Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Riada House Community Nursing Unit</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Address of centre:</td>
<td>Arden Road, Tullamore, Offaly</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12 March 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000529</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0028079</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.

Riada House Community Nursing Unit is a 35 bed facility, located within walking distance of Tullamore town centre. Residents' accommodation is arranged on ground floor level in two units known as San Pio and St. Anthony's Wards. There are 14 single bedrooms, nine twin bedrooms and one bedroom with three beds. All bedrooms have access to en suite toilets and showering facilities. The centre provides care for male and female residents over 18 years of age with continuing care, dementia, respite and palliative care needs. There are two sitting rooms, a dining room, oratory, sensory room and several seated areas off the circulating corridors available to residents. The provider employs nurses and care staff to provide care for residents on a 24 hour basis. The provider also employs GP, allied health professionals, catering, household, administration and maintenance staff.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 32 |
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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<tbody>
<tr>
<td>Thursday 12 March 2020</td>
<td>09:30hrs to 15:00hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
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</table>
Residents quality of life and access to meaningful and varied activities that interested them and suited their assessed capabilities was improved with the leadership of a skilled and dedicated activity coordinator. A significant number of residents in the centre had dementia and one-to-one and small group activities were modified to ensure their needs were met. The varied programme of activities provided for residents included some opportunities for them to go into the local community with assistance from staff, personal assistants or family members ensuring their quality of life was optimised.

Many residents were observed by the inspector enjoying coordinated activities in one of the sitting rooms. There was a nice atmosphere and residents and staff were chatting and laughing together. Residents said they enjoyed the activities going on in the centre and told the inspector that they had attended Mass in the centre earlier in the day. A resident's relative said that there was a lot of interesting activities going on and there was always plenty of fun and laughs for residents. Care staff were supporting the activity coordinator with facilitating residents one-to-one and group activities. One resident was being supported by their personal assistant to participate in using a stable leg exercise unit. Another resident was knitting and others were reading the newspaper and magazines. The inspector spoke with a resident in another sitting room who had a large screen television placed in close proximity to her so she could watch game shows and soaps that she followed. The activity coordinator told the inspector that the staff team were making all efforts to occupy residents with a variety of activities that interested them to alleviate their worries about the Covid 19 pandemic.

Residents told the inspector they were 'happy' and 'content with living in the centre'. They said they 'trusted' staff and that staff always cared for that them to a high standard. The inspector observed that residents' clothing was well fitted and well cared for. Many residents were resting in various styles of comfortable assistive chairs prescribed for them by an occupational therapist.

Residents confirmed they felt safe in the centre. Staff were observed to be very patient and encouraging towards residents and their interactions with them were kind and caring.

Several residents had become good friends with each other and the inspector observed a group of men chatting and laughing together while one of them used a pedal exercise unit.

The centre premises is on ground floor level and has been refurbished to a high standard. The refurbished premises provides residents with a comfortable and therapeutic living environment and is decorated in a style that is familiar to residents living in the centre. Residents could access a well-maintained sensory garden area as they wished. The gardens had shrubs, small trees, raised planters and seating...
areas, providing residents with an interesting and attractive outdoor space. Residents, at risk of leaving the centre unaccompanied could access this secure garden independently as they wished. There was a number of interesting areas in the centre including a seating area with views of the enclosed external garden. Several residents liked to go for walks around the centre and handrails were fitted along the corridors to maximise their safety and independence. The activity coordinator spoke to the inspector about a plan to display the length of the corridors as a health promotion motivation initiative for residents who enjoyed walking.

The communal rooms were homely and comfortable with familiar memorabilia and traditional pieces of furniture and fittings. Colourful and interesting art projects worked on by residents were displayed in the communal sitting rooms. The dining room beside the main kitchen was sufficiently spacious to accommodate all the residents at mealtimes. The dining room was decorated in consultation with residents and provided them with a familiar dining environment. Toilet facilities were within close proximity to the dining and sitting rooms. Signage was provided to help residents and visitors with accessing the various areas of the centre. A sensory room was available for residents' rest and relaxation in a quiet and therapeutic environment.

Circulating corridors were wide and ensured ease of access for residents with walking aids and wheelchairs. Handrails were painted in a contrasting colour to the surrounding walls to promote residents’ safe independence. The floor space in residents' bedrooms varied but each room met the privacy and dignity needs of residents residing in them. Many residents had taken opportunities offered to personalise their bedrooms with photographs, ornaments and small items of furniture from their own homes as they wished.

Residents and relatives who spoke to inspectors said they knew they could make a complaint to the person in charge or any other staff member if they were ever dissatisfied with any areas of the service. The majority said they never had any reason to complain. Others said that minor issues they raised were fully addressed to their satisfaction without delay.

Residents told the inspectors that they could personalise their bedrooms as they wished and that they had brought in items of furniture and photographs they liked from their own home. The inspector observed that several residents had photographs, soft furnishings and small items of furniture in their bedrooms, taken in from their homes for their continued enjoyment.

**Capacity and capability**

This inspection was announced to monitor on-going compliance with the regulations and standards and to inform an application by the provider to remove a condition on the designated centre's registration. This condition required that the centre was in compliance with the regulations by 31 December 2020. The inspector also followed
up on notifications received and the provider's progress with completing the compliance plan from the previous inspection in May 2019. The inspector found that the centre was now in compliance with the regulations as referenced in this report.

The governance and management of the centre was strengthened since the previous inspection with implementation of comprehensive arrangements to oversee the quality and safety of the service provided. This was reflected in a high level of compliance found across almost all regulations during this inspection. The provider had a clear governance and management structure in place with clear definition of roles and accountability arrangements. Systems were in place to monitor and review the quality and safety of care delivered and the quality of life for residents in the centre. There was evidence of continuous quality improvement in the centre. The person in charge was supported on a full-time basis with managing the service by a director of nursing.

The effectiveness of clinical care provided to residents and their quality of life was monitored closely by the management team. Auditing procedures in place of key areas of the service ensured areas needing improvement were identified and addressed with implementation of effective and timely remedial actions.

The provider ensured there were adequate numbers of skilled staff available to care for and assist residents in the centre. The person in charge had arrangements in place to review staffing levels in response to residents’ changing needs. Staff were facilitated to attend mandatory and a wide range of professional development training. Staff were knowledgeable and skilled in caring for residents diverse needs. The person in charge ensured effective communication arrangements were in place with staff at all levels of the organisation and staff confirmed to the inspector that they were well supported by the management team.

The provider ensured that all staff had completed Gardá Vetting before commencing working in the centre in line with the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 15: Staffing

The registered provider had sufficient numbers of staff with appropriate skills to meet the individual and collective needs of the residents. The person in charge ensured that there was at least one registered nurse on duty at all times.

The person in charge confirmed that all staff working in the centre had a vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant
### Regulation 16: Training and staff development

A broad programme of training was facilitated for staff. A staff training matrix was maintained by the person in charge and made available to the inspector. This record referenced that all staff had completed mandatory training in safeguarding and prevention of abuse, moving and handling and fire safety. Staff who spoke with the inspector confirmed that they were facilitated to attend up-to-date mandatory training and professional development training.

Staff were appropriately supervised according to their roles. Annual staff appraisals completed by the person in charge and residents' diverse needs informed development training made available to staff to ensure they had the necessary skills to competently care for residents in the centre.

Judgment: Compliant

### Regulation 19: Directory of residents

The centre maintained a directory of all residents that is inclusive of all information required by the Regulations

Judgment: Compliant

### Regulation 21: Records

A sample of staff files were examined by the inspector and contained all required information as set out in Schedule 2 of the regulations. All files contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

A record of simulated emergency evacuation drills simulated to test conditions and resources during the day and at night and testing of fire equipment (including fire alarm equipment) conducted in the designated centre was maintained and detailed all relevant information to sufficiently inform completion of these checking procedures. Identification of defects and actions taken to remedy the defects found in the fire equipment were detailed as appropriate.

The policies as required by Schedule 5 were available and were up-to-date.

A record of all visitors to the centre was maintained. Staff controlled access to the centre.
A register of any restrictive procedures used in residents' care was maintained and made available to the inspector.

A record pertaining to schedule 3, paragraph 4(c) regarding a daily nursing record of each resident's health, condition and treatment was completed as required.

Judgment: Compliant

**Regulation 23: Governance and management**

The centre's governance and management structure was clear and each staff member's roles and responsibilities were defined. The centre's management structure ensured comprehensive and consistent oversight of the service provided. Monthly management meetings were convened and appropriate records were maintained. Records of quarterly meetings were available and these meetings were attended by the provider representative. All areas of the service were reviewed at monthly and quarterly meeting forums including review of risk management, complaints management and resources available and actions from these meetings were progressed to completion.

There was a system in place to monitor the quality and safety of care. Key clinical indicators such as infections, falls, responsive behaviours and use of restraints among others were measured and kept under review by the person in charge to provide assurances regarding clinical effectiveness. A comprehensive analysis of this information was being done on an annual basis. The person in charge and senior management team told the inspector that work was underway to increase the frequency with which this information is being analysed over the year. Audits completed on key areas of the service facilitated the provider and person in charge to assess the quality and safety of the service provided. An audit schedule was in place. Information collated was analysed and action plans were developed to ensure areas identified as needing improvement were completed. The findings of audits were reviewed at monthly governance and management meetings and actions were progressed. Examples of improvements made included a quality corner for residents which included a relaxing alcove area off a corridor and a resident profile information board for staff that effected a 'safety check' process at staff handover meetings.

Sufficient resources were provided to meet residents' needs.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2019. The report was completed in consultation with residents.

Judgment: Compliant
<table>
<thead>
<tr>
<th>Regulation 3: Statement of purpose</th>
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<tr>
<td>The centre's statement of purpose was recently revised. The revised document contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.</td>
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Judgment: Compliant

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<tr>
<th>Regulation 4: Written policies and procedures</th>
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<td>Policies and procedures were centre-specific, available to staff and included the policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice.</td>
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Judgment: Compliant

<table>
<thead>
<tr>
<th>Quality and safety</th>
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<tr>
<td>The health, nursing and social needs of residents were met to a good standard in the centre on this inspection. Each resident's healthcare needs were comprehensively assessed and their care plan documentation clearly reflected residents' individual wishes and preferences regarding the care that was a priority for them.</td>
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Residents had timely access to their general practitioner and allied health professionals. Since the previous inspection in May 2019, the provider had arrangements in place to ensure there were no delay in residents accessing allied health professionals as necessary. Policies and procedures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Residents who spoke with the inspector confirmed that they felt safe in the centre and staff were knowledgeable regarding the procedures for managing and incidents or suspicions of abuse and their responsibility to report. Staff were facilitated to attend appropriate training on safeguarding residents from abuse. |
Residents were safeguarded from infection with robust infection prevention and control procedures in the centre.

Staff were knowledgeable regarding the individual needs of residents' with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff provided these residents with appropriate support with managing behaviours. Behaviour support care plans also provided clear guidance regarding the care and support these residents required. The use of physical restraint was under constant review and a minimal restraint environment was promoted in the centre.

The provider had procedures in place to ensure residents were protected from risk of fire in the centre. All staff were facilitated to attend fire safety training and evacuation procedures and staff were knowledgeable regarding compartmentation and safe placement of residents in the event of an emergency evacuation.

The provider acted as a pension agent for collecting some residents' pensions and had clear and transparent processes in place to ensure residents' finances were safely maintained and the procedures in place reflected legislative requirements.

**Regulation 17: Premises**

The layout and design of the centre provided residents with a therapeutic, spacious and comfortable living environment and met residents' individual and collective needs. Residents had access to a variety of communal areas and including comfortable sitting areas in alcoves off the circulating corridors.

A large enclosed secure courtyard was accessible to residents from a number of points along corridors and from one of the communal sitting rooms. Residents in the centre were accommodated at ground floor level in single, twin bedrooms and one bedroom with three beds used to provide accommodation for residents admitted for short-term respite care. The layout and design of one twin bedroom did not suit residents with mobility support needs and residents who were fully mobile were accommodated in this bedroom. These arrangements were described in the centre's statement of purpose.

All bedrooms had en suite facilities. Sufficient storage space was provided for residents’ clothing, personal belongings and equipment. had been reviewed and new wardrobes were installed as necessary.

The centre was warm, visibly clean and in a good state of repair throughout

**Judgment: Compliant**
### Regulation 25: Temporary absence or discharge of residents

An up-to-date policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into the community. Records were maintained regarding residents who leave or are temporarily absent from the centre.

**Judgment:** Compliant

### Regulation 27: Infection control

Measures were in place to protect residents from risk of cross infection and all practices and procedures in the centre were in line with the infection and prevention standards. Personal protective equipment (PPE) and appropriate waste management facilities were available. Hand hygiene facilities were used by staff as necessary and were conveniently located throughout the centre. Access to potentially hazardous areas, such as the sluice room was appropriately controlled preventing unauthorized access.

Floor cleaning procedures reflected best practice standards in infection prevention and control.

**Judgment:** Compliant

### Regulation 28: Fire precautions

Residents were safeguarded and protected from risk of fire in the centre. Fire fighting equipment was in place throughout the building and emergency exits were clearly displayed and free of any obstruction. Compartment boundaries were identified on a floor plan displayed by the fire alarm to inform the emergency evacuation procedures. Arrangements were in place to ensure fire and smoke were effectively contained in the event of a fire with fittings on all doors to ensure they closed automatically on activation of the fire alarm system.

Each resident's emergency evacuation needs were assessed and this assessment included identification of any cognition problems that might hinder their timely evacuation. This information was clearly recorded and discreetly maintained for ease of reference in an emergency. All staff were facilitated to attend fire safety training and to participate in a simulated emergency evacuation drill. Staff who spoke with the inspector were knowledgeable regarding the fire safety procedures in place and
the procedures for emergency evacuation of residents. Simulated evacuation drills were completed to test the efficacy of day and night time conditions including staffing arrangements and demonstrated timely evacuations.

Arrangements were in place to carry out daily and weekly fire safety equipment checking procedures and no gaps were noted. The centre's fire alarm was sounded on a weekly basis to check that it is operational at all times. Quarterly and annual servicing of emergency fire safety equipment including emergency lighting by a suitably qualified external contractor was completed. The contractor also provided an on-call repair service.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48 hours of their admission and regularly reviewed and updated thereafter in response to a change in their needs. Staff used several accredited assessment tools to assess each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs among others. These assessments informed person-centred care plans that clearly described priorities of care for each resident and the actions staff must take to ensure their needs were met. Sufficient detail was included to inform the frequency of care procedures and the optimal clinical parameters to ensure residents' ongoing health and wellbeing. All residents' care documentation was in paper format pending staff training on an electronic system that the provider plans to implement in the future.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. The families of residents unable to be involved in this process were consulted on behalf of individual residents. Records were maintained of this consultation process.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a general practitioner who attended the centre weekly or more often as necessary. Community psychiatry, psychology and palliative care services attended residents in the centre as necessary. Since the previous inspection in May 2019, the provider had put robust procedures in place to ensure residents had timely access to allied health professional services including physiotherapy, speech and language therapy and occupational therapy as
necessary. Tissue viability, chiropody, dental, optical and dietitian services were also available to residents as required.

Residents were given opportunity and supported to access out-patient appointments and national health screening programmes they were deemed eligible for.

Judgment: Compliant

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

A small number of residents experienced occasional responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were appropriately supported. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Residents’ responsive behaviours were well-managed and staff implemented effective person centred de-escalation strategies to support these residents. Records of individual resident's behaviours were maintained to assist with identifying triggers, additional supports and to inform treatment plans. A behavioural support care plan was developed for each resident with responsive behaviours. The detail in the information was person-centred, clearly described any triggers to behaviours and the most effective person-centred de-escalation strategies to be used by staff. Residents' care focused on supporting them so any responsive behaviours were avoided. Residents with responsive behaviours had access to psychiatry, psychology and psychiatry of older age services as necessary.

A minimum restraint environment was promoted in the centre. Documentation was in place confirming assessment of residents' need for full-length bedrails and details of alternatives tried were recorded. Safety assessments were completed to ensure bedrails were safe for residents to use prior to implementation and while in use. While the front door of the centre was secured due to risks identified, residents had access as they wished to two safe outdoor areas.

Judgment: Compliant

**Regulation 8: Protection**

Measures were in place to ensure residents were safeguarded and protected from abuse. All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff training records confirmed all staff were facilitated to attend this mandatory training. Staff who spoke with the
inspector were knowledgeable regarding the different kinds of abuse, how evidence of abuse may present and they clearly articulated their responsibility to report.

Residents confirmed to the inspector that they felt safe in the centre and that staff were always kind and caring towards them. All staff interactions with residents observed by the inspector on the day of inspection were respectful, courteous and kind.

Judgment: Compliant

**Regulation 9: Residents' rights**

Arrangements were in place to ensure residents were encouraged to participate in the running of the centre. Their feedback was valued by the provider, person in charge and staff and was used to inform the quality of the service provided in the centre. Residents’ meetings were held regularly and were well attended. Actions from these meetings were seen to be completed.

Residents' privacy and dignity was respected. Staff were observed knocking on residents' bedroom doors before entering and ensured doors were closed during residents' personal care procedures. A curtain was also fitted immediately inside residents' bedroom doors to optimise residents' privacy if they wished to keep their bedroom doors open. Privacy locks were fitted on all bedrooms, toilet and shower doors. The privacy and dignity needs of residents needing assistive equipment to transfer in and out of bed was assured.

Residents were encouraged to make independent choices about how they spent their day. Since the previous inspection, residents were encouraged and supported to participate in social activities in both sitting rooms in the centre. The centre's occupational therapist supported staff with assessing residents' activity needs and with facilitating chair exercise sessions. Each resident's activity needs were comprehensively assessed and individual plans were developed to reflect their interests and capabilities. An activity coordinator, with the support of care staff ensured a meaningful activity programme was facilitated for residents over seven days each week. Many of the residents in the centre had dementia and had meaningful individual sensory focused programmes designed to suit their capabilities, provided on a one-to-one basis or in small groups. A modified table was provided to enable residents in assistive chairs to comfortably eat their meals and to use a table-top surface when participating in activities. The activity coordinator and staff team were committed to ensuring all the residents had something interesting to do. This had a positive impact on residents quality of life in the centre. Detailed and informative records were maintained of the activities that residents participated in and their level of engagement. These records gave assurances that the activities provided for residents met their interests and capacities.
Residents were facilitated and supported to meet their wishes to practice their religious faiths. Residents attended a Mass in the centre on the morning of the inspection. All residents were provided with access to a telephone as they wished. Newspapers and magazines were also available to residents. Residents were supported to vote in the recent election.

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>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 15: Staffing</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
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<tr>
<td>Regulation 19: Directory of residents</td>
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<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
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<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
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<tr>
<td>Regulation 17: Premises</td>
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<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
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<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
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<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
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<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<td>Regulation 7: Managing behaviour that is challenging</td>
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<td>Regulation 8: Protection</td>
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<td>Regulation 9: Residents' rights</td>
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