



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

Issued by the Chief Inspector

Name of designated centre:	DC 6 - St. John of God Kildare Services
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	04 November 2021
Centre ID:	OSV-0002940
Fieldwork ID:	MON-0034100

About the designated centre

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

DC 6 - St John of God Kildare Service provides residential services to 14 individuals across three houses located in a community setting in a large town in Co. Kildare. There is capacity for four or five adults, male and female, in each house. Each resident has their own bedroom in all three locations. DC 6 supports adults with both mental health issues and intellectual disabilities. These residents have identified clinical supports including psychiatry and psychology input available through the clinical team at the Kildare Service. The three houses are accessible to the local town, shopping, restaurants, public transport and community facilities. Residents are supported by a team of social care workers, social care leaders and a person in charge. Staffing levels are based on the needs at each location. Some residents have the support of 24/7 staff while other residents have the support of staff dropping into their home to provide specific supports.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 November 2021	09:10hrs to 18:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This designated centre consists of three properties and is registered for fourteen residents. Two houses are located next door to each other in a housing estate in Co. Kildare and the third house backs onto a campus setting. The inspector spent time with residents in all three houses, and residents were eager to share their experiences and views of their time during the pandemic. Residents expressed dissatisfaction with previous restrictions but were re-engaging with services and activities they had previously enjoyed, resulting in a greater sense of enjoyment.

The inspector could see that residents were consulted with, and given the knowledge they needed to protect themselves from COVID-19. Residents were aware that there was a continuing risk of infection and that they needed to take precautions to protect themselves and others. For example, when out and about in their community, a resident described the ongoing need to maintain a safe physical distance from people and wearing a face mask. The residents were happy to have returned to their part-time jobs and day services and the ability to meet up with family and friends.

On arrival at the first centre, one resident wanted to show the inspector their bedroom and speak to them privately. They talked about their past living situations and how much they liked it here because of the staff and how they were treated. The inspector visited with another resident who had previously participated in a video conference meeting with the inspector as part of a resident forum. The goal of the meeting was to gather the opinions of residents who had previously lived in more congregated settings but had since moved to the community. It was clear that the resident was happy living in the house and that they had more independence, which was essential to them. They informed the inspector that they liked being able to go to bed and have a lie-in whenever they wanted. The resident proudly showed off their pet cat and the bed they had created in a woodworking lesson, as well as a number of goals they were working on. These included buying a new phone and learning about different applications that could be used on the phone.

One resident did raise some complaints regarding their living situation and that they didn't always like living with other people and would prefer to live alone. The inspector raised this complaint with the person in charge, with the permission of the resident, so the complaints process could be enacted.

In the second house, the inspector met with a resident who remembered them from a previous inspection. They mentioned the changes brought on by the pandemic, but they were complimentary of the staff team. They showed the inspector their bedroom, which was decorated to their taste. The inspector learned that a number of residents were meant to take a trip to New York at the start of the pandemic. Staff expressed optimism that the trip would go place in 2022. Residents had joined together and, with the help of staff, planned an itinerary of locations they wanted to see while in New York. While some activities were halted during the pandemic, the

inspector noted that staff strived to change goals and excursions to accommodate the restrictions. For example, instead of travelling abroad, they were doing local trips and stays across Ireland when allowed.

During the inspection, there were many occasions when residents left the house independently and also with the support of staff to go shopping, go out for lunch, and discuss plans for the week. The inspector found that residents were consulted in the running of the centre and played an active role in the decision making within the centre. Staff who spoke with the inspectors were motivated to ensure residents were happy, safe and engaged in jobs, courses and activities they enjoyed. Throughout the inspection, residents were observed to receive support and assistance

In the third house, the inspector met with four residents who were relaxing before the evening meal. The inspector identified that previous negative interactions between some residents had been resolved and residents appeared content in each others company. While it was apparent that the restrictions affected the lives of many residents, for some, it had a positive impact with fewer transitions and demands made of them. Each resident who spoke with the inspector was complimentary towards the staff team.

From speaking with residents and staff, it was evident that every effort was being made to ensure residents were happy and safe in their homes. Residents were being supported to develop and maintain their independence and be involved in the day-to-day running of the centre. The inspector found that the houses met the assessed needs of the residents living in the centre at the time of inspection. Some premises and fire issues were noted; however, that required attention from the provider, discussed further in the report.

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

Capacity and capability

During this inspection, residents, for the most part, appeared happy and content in their homes and with the support of the staff team. Overall the findings of this inspection were that the provider was self-identifying areas for improvement in the centre and had plans to make improvements concerning the day-to-day management and oversight and monitoring of care and support for residents in the centre. Regarding regulations related to this section, there was a high level of compliance with slight improvement required in the timeliness of some refresher training.

Effective management arrangements were in place to ensure that the service's safety and quality were consistently and properly monitored. The provider had

conducted an annual review of the centre's quality and safety, and there were plans in place for unannounced visits to be made on the provider's behalf every six months. Plans were put in place to drive progress where areas for improvement were identified throughout these audits. A quality improvement plan was used to track this procedure. The inspector discovered that the centre's monitoring mechanisms ensured that any possible quality or safety threats were escalated to the relevant person or department. For example, an audit of the fire safety measures in the centre identified a number of improvements for an effective fire safety programme.

Residents were supported by a staff team who were familiar with their care and support needs. Throughout the inspection, residents were observed to receive assistance in a courteous, caring, and polite manner. Residents were also encouraged to talk about their previous year's experiences, ambitions, and challenges. Residents were complimentary of the staff team while speaking with the inspector. While some complaints were raised by one resident regarding their living arrangements, these were brought to the attention of the person in charge and provider at the close of the inspection.

The provider had determined that more staffing was needed to provide additional day support hours for residents who had elected not to return to their day services when they reopened. While these hours were pending approval, the inspector was satisfied that adequate staffing arrangements were in place and that residents' rights to choose and manage their own lives were respected.

In accordance with the providers' policies, employees had access to training specific to their roles and refreshers. Not all employees had completed the required refresher training due to difficulty sourcing in line with capacity restrictions; however, all outstanding training was booked for January. Staff who spoke with the inspector were very aware of their tasks and responsibilities and stated that the person in charge and the local management team, consisting of two social care leaders, were supportive.

Regulation 14: Persons in charge

The inspector found that the person in charge met the requirements of this regulation with regard to their qualifications, knowledge and experience. They were also found to be aware of their legal remit to the Regulations and were responsive to the inspection process.

They managed more than one designated centre and had systems in place to ensure they were maintaining oversight of the three centres. This provided reassurance that practices were appropriately supervised and managed. Two social leaders supported the person in charge in discharging their regulatory responsibilities. The inspector met with the two social care leaders over the course of the inspection. They had facilitated the inspection with ease and the inspector found they were very familiar with the assessed needs of the residents and knowledgeable of their own roles and

responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The provider had recognised the need to increase staffing support hours in the centre in line with residents' evolving needs. They were in the process of applying for additional support hours. The inspector was informed that the provider would put additional supports in place to meet residents' needs in the interim.

The inspector discovered that there were arrangements in place to ensure staff continuity so that relationships could be supported and maintained. In this centre, a core team of employees were employed, and when relief staff was needed, the same relief staff who were familiar with the residents were used. All staff spoken with, demonstrated a clear knowledge of residents' needs and preferences.

The person in charge also informed the inspector that no agency staff were employed as a control measure during the COVID-19 pandemic and relief staff that were working in the centre were only employed within this designated centre. Additionally, the provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

The person in charge also assured that staff were aware of the standards and relevant guidance issued by statutory and professional bodies. Various training developed for the COVID-19 pandemic, including hand hygiene, breaking the chain of infection and donning and doffing of personal protection equipment (PPE), had been completed by staff. A small number of staff were overdue in training for fire safety, the safe administration of medicines and managing behaviours of concern; however, these were due for completion in early 2022.

Judgment: Substantially compliant

Regulation 23: Governance and management

This centre was effectively governed thanks to a well-defined management structure consisting of an experienced person in charge who worked full-time for the organisation and was supported by two team leaders. As required by the regulations, the centre was also monitored and audited. There was an annual review of the center's quality and safety of care for 2020, as well as six-monthly auditing reports and unannounced visits. The yearly review incorporated resident and family comments, and it effectively addressed the quality and safety of care and assistance in compliance with the relevant national requirements.

The person in charge, and the two social care leaders had regular and consistent communication. There was also evidence of shared learning from other designated centres within the organisation, which was facilitated by staff meetings. The findings of additional inspections were also discussed in order to address any issues that arose. In addition to sharing information, these meetings allowed all staff to express and discuss any issues they had about the quality of care offered to residents.

A variety of local audits were conducted to monitor the quality and safety of care provided to residents, and it was determined that the provider responded quickly to issues reported by these methods. Improvements linked to premises issues are addressed under regulation 17, premises.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents were notified to HIQA in the required format, within the specified timeframe and that all necessary information was submitted.

Judgment: Compliant

Quality and safety

Overall, the inspector felt that the centre offered residents a welcoming and comfortable environment. The person in charge and the staff were clearly aware of the residents' requirements and knowledgeable about the care procedures necessary to address those needs. However, the inspector discovered that a number of quality and safety regulations, particularly fire safety precautions, premises issues, and infection control measures, needed to be improved upon.

The inspector found that residents were appropriately protected and safeguarded from experiencing abuse in the centre. The person in charge and staff team were

knowledgeable of the different types of abuse and the actions that are required to be taken in response to witnessing or suspecting incidents of a safeguarding nature. There was evidence that where safeguarding risks had been identified, these were screened and reported appropriately, and safeguarding plans were implemented where necessary.

Regulations require residents to have an individual personal plan that identifies residents' health, personal, and social needs while also providing guidance on how to meet these needs. Residents at this centre had such plans in place, which were acknowledged to have been informed by extensive needs assessments and were subject to multidisciplinary review. The provider was focusing on ensuring that these residents had a good life, with short and long-term goals in place to help them. For example, some residents were looking forward to going on a sun holiday when restrictions allowed. After interacting with residents, the inspector was assured that adequate measures were in place to meet residents' health, personal, and social needs in this centre.

The inspector completed a full walk-through of all three houses and noted some repairs and upgrades of the properties were required. The person in charge and social care leaders were aware of the works needed and had maintained a record of requests submitted. The inspector was made aware that there had been a delay in the approval and completion of the required works, and at the time of the inspection, it was unknown when these delays would be resolved. This is discussed in greater detail under regulation 17.

The inspector reviewed the protocols in place to protect residents from COVID-19. During the inspection, infection prevention and control methods such as frequent cleaning, staff training, and the usage of personal protective equipment (PPE) were observed. Additionally, this centre had a contingency plan that had recently been evaluated and provided guidelines for responding to COVID-19 related concerns. Symptoms were also being monitored in the residents and employees. The inspector found that improvements were required to some areas of cleanliness in the premises. During the initial walk around of the centre, the inspector drew the person in charge's attention to a number of issues with the cleanliness in one area of the centre.

All three houses of this designated centre had fire safety systems, including fire alarms, emergency lighting, and fire extinguishers. The individual fire evacuation needs of residents were considered, for example, the support residents required from staff. To ensure that residents were aware of what to do in the event of a fire, it was seen that fire drills were being carried out regularly, with low evacuation time recorded. It was noted that when a difficulty arose during a fire drill, the drill was discussed with residents and fire safety education was an agenda item for residents' house meetings. There was a dedicated outdoor area for smoking, and the inspector was informed that an outdoor smoking room had been ordered for the use of residents. Previously, smoking had occurred in the conservatory, which lacked the appropriate controls. This area required deep cleaning due to stains on the walls and the strong smell of smoke. This smell of smoke was also a presence in other areas of the designated centre and, there remained weaknesses in the fire

containment measures.

Regulation 13: General welfare and development

The inspector discovered that residents were encouraged to lead active personal and social lives based on their interests. Residents were at the centre of decisions regarding their daily care and long-term personal goals, and staff encouraged them to participate in activities and interests that they enjoyed.

Residents socialised in their community, attended day services, visited relatives and friends, and had visitors to their house. Residents' participation in the community had been curtailed as a result of the introduction of public health recommendations and restrictions, however residents were reengaging with their interests as restrictions eased.

Judgment: Compliant

Regulation 17: Premises

As mentioned above, outstanding maintenance issues were being collated by local management for approval. The inspector viewed the maintenance work request form that identified a number of internal and external areas that had been logged since November 2020. For example, these included replacing flooring, repairing damaged walls, latches on fire doors not closing correctly, cracks in walls, and broken gates. Due to the ongoing difficulties in addressing the necessary works, there was an impact on the fire safety measures and infection prevention precautions within the centre, as highlighted below.

Judgment: Not compliant

Regulation 27: Protection against infection

Measures were in place in the centre for infection prevention and control. Management and staff were adhering to national guidance for the management of COVID-19 in residential care facilities. Due to the improvements required in relation to the premises, there was an impact on the overall infection, prevention and control (IPC) measures and standards in the centre. Deep cleaning in one part of the centre was required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector observed that the houses did not have sufficient fire containment measures in all areas, which are important in limiting the spread of fire and smoke while ensuring a protected evacuation route. One living door fire door was observed wedged open, and not all fire doors had self closures fitted. It was seen from the maintenance form that some of the fire concerns were previously escalated to the provider, and these had not been addressed appropriately.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All of the residents had clear and thorough assessments of their needs as well as individualised plans in place. These were reviewed on a regular basis and reflected the most current needs of the residents.

A key working structure was in place, and key workers assisted residents in achieving personal social goals that were agreed upon during residents' personal planning sessions. Goals in place promoted residents to develop independent living skills.

Residents had set social goals for themselves that were both practical and personalised. Some residents hoped to take a holiday abroad the following year. Another resident was undertaking carpentry projects. Action plans were in place to help residents reach their goals.

Judgment: Compliant

Regulation 6: Health care

Each resident had a healthcare plan in place. From a review of a sample of healthcare plans it was evident that residents were well supported to achieve best possible health. Each resident had access to a general practitioner of their choice and were supported to access allied health professionals. These included a physiotherapist, speech and language therapist, behaviour specialist and members of a mental health team. Where residents' healthcare needs required further examination, residents' were supported to access medical advice and investigations,

including national screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

On review of the systems in place and supports available to positively address behaviours of concern, the inspector noted that the provider had in place a clear referral pathway for residents to access positive behavioural supports in a timely manner. Where required, residents had a behaviour support plan to guide staff on how best to support their assessed needs and was subject to a suitably professional review.

Judgment: Compliant

Regulation 8: Protection

In terms of safeguarding, there were policies and processes in place. In the event of a suspicion or accusation of abuse, staff had completed training and were aware of their roles and responsibilities.

In 2021, there was a rise in the number of negative interactions between residents. When evaluating the incidents and discussing with staff, it became clear that the majority were caused by residents restricting their movements following national guidelines and not leaving the centre and engaging in typical activities, resulting in increased irritation. As a result, the provider had several safeguarding meetings and created and revised safeguarding strategies. Following the adoption of the control mechanisms described in safeguarding plans, the number of allegations of abuse had decreased.

Residents who spoke with the inspector during the inspection claimed that they felt safe and would speak with staff if they had any issues. They also stated that they were glad now that the restrictions had been eased and that they had more freedom.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector noted that there were numerous instances where residents' rights were promoted. Residents' rights were protected in the centre, and they had a say

in how they lived their lives. Residents' rights and advocacy were often discussed during key working sessions and resident meetings.

Weekly resident meetings and the annual report consultation process were used to involve residents in the management of the centre and decision-making. Residents were treated with dignity and respect, as evidenced through personal care plans and intimate care plans.

Residents had a variety of options when it came to activities, meals, and how they spent their day. The inspector observed staff and resident communication and interactions and found them to be helpful and friendly at all times. Within the organisation, there was a self-advocacy group and a complaints policy and procedure in place to assist residents and their families in raising any concerns they may have about the service given.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for DC 6 - St. John of God Kildare Services OSV-0002940

Inspection ID: MON-0034100

Date of inspection: 04/11/2021

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The person in charge will ensure all outstanding refresher training in fire safety, safe administration of medication and Management of Actual or Potential Aggression will be completed for all staff by the 28th February 2022. 2. A training plan is in place to ensure all staff attends refresher training when it falls due.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. A number of outstanding works have been completed since this unannounced inspection, with works ongoing. The Housing provider has agreed to complete all outstanding works by the 28th of February 2022. 2. A rolling plan of maintenance is now in place and is reviewed monthly by the Social Care Leader, PIC and Programme Manager. All issues in relation to the time frame of works being completed has been raised with the housing provider	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. Since the 8th of November a specified Housekeeping Assistant has been employed to ensure a deep clean of all houses monthly. 2. The area identified in the report as requiring a deep clean, has been addressed and cleaned and new furniture, soft furnishings and new blinds have been ordered and will be in place by the 28th February 2022. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. The person in charge will ensure no fire doors are wedged open in future and electronic fire door holders have been ordered for the sitting room door in both houses and will be installed by the 28th of February 2022. 2. To ensure fire containment measures are fully in place, a number of outstanding works with regard to fire doors have been completed since this unannounced inspection, with works ongoing. 3. The housing provider has agreed to complete all outstanding works by the 28th of February 2022. 	

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	28/02/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided	Not Compliant	Orange	28/02/2022

	and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
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	28/02/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2022