



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Dargle Valley Nursing Home
Name of provider:	Bluebell Care Limited
Address of centre:	Cookstown Road, Enniskerry, Wicklow
Type of inspection:	Unannounced
Date of inspection:	25 January 2024
Centre ID:	OSV-0000031
Fieldwork ID:	MON-0041968

## About the designated centre

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

Dargle Valley Nursing home is a single storey facility situated in Enniskerry, Co. Wicklow and is easily accessed from the main N11 dual carriageway. It is in close proximity to local amenities such as Powerscourt gardens, the towns of Bray, Greystones and the village of Enniskerry. The registered provider is Bluebell Care Ltd. The centre accommodates a maximum of 30 residents and bedroom accommodation consists of 26 single rooms and two twin rooms. All bedrooms have an en-suite with a toilet and a wash hand basin, two en-suites have shower facilities. There are four assisted shower/bathrooms. Communal areas include a day room, dining room and sun lounge which opens on to an enclosed garden. There is parking to the front for approximately 12 cars. The centre caters for male and female residents over the age of 18 and offers long-term and short-term care. Residents with varying dependencies from low to maximum dependency can be catered for. The centre provides care to older persons with dementia, residents with physical, neurological and sensory impairments and end-of-life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 34 staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

28

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:**

Date	Times of Inspection	Inspector	Role
Thursday 25 January 2024	08:35hrs to 16:50hrs	Niamh Moore	Lead

## What residents told us and what inspectors observed

This inspection took place in Dargle Valley Nursing Home in Enniskerry, Co Wicklow over the course of a day during which time the inspector spent time observing and speaking to residents, visitors and staff. Overall feedback from residents and visitors was very positive relating to their experience of life in Dargle Valley Nursing Home. A visitor said that the staff treated the residents like family and residents reported to feel safe and content within the centre.

The inspector arrived unannounced to the centre. Following an introductory meeting with a member of management, the inspector completed a tour of the designated centre. The centre is laid out across a ground floor. Residents were accommodated in 28 single and two twin occupancy bedrooms. The inspector observed that from a sample of viewed residents' bedrooms, they were personalised with family pictures and decorative items. A number of residents spoken with said that they were happy with their bedroom. Residents had access to en-suites or to shared bathrooms. Communal spaces such as the day and dining rooms in the centre were bright and well-ventilated. Noticeboards in corridors displayed posters for advocacy services and pictures of social events held with residents and their family members. While the centre provided a homely environment for residents, further improvements were required in the oversight of cleaning and in the oversight of maintenance where some areas of poor repair were seen.

There was a relaxed and social atmosphere within the centre. The majority of residents were seen to spend most of the day within the communal spaces available to them. However, for some residents who chose to spend most of the day in their bedrooms, they were supported to do so. Residents were observed to be nicely dressed and well-groomed. The inspector observed numerous visitors attend the centre to visit their loved ones throughout the day. The overall feedback the inspector received from residents was that they were happy living in the centre, with particular positive feedback attributed to the staff team. Residents said they had no complaints, if they did have a concern they said they would feel comfortable and confident to raise this. Visitors spoken with were very complimentary of the quality of care that their family members received, including support during the admission process with one visitor reporting their family member felt the service received was like a hotel.

There was an activity schedule on display with activities provided seven days a week. Throughout the day of the inspection, the inspector observed a varied schedule of activities on offer led by a dedicated activity coordinator. This included residents going for a walk on the well maintained external grounds with a visit to the nearby river. Other activities seen to take place included bingo, music, reminiscence and balloon table tennis. The inspector observed that residents had access to communal daily newspapers which were seen to be in use by residents on the day of the inspection.

Menus were being revised at the time of the inspection. Choices were seen to be offered for the main meal at lunch time. There was one option available for dessert and at tea time. The inspector observed a relaxed and positive dining experience where residents were seen enjoying their meals. Overall, feedback on the food was positive with residents saying that they were happy with the meals provided. There was sufficient staffing levels available if residents required any support during the meal time. Outside the main meal times, residents were seen to be offered snacks such as cups of tea and biscuits.

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

## Capacity and capability

Dargle Valley Nursing Home is operated by Bluebell Care Limited. There was a person appointed by the registered provider as the representative who worked full-time within the designated centre. There was clear lines of accountability and responsibility within the management team. Overall this inspection found there were some good management systems in place, however some improvements were required in the auditing systems for the effective oversight of the designated centre.

There was a suite of policies available in the centre which were seen to have been implemented by staff.

Staffing levels on the day of the inspection were sufficient to meet the needs of residents in the centre. Members of management facilitated the inspection and were observed to be well-known to residents and their family members. The person in charge was supported in their role by the registered provider, an administrator, a clinical nurse manager and maintenance staff. Nursing staff were supported by health care assistants, activity staff, household, laundry and catering staff. There were a small number of vacancies within the staff team which were being recruited into at the time of the inspection.

Staff were supported to attend mandatory training such as fire safety, manual handling, infection control and safeguarding vulnerable adults from abuse. Staff spoken with on the day of the inspection were knowledgeable relating to residents' support needs, safeguarding and fire safety measures. The inspector was informed that the registered provider was reviewing training access to include in-person training for 2024, particularly in the area of infection prevention and control. There was evidence that new staff were supported in their professional development through an induction programme and three probation review meetings. The person in charge also had commenced the annual appraisals for staff.

The registered provider ensured that staff records set out in Schedule 2 and the duty roster as required in Schedule 4 were available to the inspector on the day of

inspection and were seen to be kept in a manner that was safe and accessible. However, the inspector found that while all these records were accessible, not all records met the criteria of the regulations. This is further discussed under Regulation 21: Records.

There were regular management meetings held in the centre which were attended by key members of management. The risk register was seen to be a live document with regular input and actions in place to respond to the risks identified. The annual review of the quality and safety of the service for 2023 was in progress on the day of the inspection and due for completion by the end of January 2024. Meeting minutes were reviewed by the inspector and they showed that key clinical information for residents was collected and analysed to monitor the safety and quality of the care delivered to residents. In addition, areas such as fire precautions and the premises were discussed during these meetings. There was a suite of auditing occurring regularly and where areas requiring improvement were identified, these were actioned. However, audits were not always leading to learning and improvements within the designated centre. For example, audits had no overall percentage findings to trend improvements or areas for further action. Gaps in auditing processes are discussed under Regulation 23: Governance and Management below.

### Regulation 15: Staffing

The staffing levels and skill mix were sufficient to meet the assessed needs of the 28 residents on the day of inspection. A review of the rosters demonstrated there was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed evidence that staff had access to appropriate training. In addition, records showed that staff were appropriately supervised in their work.

Judgment: Compliant

### Regulation 21: Records

From a sample of four staff records reviewed, one vetting disclosure was not in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. As this staff member was seen to have commenced work a few weeks before

their garda vetting was received.

The statement of purpose and staff roster did not contain all persons working at the designated centre. For example:

- The hours worked by the registered provider representative and a member of the administration team were not seen on the rosters on the day of the inspection.
- The statement of purpose was not current as it did not record accurate information for all staff members working in the designated centre. For example, a second administration role and the correct whole time equivalent (WTE) for the clinical nurse manager and maintenance staff.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided is safe, appropriate, consistent and effectively monitored. A sample of audits reviewed showed that auditing within the centre was not always driving quality improvements. For example:

- The oversight of infection prevention and control required further review. Non-compliance within this regulation were a repeat finding from previous inspections. While the inspector acknowledged some improvements were in place such as the janitorial sink and the renovations to the sluice room in progress, further oversight was required to come into compliance with this regulation. For example, areas of the premises were noted to be unclean, the inspector was told that a deep clean of the premises was highlighted by the registered provider as a requirement, however there was no time bound action plan in place. Findings relating to this regulation are further discussed within this report under Regulation 27: Infection Control.
- Auditing tools were seen to be incomplete. Audits reviewed did not record percentage compliance. This meant that the registered provider was unable to trend auditing to ensure that actions put in place were improving or sustaining a high quality service.
- Some audits did not reflect the findings of the inspection day. For example, an audit on staff files from November 2023 recorded that all staff were vetted prior to commencement of work and a fire audit from December 2023 found that oxygen cylinders were stored correctly.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents



All but one notification was submitted within three working days of the occurrence as set out under Schedule 4 of the regulations.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All of the required policies and procedures as set out in Schedule 5 were available to the inspector and had been updated at intervals not exceeding three years.

Judgment: Compliant

### Quality and safety

Overall the inspector found that residents were well cared for and received person-centred care from a team of staff who knew them well and their individual needs and preferences. However, improvements were required in some areas of quality and safety to ensure residents' safety, including the premises, the implementation of the national restraint policy, infection control and fire precautions.

The registered provider had a policy available to guide staff on the management of behavioural and psychological symptoms and signs of dementia. The person in charge had ensured that staff had up to date knowledge and skills appropriate to their roles to respond to and manage behaviour that is challenging with training provided on dementia care and responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were seen to be responsive and attentive to residents needs throughout the day of inspection. There was a low level of restraint used within the designated centre. A sample of records showed that staff managed and responded to behaviour, in so far as possible, in a manner that was not restrictive. Residents were also referred to appropriate services such as psychiatry of old age. However, the inspector saw that not all restrictive practices within the centre had been appropriately assessed which is further discussed under Regulation 7: Managing behaviour that is challenging.

There was a safeguarding policy in place. The registered provider was not acting as a pension agent for any residents on the day of the inspection. However, the inspector viewed documentation in relation to residents' monies and found that there were appropriate procedures in place to safeguard residents' finances.

Staff were aware of each resident's communication needs. Documentation and

records pertaining to communication requirements reviewed were person-centred and comprehensive to sufficiently guide staff.

Overall, the layout of the premises promoted a good quality of life for the residents. While some works to the premises had taken place such as the installation of a janitorial sink in the household room, further oversight of the premises was required. There was inappropriate storage observed and wear and tear visible on items such as paintwork, furniture and equipment which may impact on the homely environment and effective cleaning. This is further discussed within this report under Regulation 17: Premises.

There were a number of good infection control processes within the centre. The inspector was told that a staff nurse was assigned as the infection control link person for the designated centre and were on a waiting list for the IPC link practitioner course for CHO6. The registered provider had installed clinical hand wash facilities since the last inspection. They were in the process of renovating the sluice room with advice sought from an infection control specialist in advance to ensure the segregation of dirty and clean zones. While the inspector acknowledged that the revised sluice room will have benefits when completed, due to the maintenance work, there was no working bedpan washer within the centre on the day of the inspection. Assurances were not received on how items such as bedpans would be effectively decontaminated in the interim.

The inspector found that the registered provider had a number of good fire precautions in place in the centre. For example, staff had up-to-date fire safety training and were knowledgeable on how to respond if there was a fire. A sample of four residents' personal emergency evacuation plans were reviewed and found to provide accurate information to staff. The inspector reviewed documentation where the last simulated fire drill of the largest compartment with night time staffing levels took place in February 2023. Management told the inspector that this was also practiced within recent fire safety training in December 2023. There was documentation of recent maintenance of the fire alarm system, emergency lighting, and daily checks of fire exits. In addition, the inspector was told that hold open devices were due to be fitted on resident bedroom doors in the coming weeks following the inspection. Despite these measures in place, the inspector found that further action was required to fully protect residents from the risk of fire. The areas requiring action will be further discussed under Regulation 28: Fire Precautions.

### Regulation 10: Communication difficulties

The inspector reviewed a sample of care plans on communication and found that the person in charge had ensured that when there was a resident with a specialist communication requirement, that these requirements were recorded.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had not provided premises which conformed to all matters set out in Schedule 6 of the regulations. For example:

- General wear and tear was noted throughout the centre. For example, rust was seen on pipes from a sink unit, radiator covers were damaged and paintwork was stained under wall-mounted hand gel dispensers and on doors and door frames.
- There was inappropriate storage seen throughout the inspection. For example, cleaning products and items of residents' equipment such as foot pedals and a cushion were seen in communal bathrooms, and a hoist remained in a residents' bedroom while not in use.

Judgment: Substantially compliant

## Regulation 27: Infection control

There were issues fundamental to good infection prevention and control practices which required improvement. For example:

- The dining room had no wall mounted alcohol gel dispenser.
- Staff used moving and handling slings with different residents without assurances that they were cleaned between use, which posed a risk of cross contamination.
- There were communal bottles of hygiene products such as shower gel and shaving foam within the shared toilets and shower rooms  
Dispensers for hand wash and cleaning spray bottles were refilled and not cleaned effectively in between use. For example, congealed product was visible and the outside of spray bottles was unclean.
- The inspector observed cleaning practices that were not sufficiently robust. For example, some areas were seen to be unclean, such as a commode and tiles within shared bath and shower rooms.
- There was no bedpan washer available on the day of the inspection and assurances were not provided on how this item would be decontaminated. Inadequate disinfection of commodes increases the risk of environmental contamination and transmission of a healthcare-associated infection.
- Some items of equipment was seen to be in a poor state of repair. This may impact on the effective cleaning of these surfaces. For example, rust was observed on a chair scales and on a rack in a communal bathroom.
- Supplies used for resident care such as un-used continence wear, were stored in open packets on linen trollies and storage areas which could result in contamination of these supplies.

Judgment: Not compliant

### Regulation 28: Fire precautions

The inspector found that not all precautions were taken against the risk of fire. For example:

- Oxygen cylinders were not stored securely.
- There was no call bell or fire safety equipment at the designated smoking areas.

There was inadequate assurances that the fire alarm system would detect a fire within all registered areas of the nursing home. For example, a room external to the nursing home building which was used as a visiting space, office and storage was not connected to the fire alarm system.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

While it was evident that the registered provider was aiming to move towards a restraint free environment in accordance with the national policy "Towards a Restraint Free Environment in Nursing Homes". Further action was required to ensure all restraints had been assessed with appropriate documentation and consent in place. For example, the registered provider was holding two lighters and cigarettes on behalf of residents which had not been acknowledged as restrictive, and was not assessed.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff had completed safeguarding training and staff spoken with confirmed that they had the appropriate skills and knowledge on how to respond to allegations or incidents of abuse.

The inspector found that all reasonable measures were taken to protect residents from financial abuse. Residents had lockable storage space in their bedrooms for their valuables. Appropriate systems were in place to ensure the transparent management of residents' personal finances.

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:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Dargle Valley Nursing Home OSV-0000031

Inspection ID: MON-0041968

Date of inspection: 25/01/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The hours worked by the registered provider representative and a new member of the administration team now appear on the roster.</p> <p>An audit of all staff Garda Vetting has been completed . Going forward this issue will not arise again. The statement of purpose has been amended and was forwarded on.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A Company has been sourced to complete an audit on 22/02/2024. Following this audit a date will be provided for a deep clean.</p> <p>We are completing percentage compliance in our audits with the assistance of our HR company to ensure that actions put in place are improving or sustaining a high quality service.</p> <p>Moving forward we will ensure that a clear action plan is laid out at the conclusion of each audit. These actions will be allocated to the relevant people with a clear time frame. The actions will then be reviewed at our monthly quality improvement meeting to ensure completion.</p>	



<p>The quality assurance systems including results of audits will be reviewed by the provider in our Governance and Management meetings.</p>	
<p>Regulation 17: Premises</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  We will ensure our premises conforms to all matters set out in Schedule 6 of the regulations.  All areas requiring paintwork, including replacing furniture will be addressed as part of our ongoing schedule of maintenance.  Full checks of internal premises to be completed, rust on pipes identified and remedial action has been taken to paint and repair. Inspection of damaged radiator covers undertaken and plans to repair in progress.  Staff reminded on the importance of correct storage of hoists and inappropriate storage.</p>	
<p>Regulation 27: Infection control</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  We will ensure that procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority are implemented by all staff.   The dining room now has a wall mounted alcohol gel dispenser .  All residents have individual moving and handling slings to prevent a risk of cross contamination.   Staff reminded on the correct use and cleaning of hygiene products and residents care products in shared toilets and shower rooms and the correct procedure for refilling of handwash and cleaning spray bottles. A deep clean is being organized following the completion of an audit on the 22/02/2024 . Clean Pass training has been organized for all general assissants on the 12/03/2024.   The sluice is now completed with a new bed pan washer installed.   We Cleaning schedules are in place to indicate the frequency of regular cleaning. Cleaning is documented by b by the person who cleaned the equipment and cleaning</p>	

schedules will be audited.

Equipment in a poor state of repair has been attended to.

We have sourced sealed boxes for our linen trollies to prevent contamination.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Oxygen cylinders are now stored correctly and securely.

Fire safety equipment is now at the designated smoking areas and the smoker wears a pendant alarm.

The room external to the Nursing Home building has x2 smoke alarms, a call bell and a fire extinguisher. Wireless devices are being installed by our alarm company on the 20th March 2024 to connect the external building to the main fire alarm panel.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

We will ensure all restraints have been assessed with appropriate documentation and consent is in place. We are making every effort to move towards a restraint free environment. In the incident noted by the Inspector the Registered Provider was holding x2 lighters and 1 packet of cigarettes on behalf of the residents with no written consent. This is now rectified and on their care plan.



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	21/02/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	31/03/2024

	effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/03/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	21/02/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/03/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time	Substantially Compliant	Yellow	21/02/2024

	to time.			
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