

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

Issued by the Chief Inspector

Name of designated centre:	Benhaven
Name of provider:	Gateway Community Care Limited
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	29 November 2021
Centre ID:	OSV-0005592
Fieldwork ID:	MON-0030393

About the designated centre

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

Benhaven is a children's centre and provides residential and respite care for three children. The children have an intellectual disability with complex medical needs, some with life limiting conditions. Individualised support is provided to meet each child's assessed needs, to ensure that they are made as comfortable as possible throughout their stay at the centre. Benhaven is located on the outskirts of a large town. It is a large single-storey dwelling with its own gardens to the front and rear of the building. The centre comprises of three accessible bedrooms, which have access to en-suite facilities. Children also have access to a communal bathroom which incorporates an accessible shower. Communal facilities include a kitchen/dining room and sitting room and a sensory room which are designed and laid out to meet the children's assessed needs. Residents also have access to an outdoor accessible play area to the rear of the house. Facilities are provided for visitors to meet their relatives and staff in private if required. Children are supported by a team of both nursing and care staff, with a minimum of 2 -3 staff available to meet residents' needs during the day and at night dependent on the number of children accessing the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 - 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
Monday 29 November 2021	08:40hrs to 14:50hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

Although the inspector was unable to meet, speak with or observe residents on the day of inspection, overall they found that care and support arrangements at Benhaven were person centred in nature and actively promoted the well-being of residents. However, some improvements were required to ensure compliance with the regulations such as fire precautions, personal planning, staff training, governance, infection control and written agreements which will be described during the course of the report.

On the day of inspection, one resident was due to come to the centre after their school placement in the afternoon; however, during the course of the inspection, the provider was contacted by the resident's family to postpone their planned stay.

The centre was very spacious in design and adapted to meet the needs of residents. Each of the centre's bedrooms had access to their own bathroom facilities with one bedroom having its own en-suite, and the other two having access to a shared adapted bathroom. Each bedroom had its own overhead hoist due to the needs of residents using the centre. Two of the bedrooms at the time of the inspection were being redecorated by staff in preparation for future new admissions to the centre. The third bedroom was decorated to a good standard and reflected that the room was used by children with a monkey and jungle theme on the walls as well as bright and colourful jigsaw puzzle design curtains. The bedroom also contained an adapted cot bed due to the needs of residents who used the room during their stays. The inspector observed that storage facilities in the room allowed residents to leave their personal possessions at the centre in between stays, with each resident having personal clothing, bed linen and toiletries stored ready for their next visit.

Residents during their stays at the centre also had access to the centre's communal living room. The living room was homely in design and decorated with residents' art work and photographs. Residents also had access to a broad range of children's DVDs which according to staff they enjoyed to watch when at the centre. Next to the living room was a sensory room which was fully equipped with suitable soft furnishing, projectors, bubble tubes and light effects. Staff told the inspector that residents enjoyed accessing this resource during their stays, which was also evident in documentation reviewed during the inspection.

Residents also had access to a sun room located to the rear of the centre, which overlooked the back garden. The room was bright and spacious and decorated with a range of art work completed with the residents as well as photographs of residents and activities they had undertaken such as trips to local farms and beaches. Residents also had access to their own toy boxes in this room, which contained their favourite toys and cuddly animals. In addition, sensory equipment such as light projectors were kept in the room. Staff told the inspector that residents enjoyed using this room and spoke about how at night-time they would close the

blinds and put on the light projectors and music.

The inspector also observed that sensory aids were used on the centre's communal notice board to help residents know the day of the week, with specific scents being used to indicate the day such as vanilla and spearmint. Photographs were also on display of the staff on duty to further inform residents when at the centre.

However, although the building was generally well maintained and homely in both design and atmosphere, some improvements were required due to general wear and tear and the effects of residents using wheelchairs around the centre. The inspector observed that doors leading into the kitchen and other areas were damaged due to being frequently knocked through by the manoeuvring of wheelchairs around the centre. Also due to the needs of residents, the inspector observed that fire doors throughout the centre were wedged open by staff. Staff told the inspector that this practice was in order to both hear residents and to also aid accessibility for wheelchair users. However, this practice prevented the fire doors from effectively doing their primary role in relation to the containment of fire should an outbreak occur.

Throughout the inspection, staff were observed to be following public health guidance in relation to COVID-19 and infection prevention and control. Staff were observed wearing face masks throughout the day and on arrival at the centre, the inspector's temperature was taken. The centre was well stocked with personal protective equipment (PPE) and staff spoke with confidence about infection control arrangements at the centre. The inspector also observed that information was displayed throughout the centre on subjects such as the signs and symptoms of COVID-19, hand washing techniques and cough etiquette. Staff also showed the inspector cleaning schedules which were carried out daily at the centre. Although procedures were comprehensive, some improvement was required as the inspector observed drill holes in tiled areas, accumulated residue on alcohol sanitizer dispensers and rust on radiators and metal storage cabinets which would impact on the effectiveness of cleaning and sanitization arrangements at the centre.

In summary, the inspector found that although improvements were required at the centre, residents accessing Benhaven for respite stays received a quality care and support from staff. Where improvements were required and will be described later in the report, they did not impact negatively on the care provided to residents.

Capacity and capability

Governance and management arrangements at the centre ensured that residents received quality care and support during their respite stays at Benhaven. However, some improvements were required at the centre to ensure the effectiveness of its oversight arrangements and day-to-day operations.

At the time of the inspection, the provider was in the process of changing the

person in charge arrangements for the centre. Due to a planned absence by the previous person in charge, the centre was currently being managed by the Director of Services, and a notification had been subsequently submitted in order that a person in charge role from a neighbouring centre could include it in their managerial remit. Staff told the inspector that they felt supported by the management team and although the Director of Services was not based at the centre; unlike the previous person in charge, they felt they were well supported, and the person in charge visited the centre weekly and was always available either through the telephone or email. The staff also spoke about on call arrangements in place for outside of office hours, which were comprehensive and ensured that staff could always reach a manager within the organisation for advice if required.

Staff also spoke about how they were supported through regular team meetings with the person in charge. Staff said that team meetings due to COVID-19 had moved to a video conferencing format, but they were still effective and allowed them to both gain clarity and raise questions on residents' needs and the day-to-day running of the centre. Staff also said that they could further ask questions as well as discuss their own career development through regular face-to-face supervision meetings with their manager.

The person in charge also ensured that practices at the centre were monitored by a suite of regular audits on practices such as cleaning, fire safety and medication. In addition, the provider completed both six monthly unannounced visits to the centre and an annual review of care and support provided as required under the regulations. The subsequent reports of both activities were detailed in nature and showed that a comprehensive review of practices was completed, and where improvements were required a clear action plan with time lines and persons responsible was put in place and enacted. However, the review of the annual review of care and support required further development, as although residents and their representatives' views were facilitated according to staff these were not included or reflected in the review itself.

Residents were supported at the centre by a team of both nurses and residential care workers, with a minimum of two staff being available at all times to meet their assessed needs. Discussions with staff and a review of the centre's rota showed that a nurse was always available and staff told the inspector that staffing levels would increase to three at all times in response to residents' assessed needs or if the centre was at full occupancy, this was further reflected in centre's rota and residents' risk assessments.

Throughout the inspection, staff were knowledgeable on all aspects of residents' care and support, and spoke with enthusiasm about activities the residents enjoyed while at the centre. Staff also spoke about training they received which both reflected the provider's organisational commitments and the individual health needs of residents. However, reviewed training records did not show that all staff had received up-to-date training in a range of areas such as epilepsy awareness, fire safety, infection control and COVID-19 related training.

The inspector also reviewed written agreements in place between the provider and

residents as this had required further development following the centre's previous inspection. The inspector noted that detail on the services and facilities at the centre had been improved upon. However, further amendments were required to clearly show any fees and charges associated with residents staying at Benhaven.

The inspector also observed that residents and their representatives were made aware of their right to make a complaint about any aspect of the care and support they received at Benhaven. The provider had an up-to-date complaints policy and where complaints had been received these had been investigated and satisfactory resolved, with the satisfaction of the complaint being recorded. In addition, information was displayed on the centre's notice board about who the centre's complaints officer was, as well as an easy read and pictorial guide on how to make a complaint.

Regulation 15: Staffing

Appropriate numbers of suitable skilled staff were in place at the centre to meet the residents' assessed needs in a timely manner and support them to participate in activities of their choice.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training in both the day-to-day running of the centre and residents' individual healthcare needs. However, records did not reflect whether staff had received up-to-date training in a range of areas such as epilepsy awareness, fire safety, infection control and COVID-19 awareness.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance arrangements ensured that practices at the centre were subject to regular review to ensure their effectiveness and compliance with both regulatory requirements and organisational policies. The provider also completed both six monthly unannounced visits to the centre and an annual review of care and support provided. However, the annual review did not include evidence of resident or their representatives being consulted on their views of the care and supported received.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Although written agreements had been further developed since the last inspection to provide detail on the services and facilities provided at the centre. Additional improvements was required to inform residents and their representatives of any fees of charges they may have to meet when accessing the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Arrangements at the centre ensured that complaints about the care and support provided were appropriately captured, investigated and recorded including the satisfaction of the complainant with the outcome.

Judgment: Compliant

Quality and safety

Residents received a good standard of care and support in accordance with their assessed needs while at Benhaven. Care and support provided to residents ensured that they were kept safe from harm and supported to enjoy activities of their choice. However, improvements were required in relation to fire safety, infection control, premises and personal planning arrangements.

Each resident had a detailed and comprehensive care plan which was kept up-to-date and reflected staff knowledge. Care plans were updated in line with recommendations of multi-disciplinary professional and clearly guided staff on residents' needs while at the centre and specifically healthcare supports, which was essential to ensure consistency due to the complex nature of the residents' needs.

Residents and their representatives also had access to an easy read version of their care plan through the 'Listen to Me' document which reflected residents' likes and dislikes, and their preferred care while at the centre. Residents were also supported to work towards goals while at the centre, although the inspector noted that goals were not developmental in nature and centred on the maintenance of healthcare needs such as mobility or the risk of aspiration. Where goals centred on access to social activities, these were generic in nature and needed to be more specific in

order to ensure the effective measurement of whether or not they were achieved.

In addition, although residents had regular annual reviews of their care which included the participation of their families, school representatives and multi-disciplinary professionals, meeting minutes showed that not all aspects of the care plan had been reviewed to ensure they were effective in meeting residents' needs.

During their stays at Benhaven, residents were supported to participate in a range of activities subject to their needs, healthcare considerations and the impact of COVID-19. Residents enjoyed arts and crafts sessions as well as listening to music, watching movies and cartoons, and accessing the centre's sensory room. Staff also spoke about how residents enjoyed hand and foot massages and the female residents looked forward to beauty treatments such as having their make-up done and nails painted. Staff also spoke about how residents went on bus journeys to places of interest in the surrounding area, but due to COVID-19, previous trips to local farms which residents enjoyed had temporarily stopped due to assessed risks. In addition during the week when not at the centre, residents were supported to access their school placements by staff.

Risk management arrangements at the centre ensured that residents were kept safe, with comprehensive risk assessments in place for identified risks. Risks identified related to residents' individual healthcare needs as well as the day-to-day running of the centre such as fire and infection control. Risk assessments were subject to regular review to ensure their effectiveness and reflected the knowledge of staff and observed practices during the inspection.

As stated previously in the report, although improvements were required to infection control arrangements at the centre in relation to the premises and staff training. Throughout the inspection, staff were involved in cleaning and sanitizing the centre, in preparation for future respite stays. Staff were also knowledgeable on infection control arrangements including the centre's COVID-19 response plan which provided detailed guidance on how to prevent and also respond to an outbreak of COVID-19.

Arrangements were in place to ensure the safe evacuation of residents from the centre in the event of a fire occurring. The centre was equipped with all required firefighting equipment including a fire alarm, extinguishers and emergency lighting. All equipment was subject to regular daily inspection by staff as well as external servicing by an appointed contractor. Fire doors were installed throughout the centre, however as described earlier in this report, these were wedged open in response to residents' needs, and further action was required by the provider to both satisfy this need while ensuring the doors could complete their primary function of fire containment.

Residents had up-to-date 'Personal Emergency Evacuation Plans' (PEEPS) which clearly described how they would be supported to evacuate the centre in the event of a fire, and clear information was displayed throughout the centre on evacuation routes and how to call the emergency services.

The provider also ensured that regular fire drills were completed, which were of a simulated nature due to the complex needs of residents. However, although

frequently undertaken the provider had not ensured that the effectiveness of the evacuation procedure, as evacuation records showed that drills had not occurred under all possible circumstances, such as multiple occupancy evacuations and evacuations at night-time. Furthermore as stated earlier in this report, training records did not clearly evidence that all staff had received up-to-date training in fire safety, although those staff spoken to on the day were knowledgeable in this area.

Comprehensive arrangements were also in place to ensure that residents were safeguarded from possible abuse. Although no safeguarding concerns had been identified at the centre, staff had received up-to-date training in both Children's' First and Safeguarding vulnerable adults and information was displayed at the centre on how to report any concerns and whom to within the provider's management team.

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities either at the centre or in the local community subject to their assessed needs, healthcare considerations and the impact of COVID-19 related risks.

Judgment: Compliant

Regulation 17: Premises

The premises was homely in design and atmosphere and generally in a good state of repair. However, the manoeuvring of residents' wheelchairs around the centre had led to damage to the fire doors and general wear and tear to paintwork.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents were identified, assessed and appropriate control measures implemented.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control practices at the centre required improvement to ensure the effective cleaning and sanitization of surfaces. For example; damage to tiles and walls due to raw plug holes and rust damage to radiators and a metal storage cabinet.

Furthermore, cleaning schedules had not ensured that alcohol sanitizer dispensers were cleaned regularly of accumulated residue. In addition, training records did not evidence that all staff had completed infection control, PPE and COVID-19 awareness training.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although fire safety and evacuation arrangements were in place at the centre, and residents had up-to-date PEEPs, further improvement was required by the provider to ensure their effectiveness. For example:

- Fire doors throughout the centre were wedged open, significantly inhibiting their ability to contain an outbreak of fire.
- Fire drills although regularly undertaken, had not been conducted under all circumstances to ensure their effectiveness, such as in regards to multi-occupancy evacuations and evacuations at night-time when residents were in bed.
- Training records available at the centre did not demonstrate that all staff had received up-to-date fire safety training.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Comprehensive care plans guided staff on how residents' needs should be supported. However, residents' annual goals were not developmental in nature and related to their ongoing care needs. In addition, annual care plan reviews did not look at all aspects of the care provided to ensure it was effective in meeting the resident's needs.

Judgment: Substantially compliant

Regulation 6: Health care

Arrangements were in place at the centre which ensured that residents had access to a range of healthcare professionals in line with their assessed needs as and when required.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements in place at the centre were comprehensive with all staff having received up-to-date training to ensure their knowledge reflected current health and social care practices.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Benhaven OSV-0005592

Inspection ID: MON-0030393

Date of inspection: 29/11/2021

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
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training has been attained as part of continuous development for all outstanding training needs identified on the following dates Epilepsy Awareness 31/01/2022 Fire Safety 10/01/2022 , 10/01/2022 Infection control and COVID-19 awareness 10/01/2022</p> <p>The Staff members who have outstanding training have completed the online part of Epilepsy awareness. Practical day will take place in January.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Families & Service Users representatives will be contacted to include evidence of resident or their representatives being consulted on their views of the care and support received. The annual review will be amended to reflect these communications. All will be completed by the 10/01/2022</p>	
Regulation 24: Admissions and	Substantially Compliant

contract for the provision of services	
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The contract of care has been updated to be inclusive of informing representatives of any fees charge. Documents have been amended. The PIC has agreed dates and times in New Year to discuss amendments with Families. All will be completed with update signatures on all agreements by the 15/01/2022</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The doors that were damaged have protective plates in place to stop damage occurring from wheelchairs. This work was completed by the 3-12-2022.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Cleaning Schedules have been updated to include hand santisers on the 4th/12/2022. Training modules have been assigned to the staff who did not complete with a deadline given for online modules of 10/01/2022.</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"> • Fire doors were inspected by Atlantic Fire on the 10th of December. All doors that are wedged will now be fitted with a fire door holder which will activate once alarm goes off and release door. The type needed take time to import. Holders ordered with a confirmation letter in house as prove. Will be fitted by 30/01/2022. • A fire drill will take place which considers the needs of full occupancy. Staff will model actions needed to practice all eventualities. This will be completed by the 10/01/2022. • Training records were updated to demonstrate compliance in this area. The 	

staffmember who did not have certified training will have completed by the 10/01/2022.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal Plans will be updated to reflect realistic goals that have a social focus alongside health. This will be inclusive of parents and advocates who support service users. This will be completed by the 10/01/2022.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/01/2022
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	04/12/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their	Substantially Compliant	Yellow	10/01/2022

	representatives.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	15/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	10/01/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/01/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Orange	10/01/2022

	event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	10/01/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	10/01/2022