Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Fennor Hill Care Facility
Name of provider:	Fennor Hill Care Facility Limited
Address of centre:	Cashel Road, Urlingford, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	04 March 2025
Centre ID:	OSV-0007180
Fieldwork ID:	MON-0046132

About the designated centre

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

Fennor Hill Care Facility is situated on the outskirts of Urlingford in County Kilkenny and within walking distance from the village centre. Residents' accommodation is situated on two floors of the facility and accommodates 56 residents. It is a newly built facility opened in September 2019. Accommodation comprises 48 single rooms and 4 twin rooms, all of which have spacious ensuite bathrooms with a toilet, hand sink and shower facilities. The centre has communal sitting and dining rooms on both floors. The centre can accommodate both female and male resident with the following care needs: general long term care, palliative care, convalescent care and respite care. The age profile of each resident maybe under or over 65 years but not under 18 years with low to maximum dependency levels.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	84

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:

Date	Times of Inspection	Inspector	Role
Tuesday 4 March 2025	08:45hrs to 16:45hrs	Mary Veale	Lead
Wednesday 5 March 2025	09:00hrs to 16:00hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over twos day. Over the course of the inspection, the inspector spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. All residents spoken with were overwhelmingly complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. From the observations of inspector and from speaking with residents and their families, it was evident that residents were supported by a kind and dedicated staff and management team who treated the residents with courtesy, dignity and respect. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

Fennor Hill Care Facility is a four storey designated centre, registered to provide care for 90 residents on the outskirts of the village of Urlingford in Co. Kilkenny. There were 84 residents living in the centre on the second day of the inspection.

The premises was laid out to meet the needs of residents. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner. The centre was found to be visibly clean and tidy. Overall, the building was maintained to a high standard. A bath had been reinstalled into the beauty salon-nail bar on the ground floor. This room was observed to be a therapy room where residents could enjoy and relax in a therapeutic space.

There was a choice of communal spaces which were seen to be used thought out the two days by residents. For example; the ground floor contained a large dining and sitting room, and a resource room. There were sitting rooms, dining rooms and a separate small communal room on the first and second floors. Communal spaces were spacious, comfortable and decorated tastefully. The reception foyer had a rest area with comfortable seating and a large feature fire place.

Bedroom accommodation in the centre was over three floors and comprised of 78 single rooms and six twin rooms. All rooms had en-suite facilities with a shower, toilet and wash hand basin. Residents’ bedrooms were clean, suitably styled with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs.

Residents' had access to an enclosed garden area to the rear of the building which was easily accessible. The garden area was attractive and well maintained with a

patio area and level paving. There was a canopy covered designated smoking area for residents within this garden spa.

As the inspector walked through the centre, residents were observed to be content as they went about their daily lives. The inspector spent time observing staff and residents' interaction. Residents sat together in the communal rooms chatting, listening to music, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspector were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the days, the inspector observed that staff were kind, patient, and attentive to their needs. There was a very pleasant atmosphere throughout the centre, friendly and familiar chats could be heard between residents and staff.

The inspector chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre over the two days. Visitors who spoke with the inspector were mostly happy with the care and support their loved ones received.

A range of recreational activities were available to residents, seven days a week, which included exercise, movies, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the days. Residents told the inspector that they were free to choose whether or not they participated. On the days of the inspection, the inspector observed residents enjoying an interactive quiz and attending a lively music session. The inspector observed that staff supported residents to be actively involved in activities, if they wished. Residents had access to television, radio, newspapers and books. Residents confirmed that they had access to internet services in the centre. Mass took place in the centre monthly and residents were observed watching live streamed Mass on both mornings of the inspection.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and

refreshments were available throughout the days. Residents were supported during mealtimes, those and residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the catering staff and the quality of the food provided in the centre.

The centre provided a laundry service for residents. All residents' with whom the inspector spoke with over the inspection days, were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following inspection in July 2024. Improvements were found in managing behaviours that are challenging and fire safety. On this inspection, areas of improvement were required in relation to the management of staff records, infection prevention and control as well as fire safety.

Fennor Hill Care Facility LTD is the registered provider for Fennor Hill Care Facility. The company had four directors, one of whom was involved in the day to day operations of the centre. The person in charge worked full time and was supported by an assistant director of nursing, a clinical nurse managers, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a regional operations manager. The person in charge was also supported by shared group departments, for example, human resources.

There were sufficient staff were on duty to meet the needs of residents living in the centre over the days of the inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

The registered provider had applied to renew the registration of Fennor Hill Care Facility. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and the inspector noted that training was mostly up to date. Staff with whom the inspector spoke, were knowledgeable

regarding safeguarding and infection prevention and control procedures.

The inspector viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place each month and staff meetings took place quarterly in the centre. The person in charge completed a key performance indicator (KPI) report which was discussed with the regional operations manager. There was evidence of trending of incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the previous inspection, falls audits, meal time audits, care planning audits, medication audits, infection prevention control audits, and antibiotic use audits had been completed. A detailed annual review for 2024 was completed prior to the inspection. It outlined the improvements completed in 2024 and improvement plans for 2025.

Records and documentation, both manual and electronic, were well-presented and organised which supported effective care and management systems in the centre. The inspector reviewed staff files which contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff in the designated centre. However; improvements were required in the centre's staff personnel files and this is discussed further under Regulation 21: records.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents who spoke with the inspector were aware of how to make a complaint and to whom a complaint could be made.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

Duty rosters on each unit were reviewed and rosters showed adequate staff, on the

days of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

Improvements were required with staff records. In a sample of four staff files viewed, two of the files did not have a satisfactory history of gaps in employment in line with schedule 2 requirements.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required with staff records. In a sample of four staff files viewed, two of the files did not have a satisfactory history of gaps in employment in line with schedule 2 requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met. Improvements were required to comply with areas of infection prevention and control, and fire safety.

Care planning documentation was available for each resident in the centre. An

assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

The centre was clean and there was good adherence to the prevention and control of infection. For example, used laundry and linen was segregated in line with national guidelines. The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month. This data was analysed and used to inform practice. Alcohol hand gel was available in all communal rooms and corridors. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres management and staff meetings. IPC audits were carried out by the assistant director of nursing and actions required were discussed at the centres management meetings. There was an up to date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. Improvements were required in relation to the infection prevention and control which are discussed further under Regulation 27: Infection control.

The provider had systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to bedrooms and all compartment doors. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. There was fire evacuation maps displayed throughout the centre. There was a out door designated smoking area in the back garden area. On the days of the inspection there were four residents who smoked and detailed smoking risk assessments was available for this resident. A fire blanket, fire extinguisher and call bell were in place. Notwithstanding these good practices; improvements were required to comply with fire safety which is outlined under Regulation 28: Fire precautions.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The registered provider was not a pension-

agent for any resident.

There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. Residents' had access to psychiatry of later life. There was a clear care plan for the management of resident's responsive behaviour. It was evident that the care plan was being implemented. The use of bed rails as a restrictive device was kept to a minimum. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as low beds. The entrance door to the ground floor reception area was locked. The intention was to provide a secure environment, and not to restrict movement .

A choice of home cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' outside both dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and to ensure residents safety and nutritional needs were met. Residents' weights were routinely monitored.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents has access to daily national newspapers, weekly local newspapers, internet services, books, televisions, and radio's. Mass took place in the centre weekly.

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for

residents and staff. For example;

- The detergent within one bedpan washer was observed to be a full container and had expired the previous month.
- A review of the centres shower chairs was required as a number had visible rust on the leg or wheel area. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the shower chairs. ?

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- A review of the centre's doors to the stairwells was required as one door had the trim damaged around the glass panel which did not form a seal to contain smoke and fire in the event of a fire.
- Fire safety checks for the obstruction of means of escape were not always filled in.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspectors reviewed a sample of care plans and saw that person-centred care plans, outlining where evident, triggers and appropriate interventions, to support residents with responsive behaviour. The use of bed rails was monitored by the management team and

alternatives to bed rails such as low low beds and crash mats were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fennor Hill Care Facility OSV-0007180

Inspection ID: MON-0046132

Date of inspection: 05/03/2025

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
Outline how you are going to come into compliance with Regulation 21: Records: S: To comply with Regulations 21 the staff files reviewed at inspection had identified gaps explained in line with the regulation. A further review of records was undertaken to ensure that all files held in the centre are in line with schedule 2 requirements. M: Through clinical governance, record audits. A: By the PIC/ADON and oversight by the regional manager R: Realistic T: 28th March 2025 and ongoing	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: S: To comply with regulations 27 the provider & PIC are committed to ensuring all equipment is maintained to a satisfactory standard. Any equipment which is deemed to be a risk to IPC and identified through IPC audits will be decommissioned and replaced in a timely manner. Prior to inspection the PIC had identified a number of shower chairs in need of replacement and these had been ordered. The shower chairs were delivered onsite by the end of this inspection on Day 1. The PIC has secured further funding for replacing all other showers chairs when required. The bed pan washer is serviced by an external contractor who will ensure the bedpan detergent is in date and the IPC audits will further strengthen compliance. M: Through Audits specific to infection control carried out monthly A: By PIC/ADON and oversight by the regional manager R: Realistic	

T: March 5th, 2025

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
S: To Comply with regulation 28 a review was undertaken of the center's doors to identify any damage. The door identified at inspection which was in need of repair was actioned on the day of inspection and completed. The provider has implemented further oversight through enhanced governance on weekends.
Furthermore, a review was undertaken of the fire safety checks contained within the fire register. The PIC will ensure that all checks are completed going forward and will audit this periodical for compliance.
The CNM on weekends will carry out fire safety checks & ensure that the center is fully compliance with the regulation.
M: Throught Monthly audits & external contractors to carry out yearly fire door checks.
A: By the PIC/ADON
R: Realistic
T: March 5th, 2025

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 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	28/03/2025
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.	Substantially Compliant	Yellow	05/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	05/03/2025

	extinguishing fires.			