held regularly. Records showed that relevant information was shared appropriately with staff and residents. In addition issues and ideas were discussed and where areas for improvement were identified these were communicated to the relevant person and improvement actions were agreed. For example suggestions for the menus and the activities programme.

The were well established systems in place to monitor the the quality and safety of the service. These included a monthly audit programme in key clinical areas such as falls, use of restraints, incidents and pressure sores. Audit information was used to identify trends and areas for potential improvements. Staff were made aware of audit results relevant to their areas of work and were involved in identifying new ways of working in order to improve and develop services for the residents. Resident feedback was sought on all areas of the service through informal and formal meetings with managers and through the annual review of the service.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contract for care and services met the requirements of Regulation 24.

Each resident had a contract for care and services which included the details of the services to be provided, the fees to be charged for the service and any additional fees charged by the designated centre for additional services. In addition the contract provided details of the resident's room number and occupancy.
Judgment: Compliant

**Regulation 3: Statement of purpose**

The statement of purpose had been recently reviewed and included the information required in Schedule 1 of the regulations.

The provider was currently updating the details in the statement of purpose to reflect the recent changes in usage of four rooms in the designated centre.

Judgment: Compliant

**Regulation 31: Notification of incidents**

The centre had clear policies and procedures in place to manage incidents and accidents that occurred in the designated centre. The action required from the previous inspection had been addressed and all notifiable incidents had been reported to the office of the Chief Inspector.

Records showed that the number of falls and other incidents was low in the designated centre. Inspectors found that there was good oversight of incidents and accidents through the designated centre's quality and safety committee. When an incident did occur the details of the incident were reviewed by managers and staff and any learning from the incident review was communicated to the relevant persons.

The centre maintained a record of all incidents such as falls or accidents that occurred in the centre. Records showed that all notifiable incidents were reported to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

**Regulation 34: Complaints procedure**

There was an accessible and effective system in place to report and investigate any complaints that were made in the designated centre. Residents and their families were made aware of the complaints procedure and knew how to raise a complaint with managers and staff.

Residents and their families were made aware of the complaints procedure on admission. A copy of the complaints policy was included in the resident's guide and
was also displayed in prominent positions around the designated centre. The policy identified the manager who was responsible for managing complaints.

Records showed that there were low numbers of formal complaints. The record included details of the complaint, the follow up investigation and the outcome. Complaints records showed that the complaint was dealt with promptly and that the complainant was kept informed throughout the investigation and was notified about the outcome. The record also included the complainant's level of satisfaction with the outcome and detailed any follow up actions.

Judgment: Compliant

Quality and safety

Residents received a high standard of care and support from a well established staff team who knew them well. Care was person centred and residents were able to make choices about their care and daily routines. The provider promoted a social care model that supported residents to remain as independent as possible.

The design and layout of the premises met the needs of the residents and supported the philosophy of promoting independence and choice in residents' daily lives. The homestead design was effective in creating a sense of community and homeliness in each unit. Residents were warm and comfortable and were supported to mobilise around the units either independently or with the support of staff. The garden areas were very accessible and ensured that residents could access outdoor space as part of their daily routine.

There was a comprehensive range of 1:1 and group activities and entertainments available for residents. The programme ensured that residents had access to meaningful occupation in accordance with their preferences and capacities.

Residents had access to a high standard of evidence based nursing care from a well qualified and experienced nursing team. Medical services were provided by local General Practitioners (GP) and specialist medical consultants as required. Staff ensured that residents were also able to access to a wide range of health and social care professionals to meet their ongoing needs and to promote their health and independence.

Inspectors found that the service respected and upheld residents' rights and that staff maintained resident's dignity and privacy when providing care and support. Residents said that staff were kind and caring. Residents said that they trusted the
staff who cared for them and that they felt safe living in the designated centre.

The provider had taken appropriate measures to keep residents safe. There were clear policies and procedures in place in relation to safeguarding and the management of risks. Staff were trained on the policies and procedures and were clear about their responsibility to keep residents safe.

Regulation 17: Premises

The current layout of the designated centre was appropriate to the needs of the residents and was in accordance with the centre's statement of purpose. The premises was well designed and laid out to provide a homely and safe environment for the residents who live there. The facilities were found to support residents to make choices in their daily routines and to facilitate their independence.

Accommodation is provided over two floors and is divided into nine units with between 10 and 20 residents in each unit. Bedroom accommodation is mostly single rooms with some twin rooms available on Bluebell and Carnation units. Most bedrooms are en-suite and provided a high degree of privacy for residents. The twin rooms were well laid out with privacy curtains to ensure that residents could carry out personal activities in private. Communal toilets and bath/showers were also available on each floor. Communal toilets and bathrooms were spacious and well laid out to support the use of assistive equipment such as hoists and wheelchairs.

Bedrooms were well laid out with adequate storage for each resident. Residents had access to a locked drawer if they wished to store personal items securely. Residents were encouraged to personalise their bedrooms with photographs and artefacts from home. Some residents had brought in small items of furniture. As a result bedrooms were individualised and laid out to meet the resident's preferences and needs.

Communal areas were spacious and bright. The communal space was laid out in a homestead design with combined lounge dining space and a small kitchenette in each one. These dining/lounge areas were well used by the residents on the day of the inspection at meal times and during activities. At other times residents were observed sitting comfortably and reading the paper or watching the television with staff. This helped to create a real sense of community on the units.

In addition to the main communal areas there were a number of small seating areas located between units. These provided a quiet space for residents to sit or to meet with their visitors in private.

The designated centre was clean and well maintained. The provider was in the process of changing the layout and usage of four rooms in the centre to provide additional bedroom accommodation. Maintenance staff and builders had taken
appropriate steps to reduce the noise and dust and the disruption to residents on these units.

The provider had made good use of colour, focal points and signage in the building in order to help residents to orientate themselves and to navigate the units successfully. Corridors were wide and were lined with hand rails to support residents to mobilise safely either by themselves or with the help of staff. there was a passenger lift between floors.

The garden areas were well designed and laid out to provide a safe and accessible outdoor space for the residents. Pathways were wide enough for wheelchair access and were constructed with non-slip soft touch surfaces. Water features and raised beds were used throughout. there was plenty of seating areas for the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of food and drink to meet their dietary needs. Food was properly prepared on site and was wholesome and nutritious. Residents who spoke with the inspectors expressed high levels of satisfaction with the meal choices and the quality of the food.

Inspectors observed a lunch time meal on a number of units in the centre. There were adequate staff available to support residents at meal times. Staff knew the residents well and were knowledgeable about their nutritional needs and special diets. Staff offered discreet support and supervision to residents and encouraged independent eating with gentle prompts and simple instructions. Meal times were unhurried and residents were observed chatting with staff and amongst each other whist enjoying their food.

Choices were available at each meal time. Menus were printed and displayed in the dining areas although the menu for the day of the inspection was not on display due to a printing error. However staff ensured that residents were made aware of the choices on offer by talking with them and showing the plated meals to those
residents who were not able to understand the verbal description. Home baking was available each day and served with afternoon drinks. Fresh fruit and other snacks were available throughout the day for residents.

Records showed that each resident had an assessment of their nutritional needs on admission and if their needs changed. Where appropriate residents were referred to dietitian and speech and language therapists. Where a specialist practitioner advised an interventions such as textured diets or thickened fluids this was implemented by nursing and care staff. Each resident's nutritional status was monitored by nursing staff and if indicated residents were commenced on daily fluid and nutrition monitoring charts.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Each resident had a comprehensive assessment of their needs which took into account their self care abilities and their preferences for care and support. Residents were regularly reviewed and their assessment details updated. As a result each resident had a care plan that reflected their current needs and ensured that their care was delivered appropriately.

Records showed that each resident had a pre-admission assessment before coming to live at the designated centre. This helped to ensure that the service could meet the resident's needs and that a good client/home fit was achieved. The assessment was continued following their admission and the information was used to develop a care plan with the resident. Risk assessments were completed in key areas such as mobility, falls, skin integrity, pain and dependency. These assessments were reviewed three monthly or more often if the resident's needs changed.

The inspectors reviewed a sample of care plans. Records showed that the care plans were up to date and provided sufficient detail about the resident's needs to guide care delivery. Care plans also provided sufficient information about each resident's self care abilities, life history and preferences for care and daily routines to support a person centred approach to providing care and support. Care plans were reviewed regularly and residents and/or their families were involved in the reviews.

Judgment: Compliant

**Regulation 6: Health care**

Residents received a high standard of evidence based nursing and health care which
Residents could choose to keep their own GP if the GP was prepared to visit them at the designated centre. Some residents had retained the local GP service following their admission. The GP team visited the centre regularly to assess and review the residents. Out of hours GP services were available if required. In addition specialist medical services were available including psychiatry of later life.

The designated centre was well known in the local community and worked closely with local doctors and other practitioners to ensure that residents had good access to a range of health and social care specialists to meet their needs. This included physiotherapy, occupational therapy, dietitian and speech and language therapists. Chiropody, dental and optical services were arranged for residents as required. Those residents who were eligible to take part in the national screening programmes for diabetes, bowel cancer, cervical and breast cancer screening were encouraged to participate.

Where a specialist practitioner had recommended a course of treatment records showed that this was implemented by nursing and care staff.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

There were clear policies and procedures in place in relation to the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents who displayed responsive behaviours were supported and reassured by staff who knew them well.

Staff had good access to training in the management of responsive behaviours. Care
was person centred and staff were familiar with those residents who might become agitated or distressed. Staff knew potential triggers for each resident's behaviours and how best to support and reassure the resident when this happened. The inspectors observed staff using appropriate distraction techniques and positive verbal assurances to guide those residents who became agitated or distressed.

Records showed that the designated centre was working towards a restraint free environment. The use of restraints was low and there was a range of alternative equipment available such as low low beds and alarm mats which reduced the need for bed rails. Where restraints were used the resident had been assessed for the equipment and their consent had been sought. Care plans ensured that the restraints were used in accordance with national guidelines.

Judgment: Compliant

**Regulation 8: Protection**

Inspectors found that the providers had taken all reasonable measures to protect residents from abuse.

Records showed that all staff working in the designated centre had attended safeguarding training as part of their mandatory training requirements. This included the centre's Safeguarding policy and procedures. As a result staff were aware of their responsibility to keep residents safe and how to report any concerns. There was an open culture in the centre and staff who spoke with the inspectors said that they would be able to raise any concerns they might have in relation to safeguarding with a senior member of staff.

Residents who spoke with the inspectors said that they felt safe and if they had any concerns that they would be able to talk to a member of staff. Residents said that staff were kind and caring and that they were always respectful towards them and their families. The inspectors spoke with a number of residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content.

Records showed that where a concern was raised that this was investigated by the provider and appropriate actions were taken to safeguard the residents.

The centre had clear policies and procedures in place in relation to resident’s finances and pension agent arrangements. Clear and up to date records for each resident were maintained which showed that residents had access to their funds as required. The inspectors checked the cash balances for a selection of residents' personal monies and found them to be correct. Residents had a locked facility in their bedrooms for the safe keeping of small amounts of monies and valuables if
they wished to manage their own personal monies.

Judgment: Compliant

**Regulation 9: Residents' rights**

The registered providers carried out the business in a manner which respected the individuality and rights of each resident who lived in the designated centre. Care was person centred and residents were supported to make choices about their daily lives and were encouraged to maintain their independence as far as possible within the limits of their physical and mental capacities.

Residents had access to a range of activities and entertainments each day. Activities were provided by a team of activities staff who had received specialist training in their roles. These staff were supernumerary to the nursing and care staff on each unit. Each resident had an assessment of their activity needs and preferences for hobbies and interests. As a result, residents of all abilities were able to participate in meaningful activities in accordance with their interests and capacities. Inspectors noted that this was a particular strength of the service.

Care plans recorded residents preferred daily routines and preferences for care and support. Residents who spoke with the inspectors said that their daily routines were flexible and that they had plenty of choice in how to spend their time. Staff knew the residents they were caring for and were aware of the residents preferred daily routines. Staff rosters and allocation were managed to ensure that there were enough staff on duty to offer flexible routines for residents. For example, staff were available to take residents out into the local community or if they wanted to go out into the garden for a walk.

There were clear policies and procedures in place in relation to ensuring resident's privacy and dignity and maintaining confidentiality. Staff were trained on the policies and procedures and were clear about their responsibilities in these areas. Staff were observed to knock on bedroom doors before entering and seeking residents' permission before carrying out any care activities such as moving a resident in a wheelchair or sitting down next to a resident to help them with their meal. The layout of the centre ensured that residents' privacy and dignity were maintained during personal care activities such as toileting and daily hygiene routines. There were enough quiet areas for residents to meet with their visitors in private or to take a private telephone call.

Residents had access to television, radios and newspapers and were seen discussing local and national events with the staff on their units. WIFI was also available. Staff organised regular trips into the local community and to places of interest in the
Dublin area. The local schools visited the centre to provide entertainments and social activities and the residents were invited to local events during the summer and at Xmas time.

Resident meetings were held throughout the year. These were well attended and the minutes were circulated to all residents. Feedback and suggestions from the residents were communicated to the relevant staff and improvement actions were followed up at the next meeting. Residents had access to independent advocacy services if required. Residents were supported to participate in local and national elections as they occurred.

Pets were encouraged in the centre and residents told the inspectors that they enjoyed daily visits from the pet dogs and house cat. Some residents were encouraged to take part in the daily care and feeding of the pets and enjoyed this role and the associated responsibilities.

| 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

<table>
<thead>
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<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Views of people who use the service</td>
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<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
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<tr>
<td>Quality and safety</td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
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<tr>
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