



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

Issued by the Chief Inspector

Name of designated centre:	My Life - Croí
Name of provider:	MyLife by Estrela Hall Limited
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	09 September 2025
Centre ID:	OSV-0008459
Fieldwork ID:	MON-0039594

About the designated centre

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

The centre is a detached four bedroom house that can cater for four residents with low to medium support needs. Each resident has their own bedroom and one is en-suite. The centre is on the outskirts of a large town and residents can access the town by the centre's vehicle, by bus or by walking. The centre is staffed 24 hours, seven days a week by one carer and is managed by a person in charge with the support of a house lead, and deputy house lead.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 9 September 2025	10:17hrs to 18:17hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of this announced monitoring inspection, the inspection findings were very positive. The residents were receiving a good standard of person-centred care from a staff team who ensured their assessed needs were being met.

The inspector had the opportunity to meet and chat with three of the four residents that were living in the centre at different times of the day. They appeared comfortable in their home and content in the presence of the staff member on duty as well as the person in charge.

The inspector did not get an opportunity to meet with the fourth resident as they were visiting family overnight. The inspector did however get the opportunity to speak with a family representative for this resident on the phone and this will be discussed further in this section.

The three residents spoke individually with the inspector. They all confirmed that they were happy living in the centre. They communicated that the staff team were nice and spoke to them in a nice way. They all felt they received choice in how they spent their days, and the dinners on offer each day. They said they felt safe living in the centre and that if they had any concerns that they would tell a staff member.

A new initiative to promote healthy living, and to encourage friendly competition, started in the centre in 2024 called "hunk of the month". Every month the resident who tried to eat the healthiest and or exercise more won a certificate of "hunk of the month". One resident proudly showed off several certificates from when they won the award.

On the day of this inspection, one resident spent some time in the house before attending their paid employment. Another resident was briefly in the centre to get ready to attend a family occasion. The third attended their day service programme and relaxed in for the evening as they said they were tired.

Residents spoken with confirmed that they felt they got out enough to do activities that they liked. Activities ranged from going swimming, going out for coffee or lunch with friends or partners, playing football for a team, attending a specific club each week, and going for walks depending on their interests.

The inspector had the opportunity to speak with the staff member on duty, and the person in charge. They appeared warm and caring toward residents and the staff member was observed to engage with the residents in a relaxed and very friendly manner which the residents appeared to enjoy. For example, the inspector observed the staff member and a resident appear to really enjoy each others company as they had a jovial conversation about their favourite football teams.

The inspector had the opportunity to speak with two family representatives on the phone. When asked if they had any concerns about the care and welfare in the centre both responded by saying that they had no concerns. Both confirmed that they would be comfortable bringing up any concerns they may have if any concerns were to arise. One family representative said "all in all the service was brilliant" and "in general everything is great". They had however what they referred to as some "small things" that they wanted to bring up with the inspector and provider. It was to ensure staff followed through on certain aspects of care or healthcare areas they felt possibly could benefit from further consideration. For example, they would like their family member to receive more supervision to ensure the resident brushed their teeth twice daily. Their concern was that the resident may tell staff that they have brushed their teeth and may not have. The person in charge communicated to the inspector that they would bring this up with the staff team and record it in the resident's intimate care plan. Any areas brought up by the family representatives were discussed with the the person in charge. They confirmed that any areas discussed would be reviewed and reflected on to see if improvements could be made.

Both family representatives felt their family members were treated with dignity and respect by staff. One family representative communicated that they felt staff were nice and kind. In particular they named a specific staff member and said that they were "very impressive and caring". They said that their family member seems happy in the centre and they would know if they weren't happy.

As part of this inspection process residents' views were sought through questionnaires provided by the office of The Chief Inspector of Social Services (The Chief Inspector). Feedback from the four questionnaires was returned by way of staff representatives supporting the residents to complete the questionnaires. Feedback was positive and all questions were ticked 'yes' for happy when asked about the service and care provided. One resident commented that they 'liked their room' and another said that 'their friend visits every Sunday'.

The inspector observed the house to be nicely decorated and it was observed to be clean and tidy. The sitting rooms had a television for use and was decorated with some artwork completed by a resident's mother. The kitchen had a pool table, and a karaoke machine. The house also had a sun room as an additional space and it had jigsaws for use.

Each resident had their own bedroom. The inspector observed all four bedrooms and had the opportunity to be shown around two of the bedrooms by the residents themselves. They were decorated as per each resident's preference. For example, one bedroom had a duvet set of their favourite football club. Another resident picked specific wall and head board colours as they wanted their room to have a theme of a favourite movie of theirs. Bedrooms had personal pictures displayed along with personal items. One resident had their own talented artwork displayed in their bedroom. The bedrooms had adequate storage facilities for any personal belongings. Two residents spoken with confirmed to the inspector that they felt they had enough storage for their belongings.

There was an accessible front and back garden. The front garden had some real and decorative artificial plants or flowers and had space for parking. The back garden had a basketball net for use, and chairs, a bench and a table for relaxing in the garden. There were different shrubs, flowers and bushes to help the space feel inviting.

At the time of this inspection there were no visiting restrictions in place and there were no vacancies or recent admissions to the centre. There were no complaints raised in the centre in 2024 or to date in 2025. There were no restrictive practices in place and no requirement for behavioural support. However, if required residents could access a behaviour specialist.

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

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre and as part of on-going monitoring with compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in August 2023 at that time the centre was found to be fully in compliance with the regulations inspected against.

The provider and the person in charge were operating the service in a safe manner and the centre was appropriately resourced which ensured the delivery of care was meeting the residents' needs.

The inspector reviewed the provider's governance and management arrangements and found that there were appropriate systems in place in order to ensure the quality and safety of the service. For example, there were arrangements for an annual review of the service that included resident and family representative consultation. Feedback from that consultation was positive.

The inspector also found that the provider had prepared the required policies and procedures as per the regulations and they were available for review. In addition, there was a statement of purpose in place that was reviewed and updated on a regular basis as required. Furthermore, the provider had ensured that the centre was adequately insured against risks to residents and property.

From a review of a sample of rosters across four months, the inspector found that there was suitable staffing arrangements in place to meet the assessed needs of the

residents. The provider ensured that staff had access to training in order effectively support the residents, for example medication management.

Upon review of the most recent admission to the centre, the inspector found that they had a contract of care in place as required by the regulations. They had been provided with opportunities to visit the centre prior to them moving in. This facilitated a smoother transition for them and gave them a chance to get to know the other residents living in the centre.

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role. For example, they held a qualification in management fundamentals. They demonstrated a good understanding of the residents and their needs, such as what healthcare needs each resident required support with. This ensures that the service is led by a competent individual who can effectively advocate for residents and ensure their needs are consistently met.

They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process. For example, they were aware that it was their responsibility to ensure the reporting of any adverse incidents that occurred in the centre to the Chief Inspector of Social Services (The Chief Inspector).

The person in charge was responsible for two designated centres. The inspector found that they attended the centre a minimum of twice per week in order to provide oversight and provide informal supervision for staff.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff available, with the required skills to meet the assessed needs of residents. For example, the centre had a full staff team complement with no vacancies. This facilitated continuity of care for the residents.

As previous mentioned, the staff on duty on the day of the inspection were observed to be caring towards the residents.

The inspector reviewed a sample of rosters over a four month period from June to September 2025. The review demonstrated to the inspector that there were planned and actual rosters maintained, and that staffing arrangements were adequate in supporting the residents with their assessed needs.

As previously mentioned, the inspector had the opportunity to speak with two family representatives on the phone. They were happy with the service provided by the staff and one representative had communicated that they felt the staff were nice and kind.

Two staff personnel files were reviewed at this inspection, as well as additional Garda Síochána (police) vetting (GV) certificates for two further staff members, and the person in charge. The review demonstrated to the inspector, that the provider had arrangements for safe recruitment practices that were in line with best practice.

Judgment: Compliant

Regulation 16: Training and staff development

There were appropriate arrangements in place to support staff training and development. The inspector reviewed the training oversight matrix for training completed along with a sample of the certification for six training courses for all staff that worked in the centre. The inspector that staff access to suitable training in order for them to carry out their roles safely and effectively.

Examples of the training staff had completed included:

- safeguarding vulnerable adults
- cardiac first response or first aid
- training related to positive behaviour support
- medication management
- human rights
- fire safety
- training related to infection prevention and control (IPC), such as hand hygiene.

The inspector also reviewed the supervision files for two staff members. The inspector found that staff received formal supervision in line with the organisation's guidance. From speaking with a staff member and the person in charge, supervision was an opportunity for staff to raise concerns they may have.

Judgment: Compliant

Regulation 22: Insurance

As per the requirements of the regulations, the provider had ensured that the centre was adequately insured against risks to residents and evidence of the insurance was submitted to the Chief Inspector.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were adequate governance and management systems in place at the time of this inspection to meet the requirements of this regulation and ensure a safe service for residents.

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by the person in charge and they were supported by house lead, and a deputy house lead. The staff member on duty spoken with was aware of the reporting structure if an issue was required to be escalated. They felt supported by the person in charge and felt they would be confident to raise any concerns they may have.

Management systems ensured that the service was appropriately monitored. For instance, there were arrangements for annual reviews, and six-monthly unannounced provider led visit reports as per the requirements of the regulations.

The inspector also reviewed the last two six-monthly unannounced provider led visit reports and found that they were occurring as per the requirements of the regulations. The last review report had taken place in July of 2025. When necessary, the provider identified areas needing improvement and took steps to address them. From a sample of actions the inspector found that they had been either completed or scheduled. For example, identified diabetes training was scheduled for staff, and residents' bedrooms had been painted.

Other local audits were completed to ensure a good service was being provided to the residents and to ensure compliance with the regulations. For example, a restrictive practice audit was completed in July 2025, an annual infection prevention and control (IPC) audit, a bi-annual finance audit completed by a person in charge from another centre and was last completed in August 2025.

The inspector found that team meetings were occurring every six weeks. Standing agenda items included, safeguarding, a discussion on the residents, and incidents to ensure staff learning.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that the centre was in compliance with this regulation.

The admission for the last resident to move to the centre was planned, completed on a gradual basis and enabled them, the other residents living in the centre, and the staff to get to know each other.

In order to ensure the centre could support the resident and pre-admission compatibility assessment was conducted to evaluate the compatibility of the prospective resident with those already living in the centre. This assessment demonstrated a thoughtful approach to ensuring a smooth transition and maintaining a positive environment for all residents.

The inspector reviewed two contracts of care in place and observed that the services provided and fees to be charged were included in the document as required by regulations. They were found to be signed by the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1, for example the specific care and support needs intended to be supported in this centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared in writing, adopted, and implemented all of the policies set out in Schedule 5 of the regulations. In addition, they were all reviewed within the last three years.

For example, there were policies on:

- recruitment, selection and Garda vetting of staff, which was last reviewed in June 2025
- risk management and emergency planning, which was also reviewed in March 2023
- behavioural support, which was last reviewed in October 2023.

The inspector found that staff were required to sign to say that they had read the policies to ensure they understood them.

Judgment: Compliant

Quality and safety

This inspection found that the residents living in this service liked living in the centre and were supported in line with their assessed needs.

The inspector found there were systems in place to meet residents' assessed needs with regard to healthcare as residents had access to appropriate healthcare professionals, such as a general practitioner (GP).

Residents were supported with their communication in line with their assessed need, for example there were communication plans in place to guide staff to promote effective communication.

Residents were facilitated with their general welfare and development. For instance, they were supported to set goals for themselves to achieve. The inspector found that visits were facilitated with no visiting restrictions in place in the centre. Different private areas for entertaining visitors were available depending on residents' preferences.

There were suitable arrangements in place to ensure they were safeguarded in the centre and in the community. For example, staff were trained to recognise and escalate any safeguarding concerns. In addition, residents had access to their personal possessions and their possessions were found to be logged on a personal inventory list.

The inspector observed the premises to be clean and tidy which in turn facilitated the arrangements for IPC. There were suitable fire safety management systems in the centre. For example, periodic practice fire drills were conducted in order to ensure residents could safely evacuate in the event of an emergency.

Furthermore, there was a residents' guide that contained the required information as set out in the regulations and it was accessible for residents within the centre.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences.

Residents in this centre communicated verbally. From a review of two residents' files they had communication plans in place. Both were last reviewed within the last few months to ensure the information was up to date. The information guided staff as to

how the resident communicates. For example, one plan explained that a resident may respond "no" to a closed questions.

Staff spoken with were familiar with how the residents communicate and how best to communicate with them.

The inspector also observed easy-to read documents available for residents to support with their understanding. For example, personal hygiene resource pack, healthy eating for people with diabetes, feelings, advocacy, safeguarding, complaints, and fire safety.

In addition, the provider had arranged for the residents to meet with members of the local fire brigade, and the national advocacy service in 2024. This was in order to build the residents capacity and understanding of those areas.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that residents had access to a television, and a phone.

Judgment: Compliant

Regulation 11: Visits

The provider facilitated residents to receive visitors in accordance with residents' wishes.

The provider had a policy on visitors and it was found to be last reviewed in March 2023. There were no restrictions to visiting at the time of the inspection and there were suitable facilities available in order to receive visitors in private. For example, residents could entertain their visitors in the sitting room, sun room or if the weather was nice visits could be facilitated in the garden.

Both family representatives spoken with felt welcome to visit the centre. One family representative confirmed that they call unannounced on occasion to the centre and feels welcome. One resident commented in their questionnaire that their friend visited them every Sunday.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property. One method of facilitating this was by having an accessible policy in order to guide

staff policy in relation to residents' personal property, personal finances and possessions, which was last reviewed in January 2025.

Residents had their own items in their home and these were recorded in a log of personal possessions of which the inspector reviewed a sample of two residents' inventories.

Each resident was supported to manage their own laundry in line with their wishes. The person in charge communicated that residents were being encouraged to become more independent in this area. There was adequate space to store and maintain their clothes, personal property and possessions.

From speaking with two residents, and the person in charge, residents had support provided to manage their financial affairs in line with their preferences and assessed needs. For example, one resident chose to have their money minded by staff as they didn't want to lose it. They communicated that they could have access to their money whenever they wanted it and could spend it on whatever they wanted to.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community.

Residents were supported to set and achieve personal goals in order to enhance their quality of life. For example, from a review of a sample across the two residents' goals they related to chose how they wanted their room to be redecorated, booking a holiday (which was scheduled for the week after this inspection), learn to independently shave, and promoting healthy eating, exercise, and sleep health. It was evident from this inspection, that being supported to set and achieve goals was enhancing residents' quality of life.

From a review of two residents' files over August 2025, the inspector observed that residents were being offered a variety of activities. Activities ranged from cinema, dinner out, going shopping, attending a specific weekly club, and visiting family.

The person in charge had completed an activities audit in July 2025, to assure themselves that residents were engaging in meaningful activities and had opportunities for community access as per their interests. As an action from that audit, staff were to document when residents refuse activities offered.

One family member that spoke with the inspector would like if more activities were undertaken on Saturdays. They felt that a lot of activities happen on a Sunday when their family member is not there and they don't want them missing out. This was

discussed with the person in charge who said they would explore this with the resident.

Judgment: Compliant

Regulation 17: Premises

From a walkabout of the premises, the inspector observed that the layout and design of the premises was appropriate to meet residents' needs. For example, the facilities of Schedule 6 of the regulations were available for residents' use as required. For instance, there was access to cooking and laundry facilities. While some areas for improvement were observed under this regulation, the person in charge was responsive and rectified them on the day of this inspection.

The premises was found to be bright, clean, tidy, and in a state of good repair. There were colour coded equipment used for cleaning the centre and preparing food. There were appropriate facilities in place to facilitate good hand hygiene, for example the inspector observed that anti-bacterial gel, hand wash, and individual hand towels were available.

Each resident had their own bedroom with sufficient space for their belongings. Bedrooms were observed to be individually decorated to suit the preferences of each person. For instance, they were each painted a different colour and there were personal pictures and items displayed including one resident having their artwork displayed in their bedroom. The inspector observed that the pillows were found to have no pillow protectors and the majority of mattresses had no mattress protectors. In addition, several pillows were found to be stained and one had slight mildew on it. While this posed an IPC risk to the residents, the person in charge arranged for all new pillows to be purchased within one hour of this coming to their attention as well as new pillow and mattress protectors. In addition, in order to assure themselves that a similar situation would not occur again, the person in charge added the changing and cleaning of the protectors to the cleaning checklist to ensure they were regularly laundered.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations, for example how residents can access inspection reports.

Judgment: Compliant

Regulation 28: Fire precautions

From a review of the fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, the inspector found that there were suitable arrangements in place.

For example, emergency lighting, the fire alarm system, and the fire extinguishers in place each were found to be regularly serviced as required.

There were fire containment doors in place where required and they were fitted with self-closing devices. The inspector tested the fire containment doors to assess if they would close when required and found that each closed appropriately. This would facilitate containing a fire in the case of an emergency and provide additional time for residents to evacuate.

The inspector reviewed two residents' personal emergency evacuation plans (PEEP). The inspector observed that there were fire evacuation plans in place for residents in order to guide staff as to evacuation supports required in the event of an emergency. In addition, staff had received training in fire safety.

The inspector found that periodic fire drills were completed in order to assure the provider that residents could be safely evacuated from the building at all times. From a review of four fire drill records, the inspector found that drills included practicing a drill with minimum staffing levels and maximum residents participating as well as alternative doors were being used for evacuation as part of the practice drills. This was in order to assure the provider that residents could be evacuated from all areas of the building if required.

Judgment: Compliant

Regulation 6: Health care

From a review of three residents' healthcare information, the inspector found that residents' healthcare needs were assessed, and appropriate healthcare was made available to each resident. For example, residents had access to a range of allied healthcare services. They included, a GP, a chiropodist, urologist, psychiatry, and a nurse. While some areas for improvement were observed under this regulation, the person in charge was responsive and rectified them on the day of this inspection.

The inspector observed there were healthcare plans to support across a range of areas, such as bowel health, breathing care plan, high blood pressure, and hospital passport to guide hospital staff should a resident require to stay in hospital. A diabetes support plan did not outline what range would be considered for when a resident was experiencing low blood sugar, and the plan did not guide staff as to

steps to take other than to contact a nurse should the resident be experiencing high or low blood sugar. A staff member spoken with was not familiar with the how to deal with high or low blood sugar and communicated that they would contact the nurse. The person in charge arranged for the organisation's nurse to provide more guidance to the plan prior to the end of the inspection. The provider had already prior to this inspection arranged for the staff team to receive further diabetes training. This was scheduled for 16 October 2025.

While one resident was overdue their optician appointment, the person in charge arranged for an appointment to be scheduled for three days after the inspection. The person in charge communicated that they would review all the residents' last periodic reviews from professionals, such as opticians to ensure going forward that residents' appointments will not go outside of their recommended review period.

The staff member spoken with was familiar as to the majority of the healthcare supports residents required. For example, how often a resident required their inhaler. As previously stated, they were due to receive further diabetes training in the weeks following this inspection.

The inspector also observed that residents were supported to avail of annual vaccines, such as flu vaccines.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to protect the resident from the risk of abuse and facilitate a culture of safeguarding.

There was an organisational safeguarding policy in place which was last reviewed July 2023. From a review of staff training, the inspector found that staff were suitably trained to recognise and escalate any safeguarding concerns. There was a reporting system in place with a designated safeguarding officer (DO) nominated for the organisation and the staff spoken with was able to identify who the DO was.

While there were no safeguarding concerns that arose in this centre, the staff member spoken with was familiar with the steps to take should a safeguarding concern arise. This included if they witnessed peer-to-peer incident or an unwitnessed disclosure.

From a review of two residents' files, the inspector observed that there were intimate care plans in place to guide staff as to supports they required.

The inspector reviewed the finance balance recording sheets for one month for two residents and found that the residents' money was being checked daily by staff. This was to ensure their money was safeguarded. The inspector counted the money balance belonging to one of those residents in the presence of a staff member, and

the amount was found to match that recorded on the finance recording sheet. This demonstrated that the systems in place were working appropriately.

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 14: Persons in charge	Compliant
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
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant