



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

## Issued by the Chief Inspector

Name of designated centre:	The Maples
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	02 September 2021
Centre ID:	OSV-0003601
Fieldwork ID:	MON-0025943

## About the designated centre

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

The Maples is a designated centre operated by St. Michael's House. The centre provides a community residential service to five adults. The service can accommodate both males and females with varying ranges of intellectual disability and additional mental health support needs. The centre is a bungalow which consists of a kitchen/dining room, two sitting rooms, five individual bedrooms, a staff room and an office. It is located close to a town with access to shops and local facilities. The centre is managed by a person in charge and the staff team consists of nurses, social care workers and health care assistants.

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

Number of residents on the date of inspection:

5

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 - 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 2 September 2021	10:00hrs to 15:50hrs	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

The purpose of this inspection was to inform a registration renewal recommendation for this designated centre.

The inspector met with all five residents that lived in the centre. One resident the inspector met with had moved into the centre in the previous year. The resident spoke with inspector for a period of time during the course of the inspection and provided feedback about their new home.

The resident told the inspector that they really liked living in the centre. They described how the staff helped them with their mobility aids and how they supported them in various aspects of their health and social care needs. They described the friendships they had made with the residents in their new home. They mentioned they had a good laugh with their peers and how they liked to buy them presents on special days to show their appreciation for them also.

The resident said staff were good to them and helped them. They also described some of the goals and plans they had for their bedroom, for example to place their television (TV) on brackets to hang on the wall to free up more space in their bedroom. They described how they liked electronics and gadgets and enjoyed going to a particular supermarket to see the latest gadgets and deals on offer and staff supported them to do so but they were working towards helping the resident become a bit more independent with this in the future.

The inspector also greeted the other residents living in the centre and engaged in brief verbal interactions with them and respected their wishes to disengage from the interaction as they wished.

One resident, the inspector met, mentioned they were going on a planned trip to Knock and knocked on the arm of their wheelchair to communicate the name of the place. They nodded when asked were they looking forward to the trip and they also nodded in agreement when asked if they enjoyed going on hotel breaks. The inspector also engaged in a brief chat about jewellery and fashion with the resident as this was also one of their interests.

The inspector also greeted and engaged with each of the other residents that lived in the centre taking into consideration their preference to engage or not at all times and implementing social distancing measures.

Staff in the centre were seen to have a friendly and caring rapport with residents. Staff were familiar with residents' needs and preferences and were knowledgeable with regard to their communication methods. Residents were supported by a team of nurses, social care staff and assistant support workers.

The inspector was shown around the premises by the person in charge. The design

and layout of the premises was seen to be adequate in meeting residents' needs. There was a modest sized kitchen and dining area that comfortably seated residents at meal times.

Each resident had their own bedroom which was decorated to their tastes and contained some assistive devices or equipment they required. There was a main living area for residents to use and a smaller living room area which was identified as a space that could be improved to become a sensory room in the future and fund raising was ongoing to achieve this for residents. There was a large bathroom with shower and toilet facilities available with assistive arrangements in place, for example, grab rails and assistive seating.

While residents had limited access to day services and community activities in the previous year due to national restrictions, the person in charge and staff endeavoured to provide opportunities for socialising, recreation and development.

Overall, the inspector found that the residents in The Maples designated centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as possible.

The inspector did note some improvements were required in areas that were reviewed on this inspection. This related to fire safety precautions. The inspector noted there were inadequate containment measures in place in the centre and some further improvements were required in relation to the overall evacuation planning for the centre and the storage of oxygen in the context of fire safety precautions and risk management.

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

## Capacity and capability

This was an announced inspection to inform the registration renewal of this designated centre. This inspection found the provider's governance and management arrangements were, for the most part, ensuring a safe and good quality service was being delivered to residents. However, improvements were required in relation to fire safety precautions in the centre, the management of some risks and the progression of admission processes for recently admitted residents to the centre.

The inspector reviewed the management arrangements in the centre and found there was a clearly defined management structure which ensured staff and

management were clear of their roles and responsibilities.

The provider had carried out an annual review of the quality and safety of the service, as required by the regulations. This reviewed many aspects of the care provided and supports available in the centre. The review also included consultation with residents and staff members and a review of compliance indicators.

The provider had ensured that an unannounced visit was carried out by a nominated person on their behalf on a six-monthly basis. The visits informed a report on the quality and safety of the service. There were a range of additional review systems and oversight mechanisms in place that monitored the quality and safety the service received by residents. Any issues highlighted in these reports were included in an action plan with clear time lines for addressing them and persons responsible.

The staff team comprised of social care workers, assistant support workers and nursing staff. The number and skill mix of staff was suitable in meeting residents' assessed needs and was subject to regular review.

Workforce planning was seen to be informed by residents needs and preferences, including recruitment and scheduling of staff. There was a team of relief staff available to cover staff vacancies and leave periods and this facilitated continuity of care for residents. There was a planned and actual roster maintained by the person in charge.

The person in charge ensured that staff had access to necessary training and development opportunities. The provider had identified some areas of training to be mandatory, such as fire safety management and safeguarding. Staff had each received training in these key areas as well as additional training specific to residents' assessed needs.

The statement of purpose was found to meet the requirements of Schedule 1 of the regulations and accurately described the services provided in the designated centre.

As discussed a resident had recently been admitted to the centre, the inspector met and spoke with the resident and noted that there was improved overall compatibility of residents now living in the centre. However, some aspects of the recently admitted resident's terms of residency were not yet finalised, for example, they had not yet agreed and signed their contract of care, in addition some further aspects of their admission were still in progress.

This required improvement to ensure the resident's placement in the centre was finalised and could provide them with a sense of security about their placement and to allow them to agree to the terms of their residency through the finalising of their contract of care.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew registration.

Some information received ,as part of the application required review, however.

- Not all rooms on the floor plan clearly stated their purpose/or function.
- A floor plan declaration was not submitted as part of the application.
- In the statement of purpose further clarity was required to demonstrate the person in charge of the centre worked full-time and was 1 whole-time-equivalen but responsible for two designated centres. The statement of purpose did not clearly demonstrate this.

Judgment: Substantially compliant

### Regulation 14: Persons in charge

The provider had appointed a full-time person in charge for the centre that met the regulatory requirements of Regulation 14 with regards to management experience and qualifications.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge maintained a directory of residents which had been updated to reflect the transition, discharge and admission of residents to and from the centre, in line with Regulation 19.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured there was up-to-date insurance cover for the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance and management arrangements in place and the



provider demonstrated that they had the capacity and capability to provide a safe service to residents.

There were a range of systems in place to monitor and enhance the quality of the service received by residents.

The provider carried out an annual review and unannounced visits to the centre as required by the regulations.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Some aspects of the recently admitted resident's terms of residency were not yet finalised, for example, they had not yet agreed and signed their contract of care, in addition some further aspects of their admission were still in progress.

This required improvement to ensure the resident's placement in the centre was finalised and could provide them with a sense of security about their placement and to allow them to agree to the terms of their residency through the finalising of their contract of care.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose met the matters of Schedule 1 of the regulations and accurately described the services provided in the designated centre.

Some further review was required in relation to the whole-time-equivalency for the person in charge to demonstrate they met Regulation 14. This is addressed under Regulation 5.

Judgment: Compliant

### Quality and safety

Overall, the inspector found the residents' well-being and welfare was maintained to a good standard. The inspector identified good practice regarding healthcare and infection prevention control with improvement in safeguarding and compatibility of

residents in the centre since previous inspections. Improvement was required however, in relation to fire safety precautions and some aspects related to risk management.

There was an assessment of need carried out for all residents on at least an annual basis. This assessment identified the ongoing and emerging health care needs of residents. Residents had access to a general practitioner and a wide range of allied health care services. Arrangements to meet residents' health care needs were in place to ensure residents could achieve best possible health.

Recently admitted residents' healthcare plans had been created and reviewed through an allied professional process and demonstrated comprehensive oversight arrangements in all aspects of their healthcare needs. The person in charge and staff had ensured the resident was supported to receive regular reviews and assessments by allied professionals relevant to their emerging healthcare and specialist needs.

There was also evidence to demonstrate the resident's health had improved in various aspects since their admission to the centre, demonstrating good quality service provisions for the resident and that the centre was appropriate to meet their assessed needs in this regard.

The centre had adapted and implemented procedures and protocols for protection against infection and for the management of COVID-19 associated risks. The inspector observed hand washing facilities and sanitising points around the centre. The provider had ensured ample supplies of personal protective equipment (PPE) were in stock. Staff were observed wearing appropriate PPE in line with National guidance for residential care facilities. The provider had carried out a comprehensive assessment of risk in relation to infection control and there were a range of control measures in place, including staff contingency plans and isolation arrangements.

The provider had put in place fire safety precaution measures, for example, throughout the centre the inspector observed the presence of fire rated doors and smoke seals on each door which contributed to the containment measure in the centre, however, improvements were required.

One door in the centre was fitted with an automatic door closing mechanism linked to the fire alarm, this was the door which led to the kitchen area. No other doors in the centre were fitted with door closing devices, so while the provider had ensured some containment measures were in place they were not entirely effective in the absence of these closure devices. Coupled with this, as residents required the doors in the centre to be open most of the time to allow ease of access and mobility around the centre, door hold open/closing devices were required to ensure the most effective containment measures were in place for fire safety purposes.

Further improvements with regards to fire safety were required. The inspector noted the fire alarm panel required replacement as some buttons on the face of the panel had become worn. The provider had identified the requirement for the panel to be upgraded/replaced and this was on a planned schedule of works to complete. While it was not demonstrated that this impacted on the functionality of the alarm, the

provider was required to address this matter to ensure it was maintained in its most optimum condition.

The inspector noted exit door ways from four of the five residents' bedrooms formed part of the overall evacuation strategy and measures for the centre. Residents could be evacuated from their bedrooms using their beds as part of their evacuation planning. This supported an effective evacuation process for residents and it was demonstrated staff practiced this process as part of the evacuation drills for residents.

The inspector noted that keys were located in each resident's bedroom exit door and an additional break glass unit with a spare key was located for additional fire safety evacuation effectiveness. While this was a considered fire precaution measure, it was not as effective as a thumb turn device, for example, and meant staff were reliant on keys to open the doors which may impact on the timeliness of the evacuation process. The provider was required to review the use of keys and to make arrangements to put in place more effective evacuation systems that would still provide security but enhance the timeliness of the evacuation planning for the centre.

All residents had an individualised personal evacuation plan in place which had been updated and reviewed to reflect learning from fire safety drills in the centre. However, some improvement was required. The evacuation plan for the centre had not been updated to include the recently admitted resident to the centre. It was however, demonstrated the recently admitted resident had engaged in day and night time evacuation drills and when spoken with demonstrated their understanding of the process.

Further review of the night time evacuation plan was also required to ensure its effectiveness was comprehensively assessed. The evacuation plan at night time required a staff member to come from a designated centre next door to assist. While it was demonstrated night time evacuation drills were carried out to assess the effectiveness of this arrangement, it was not demonstrated that the drills actually assessed the response time of staff coming from the centre, or the effectiveness of the communication arrangements between the centres. The inspector acknowledged that both designated centres were located in very close proximity to each other however, this arrangement required further close review to assess all areas of the plan to establish if it was effective.

The inspector completed a walk through of the centre and found that the premises was suitable, in terms of design and layout, in meeting residents' needs. There was sufficient private and communal space for residents, including a second living area and well proportioned patio area in which residents could receive visitors and engage in social activities with their peers, for example. Residents had access to assistive equipment or devices they required to enjoy their home as independently as possible and receive safe and dignified care.

The provider had addressed some premises issues that had been identified on the previous inspection in the kitchen area, counter tops had been replaced and were

observed to be clean and well maintained.

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy and clear procedures. There was an identified designated officer. It was found that concerns or allegations of potential abuse were investigated and reported to relevant agencies. All residents had intimate care plans in place which directed the provision of dignified care in line with residents' preferences.

There was a risk management policy in place with evidence of its implementation in the centre.

Individual risk assessments for residents contained a good level of detail and were specific to the residents and had appropriate measures in place to control and manage the risks identified. The processes in place ensured, for the most part, that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

Some improvement was required however, in relation to the risk management systems for the storage of oxygen in the centre. The inspector noted the risk assessment that related to the management of oxygen did not include information or control measures that detailed how to safely store it in the centre in a fire safety context, for example.

## Regulation 17: Premises

The provider had addressed regulatory actions from the previous inspection in relation to the premises.

The inspector carried out a walk around of the designated centre and observed it to be well-maintained, clean and spacious.

There was sufficient private and communal space for residents, including a second living area and well proportioned patio area in which residents could receive visitors and engage in social activities with their peers, for example.

Residents had access to assistive equipment or devices they required to enjoy their home as independently as possible and receive safe and dignified care.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was a risk management policy in place with evidence of its implementation in

the centre.

Individual risk assessments for residents contained a good level of detail and were specific to the residents and had appropriate measures in place to control and manage the risks identified. The processes in place ensured, for the most part, that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

Some improvement was required however, in relation to the risk management systems for the storage of oxygen in the centre. The inspector noted the risk assessment that related to the management and storage of oxygen did not include information or control measures that detailed how to safely store it in the centre in a fire safety context, for example.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The centre had adapted and implemented procedures and protocols for protection against infection and for the management of COVID-19 associated risks. The inspector observed hand washing facilities and sanitising points around the centre. The provider had ensured ample supplies of personal protective equipment (PPE) were in stock.

Staff were observed wearing appropriate PPE in line with National guidance for residential care facilities. The provider had carried out a comprehensive assessment of risk in relation to infection control and there were a range of control measures in place, including staff contingency plans and isolation arrangements.

Judgment: Compliant

### Regulation 28: Fire precautions

There were a number of fire safety precaution improvements required in order to meet compliance with Regulation 28.

- Containment measures in the centre were inadequate due to the lack of door closing devices on fire doors in the centre which impacted on their effectiveness.
- The fire panel required a review as some of the buttons on the panel had worn away.
- The fire evacuation plan required a review to ensure it reflected newly admitted residents to the centre.
- Fire evacuation drills and planning did not demonstrate that they evaluated or

included the response time of staff from the other designated centre during night time evacuation procedures.

- It was not demonstrated that there was a process or system in place to assess the effectiveness of the communication system between the two centres in the context of fire evacuation procedures and drills.
- The provider was required to review the use of keys on evacuation exits for residents to determine if more effective door opening devices could be put in place for the purposes of improving fire evacuation procedures.

Judgment: Not compliant

## Regulation 6: Health care

Residents' healthcare needs were well managed in the centre.

There was evidence to demonstrate the health and well-being of recently admitted residents had improved following their admission to the centre.

Residents were supported to attend health care appointments and avail of National health screening programmes in line with their age and gender.

Residents spoken with told the inspector staff helped them with their healthcare needs and helped them attend appointments.

Judgment: Compliant

## Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy and clear procedures. There was an identified designated officer.

It was found that concerns or allegations of potential abuse were investigated and reported to relevant agencies. All residents had intimate care plans in place which directed the provision of dignified care in line with residents' preferences.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Maples OSV-0003601

Inspection ID: MON-0025943

Date of inspection: 02/09/2021

## 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	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> <li>• Floor plans and declaration submitted as required.</li> <li>• Statement of purpose amended to clearly demonstrate that the person in charge works full time but is responsible for two designated centers.</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: <ul style="list-style-type: none"> <li>• Consultation meeting held 24/09/2021 to discuss the transfer of the resident from the Maples to another designated centre. Further meetings to be arranged for the consultation process.</li> <li>• The admission process for the resident on emergency placement in The Maples will proceed once resident has been discharged from The Maples.</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The PIC Reviewed risk assessment and control measures for the storage of oxygen on the 02/09/2021 to reflect the safe storage of oxygen.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• All doors in the centre have now been fitted with door closing devices and this was completed on 15/09/21.</li> <li>• Fire Panel to be replaced by the 31/12/2021</li> <li>• Fire Evacuation plan has been reviewed and amended to reflect the new resident in the centre.</li> <li>• A night time fire drill was completed on the 04/10/2021 with no prior notice given to the designated centre next door for support. The PIC and the SMH fire officer reviewed this report in relation to the support needed from the designated centre next door and the communication system in place to respond in an effective time. The Walky talky system has been reintroduced into both centre's to ensure there is an effective response between both designated centre's. Staff in each centre will carry the walky talkys on their person throughout night shift. Regular maintenance and daily checks will ensure the walky talkys system is working effectively.</li> <li>• The PIC and SMH fire officer reviewed the use of keys in the centre. An engineer examined the doors on the 07/10/2021 and the locks on the doors are compatible to fit tumb turn locks. The engineer will fit the new locks by the 15/10/2021.</li> </ul>	

## 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(3)(c)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by evidence that the designated centre complies with the Planning and Development Acts 2000-2013 and any building bye-laws that may be in force.	Substantially Compliant	Yellow	30/09/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the	Substantially Compliant	Yellow	31/12/2021

	designated centre.			
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	02/09/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/10/2021
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	02/09/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/09/2021
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of	Substantially Compliant	Yellow	31/12/2021

	fires.			
--	--------	--	--	--