



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Grangemockler
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	21 November 2022
Centre ID:	OSV-0003622
Fieldwork ID:	MON-0029339

About the designated centre

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

Camphill Community Grangemockler consists of five large separate houses all within short walking distance to each other. These houses are located in a rural area on the site of a farm and are in close proximity to a small village and some towns. Each resident had their own bedroom and facilities within the centre include sitting rooms, kitchens, dining rooms, utility rooms and staff offices. The centre provides a residential service for up to twenty-one adults, male and female, with intellectual disabilities, Autism and those with physical and sensory disabilities. In line with the provider's the model of care, residents are supported by a workforce consisting of paid staff and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 21 November 2022	09:30hrs to 16:45hrs	Tanya Brady	Lead
Monday 21 November 2022	09:30hrs to 16:45hrs	Conor Brady	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to inform decision making with regard to the renewal of the centre registration. Overall, the findings of this inspection were, that the centre currently had interim management arrangements in place that were found to demonstrate good levels of oversight. The provider had self-identified areas of concern in relation to fire safety, staffing levels and the maintenance of the premises in this centre and these had also been found to require action to come into compliance on previous inspections. While some progress was found to have taken place the inspectors found that further work was required and this is outlined later in the report.

This centre comprises five separate premises located on a large rural site that also encompasses a working farm. All residents have their own bedroom some of which were spacious but all had been decorated in line with residents' preferences. Some residents had areas to relax in their rooms with armchairs and televisions and others had desks or space for hobbies or the display of important items. Each house had large kitchens and dining areas and spacious living rooms. Residents were observed in the living areas relaxing or in the kitchen being supported by staff to complete household tasks.

Three residents were away from the centre taking a short break in the west of Ireland which was something they had planned for. Others were supported to go on day trips and told inspectors where they were going and what they would do when they arrived. One resident who was relaxing in their living room told inspectors about their favourite television programmes and then showed the inspectors around their personal rooms in the house. They liked to collect certain items and pointed out to inspectors the favourites in their collection.

Another resident told inspectors that they liked food and eating out in restaurants and stated that the staff were going to make one of their favourite meals for dinner which was 'shepherds pie'. Residents were observed as they moved about the site independently, collecting items for their homes such as milk from a storage room or going for walks. Residents were also seen to move freely within their homes and in two houses the residents had been engaged in decorating their home for Christmas.

The staff team were observed over the course of the day using a variety of communication approaches to engage with the residents who presented with a range of communication styles and abilities. The staff team were seen to support and interact with residents over the course of the day in a respectful and kind manner and made efforts at all times to adapt their communication to ensure residents understood what was being said. Residents were observed to be comfortable in staff presence and to be familiar with staff on duty and with the management team present in the centre.

As this inspection was announced, the residents' views had also been sought in

advance of the inspectors arrival via the use of questionnaires. All residents who completed the questionnaire stated that they were happy in their home and gave examples of activities they enjoyed such as, going swimming, playing board games, being on the farm, bird watching, bowling, watching films and knitting. Residents commented that they liked the staff that supported them, were happy with staff as they 'always help out' and that they knew who to speak to if they were unhappy about something in their home. The residents in the centre have a number of pets and the inspectors observed a guinea pig and two dogs who live in the centre. Resident's commented in person and on their questionnaires that they really liked their pets and taking care of them was noted as an important activity.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the findings of the inspection were that residents reported they were happy living in the centre and that they felt safe there. They were supported for the most part by a staff team who were familiar with their care and support needs. The provider and local management team were found to be identifying areas for improvement in line with the findings of this inspection.

This centre has been inspected on four occasions since 2019 and during those inspections concerns were identified relating to fire safety in particular but also relating to staffing. While some improvements in these areas were found in this inspection, the provider does need to build on improvements that ensure residents are safe and that their assessed needs are met.

There have been two changes in the role of person in charge since July of this year and a planned change in the position of person participating in management of the centre. The person in charge of the centre has responsibility for another centre and is part time in the position however, supported by two team leaders. The person in charge was found to be knowledgeable in relation to residents' care and support needs and to be motivated to ensure they were living a good life. They were a regular presence in the centre and actively involved in the monitoring of care and support for residents. They were supported by two team leaders both of whom are reasonably new to the centre and to the role however they were found to be knowledgeable in relation to residents' likes, dislikes and preferences. Together they were motivated to ensure residents were happy and safe in their home and making choices in relation to their day-to-day lives.

There were effective systems in place for the day-to-day management of the centre which tracked what documents required review, and when. Regular audits were

being completed and the actions from these were tracked and leading to improvements in relation to residents' care and support and their homes. The provider's systems to monitor the quality of care and support for residents included six monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the majority of actions from these reviews were being completed in a timely fashion.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre to the Chief Inspector. However, this required review and resubmission of a number of required documents. The provider and person in charge undertook to revise the application immediately following the inspection.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider and the new person in charge had undertaken a review of residents' assessed needs in the centre and had revised the number of staff that were required to ensure that the care and support provided was appropriate to meet residents' assessed needs. Staffing had increased from 21 whole time equivalent (WTE) staff to 27 WTE since September 2022. There were a number of vacancies (3 WTE) on the core staff team and these gaps in the roster were being filled by agency staff which did not assure that there was consistent care and support provided to residents.

In addition, the inspectors found that the registered provider had reintroduced the rostering of volunteers at night in one house where a sleeping staff member was required. This had led to unskilled volunteers working over 60 hours a week to cover staffing gaps.

Judgment: Not compliant

Regulation 23: Governance and management

There were clearly defined management structures in place in the centre with lines of authority and accountability in place. The centre was managed by an interim person in charge who was familiar with residents' care and support needs and their

responsibilities in relation to the regulations. They also had responsibility for another of the provider's centres and were present in this centre for on average three days a week. They were supported in their role by two team leaders in the centre and by a senior manager who fulfilled the role of a person participating in management of the centre. Inspectors were informed a different person in charge would be recruited specifically for this centre. Overall inspectors found that there was a clear focus on quality improvement in the centre.

The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six monthly reviews, and regular audits in the centre. These audits and reviews were identifying areas for improvement and these actions were being logged, tracked and completed. They were resulting in improvements in relation to residents' care and support and some improvements in relation to their home.

It was highlighted by the provider however, that there were significant gaps in the funding required in order to achieve fire safety and premises upgrades in this centre. Inspectors noted that resources were and would continue to be an issue for this centre. For example, a number of fire upgrade works were required and due to the size of this centre and the amount of buildings and premises there would be ongoing resource commitments required to maintain this centre. The registered provider stated they were formally engaging with the funder of their service, the Health Service Executive and inspectors reviewed a written update subsequent to the inspection noting that there was a commitment by the funder to ensure all required actions would be completed.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents were protected by the complaints policies, procedures and practices in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy. Where a number of complaints had been received in 2022 in relation to resident care and to the condition of the premises the person in charge and provider had taken immediate action and had followed their policy in liaison with residents, their representatives and appropriate others to ensure the complaint was dealt with to the satisfaction of everyone.

An easy-to-read complaints process was on display and this contained pictures of the relevant staff. The complaints process was regularly reviewed at resident meetings and residents and their representatives indicated they were aware of the complaints process in their questionnaires.

Judgment: Compliant

Quality and safety

From what the inspectors observed and were told by residents, staff and the management team, and from reviewing documentation, it was evident that residents were for the most part in receipt of a good quality and safe service. Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local community.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities. They were being supported to be as independent as possible and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to take part in activities in accordance with their interests.

Overall the lived experience of residents in this centre was found to be good in this centre.

Regulation 13: General welfare and development

There was evidence that residents were busy and active throughout their day and supported to make decisions in their day to day lives. Resident's choices on matters such as moving to a new room within a house or from an apartment to a house had been considered and listened to. In addition there was evidence that independence skills were promoted whenever possible with inspectors observing that resident's had responsibilities and jobs they completed independently in the running of their homes.

Residents' consent was sought through the use of easy read and symbol supported forms. All those who lived in the centre met on a regular basis to discuss matters important to them and to decide on the organisation of their home. There was evidence that residents were provided with information regarding their rights as part of these meetings.

Residents were supported to meet friends and with their families and on the day of inspection residents were observed visiting each other in their homes. Residents had planned for holidays and short breaks away and were supported to participate in

activities in the community as they wished.

Judgment: Compliant

Regulation 17: Premises

This centre comprises five residential units that are both houses and apartments. They are located on a large rural site and are within walking distance of each other. There is a farm also co-located on site. All residents have their own bedrooms with some en-suite, all residents had access to communal areas such as living rooms, kitchens and dining rooms and the premises were found to be warm and comfortable.

The provider had completed a number of works within the premises such as painting and decorating and had refurbished some bathrooms. In addition they had purchased new furniture and had completed some external works such as paths and ramps for ease of access. Inspectors observed maintenance work being completed on site during the inspection and some workmen who engaged with inspectors explained that they had been present on a regular basis to complete premises upgrades.

Some maintenance was still required to ensure that the staff team could continue to complete cleaning to a high standard and to prevent trip hazards. These included repair or replacement of some areas of flooring where there were rough edges exposed or gaps between boards, in addition to new door saddles or new integrated mats. Refurbishment to a number of bathrooms also remains outstanding with the provider awaiting funding prior to completion of these.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The provider and person in charge had ensured that residents could freely access food and drinks within their home as they wished. Residents spoke to inspectors about their favourite meals and how staff supported them in making meals they liked. Over the course of the day inspectors observed staff and residents preparing fresh meals within the homes and taking resident's preferences into account. Where the texture or dietary requirement of food or drinks required modification this was also taken into account.

Staff maintained records of fridge and freezer temperatures and food was observed to be stored safely within these and dated when opened. Each home had a substantial pantry and dried goods were stored in clean environments.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by policies, procedures and practices relating to health and safety and risk management. The person in charge ensured that there was a risk register which they reviewed regularly as did the provider. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary.

A recent incident had been notified to the Chief Inspector as required by the Regulations whereby a resident had not received supervision at night time nor a response in a potentially high risk situation. The provider and person in charge had responded to this immediately and had put appropriate control measures in place to mitigate against the risk for this resident. However, where a similar risk of not being in a position of accessing support at night was identified for another resident risk assessments and control measures were not in place.

There was evidence that new risks were added to a risk register when identified and that areas where risk was no longer assessed as present were reviewed and closed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. There had been a small number of positive cases of COVID-19 in the centre in the months before the inspection, and it was evident that additional control measures were implemented to prevent further outbreaks.

There were cleaning schedules in place to ensure that each area of the house was cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre. The inspectors observed staff wearing their face masks properly throughout the inspection and changing masks following the completion of personal care. Where the physical presentation of the premises prevented cleaning to the standard

required this has been reflected in the judgement against Regulation 17.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had self identified that improvement was required in relation to fire safety in this centre. At the last inspection of the centre inspectors reviewed a fire safety review that had been completed by an external expert in July 2018 and noted that the recommendations arising from that had not been implemented. Following that inspection the provider had engaged further external specialist assessment of the centre and arising from this had developed a prioritised action plan.

Inspectors found that the provider was working towards completion of a number of actions in relation to fire containment with some in progress observed on the day of inspection. However, substantial progress was still required in order to ensure that the centre had adequate arrangements in place for the containment of fire.

Where one resident had moved within the centre from an area that contained an inner room the provider indicated that they would be applying to remove this part of the premises from the designated centre to further ensure safe evacuation processes were in place.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had systems in place for the ordering, receipt, prescribing, storage, disposal and administration of medicines. Effective systems were in place in relation to the administration of medications with PRN (as required) protocols in place with guidelines for staff in the administration of same.

The centre had some rooms identified for the purpose of storage and administration of medicines in some houses and had developed specific areas within other houses. All residents had assessments in place to determine their capacity to self administer. All residents had access to the pharmacy of their choice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had an assessment of need and personal plans in place. Their personal plans were comprehensive in nature and detailed their support needs and the requirements to maximise their personal development and quality of life. It was evident that resident's health and social care needs were developed through a person-centred approach with attempts to involve the residents at each stage. The person in charge reviewed resident goals and had established schedules with residents that included meaningful activities.

Resident's plans were subject to regular review by the multidisciplinary team, and it was evident that interventions considered their rights. Residents choose whether to engage in outings or activities or not and there was flexibility as they directed their daily plans. Residents were observed planning activities for the day of inspection, discussing things they done and places they had been with staff over the course of that day in addition to relaxing in the house.

There was evidence increased daily activity observed in daily logs and residents sensory needs had been considered when planning for their participation in activities.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection with the provider having completed improvements in their systems relating to financial safeguarding.

Safeguarding plans if required were developed and reviewed. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. The inspectors reviewed a number of residents' intimate and personal care plans and found they were detailed, attached to an appropriate personal care plan and guiding staff practice in supporting residents.

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	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Camphill Community Grangemockler OSV-0003622

Inspection ID: MON-0029339

Date of inspection: 21/11/2022

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <ul style="list-style-type: none"> • Application to renew registration of the designated centre has been reviewed by the Area Services Manager and the Person in Charge and email sent to HIQA on 09/01/2023 detailing the changes outlined in the application. 	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • An assessment of staffing needs has been completed for the community. We are working with our HR department to recruit and allocate staff according to the revised Whole Time Equivalent of 31. • We aim to allocate core staff and reduce our reliance on agencies through the recruitment of core and relief teams. • Staffing within the community is reviewed on a daily basis by the Team Leaders and PIC to ensure adequate staff are used across the community to meet the needs of the community members. • All staff currently recruited via agency have been trained as per CCOI training requirements. • All staff including agency staff are provided with a robust induction including all aspects of Community Members and their individual support requirements. • All staff currently recruited via agency have access to CCOI systems and are inducted fully to meet the needs of all community members. 	

- A review of the community roster has been completed by the PIC and Area Services Manager to ensure no volunteers are allocated at times where a staff member is required.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Following each Internal and External announced and unannounced inspections, Annual Reviews and Health & Safety Audits the Person in Charge will ensure that all follow up actions identified are completed in a timely manner and integrated into the Centre's Work Plan which is maintained on a shared database with oversight from a local, regional, and national level. Progress is tracked on a weekly basis with the PIC, Area Services Manager and CCOI Senior Leadership Team.
- A detailed schedule of works is in place detailing all identified actions and completion dates for these works. This schedule is reviewed weekly with the PIC, Area Services Manager and CCOI Senior Leadership Team.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A detailed schedule of works is in place detailing all identified actions and completion dates for these works. This schedule is reviewed weekly with the PIC, Area Services Manager and CCOI Senior Leadership Team.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- A full review of Risk Management procedures and associated control measures has been completed by the PIC, Area Services Manager and CCOI Health and Safety Officer and risk assessments are now in place from discussions on the day.

- A staff meeting was held with the team on 1/12/22 to support the staff team with awareness of changing needs and risks assessments in place.
- This is reviewed at regular team meetings

Regulation 28: Fire precautions	Not Compliant
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- Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- A detailed schedule of works is in place outlining details of all identified actions including completion dates for these works. This schedule is reviewed weekly with the PIC, Area Services Manager and CCOI Senior Leadership Team.
 - All community members' PEEPs have been reviewed by PIC following each fire drills. They have been circulated to all staff across the community and are discussed at regular house meetings.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	10/01/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/03/2023
Regulation 15(3)	The registered provider shall	Not Compliant	Orange	31/03/2023

	ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/02/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	28/02/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/02/2023
Regulation 28(2)(b)(i)	The registered provider shall	Not Compliant	Orange	28/02/2023

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2023