



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

Issued by the Chief Inspector

Name of designated centre:	Damara
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	15 August 2022
Centre ID:	OSV-0003446
Fieldwork ID:	MON-0033037

About the designated centre

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

Damara is a designated centre that provides residential support for male adult males with intellectual disabilities. The centre is based on the outskirts of Kilkenny City on a campus style setting. The centre is one building divided into three separate bungalows, each with their own front door and it is located within walking distance of the city. The staff team consists of a person in charge, a social care worker and healthcare assistants. The residents supported in Damara present with intellectual needs and may have a diagnosis of autism and other needs. The home is a seven day residence open all year with no closures. There are three people supported in Damara at present. The centre, as confirmed in the statement of purpose is not open at present to new admissions. The centre has three service vehicles available for use by residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 15 August 2022	10:15hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed while restrictions related to the COVID-19 pandemic remained in place. As such the inspector ensured they adhered to measures in place to protect residents and staff in line with current infection prevention and control guidance such as the wearing of personal protective equipment and maintaining social distance.

This centre is home to three residents although it is registered for a maximum of four individuals. The centre presents as a large single storey property, that has been subdivided into a number of areas including three separate homes, with unused areas of the building connecting these homes. These areas do not form part of the designated centre. This building is not intended to be the long term home for the residents who live there although the residents have already been living here for a couple of years. The provider states that they continue to actively seek an appropriate home for the three residents to move to on a permanent basis. The inspector found however, that while the provider had endeavoured to ensure that the areas where the residents lived were individualised and decorated to reflect their preferences and assessed needs that the environment continues to require improvement.

On arrival, one resident was in their home and using their computer, they were engaged on this prior to leaving for a planned outing for the day. A second resident was having their breakfast and told the inspector that they were not in a good mood as thunder and lightening had kept them awake the previous night. The inspector did not have the opportunity to meet the third resident who lives in the centre. All residents were observed to be out over the course of day of the inspection and led active and busy lives.

The inspector observed awards that the residents have won in National competitions that recognised their art or sporting talents and other achievements such as complex jigsaws they had completed which were displayed in the resident's homes. Staff who met with the inspector discussed plans for holidays for the residents where they were going mountain climbing or trips to the cinema or how they supported them in going out for a coffee locally. One resident has engaged with art classes on-line during the COVID-19 pandemic and has recently exhibited their art at a national exhibition and has sold some of their art pieces.

Each resident was supported by a staff member during the day which ensured that they could engage in activities they had selected and the inspector observed that the residents' day was busy with outings and time in day services as well as time at home to relax. During the inspection the inspector observed and overheard staff members engaging with the residents in a pleasant and warm manner throughout. The person in charge was familiar to the residents and was also heard engaging with residents and checking that they were happy with plans for their day. At one point staff were heard providing reassurance that the thunder and lightening storm

was over and that they acknowledged the resident was tired and may wish to adapt their plans.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall the findings of the inspection were that residents reported that they were happy living in the centre and were busy doing the things that they enjoyed. They were supported by a staff team who were familiar with their care and support needs. Improvements were required however in the premises and ensuring that the residents who lived in this centre were afforded opportunities to enjoy their garden and all aspects of their home.

The centre was well managed and there were clearly defined management systems and structures in place to monitor the quality of care and support for residents. The inspector found however, that these systems at a provider level had not been consistently implemented. An annual review of the service had been completed for 2021 as required by the regulations but six monthly unannounced visits had not been completed as outlined in the regulations. The inspector reviewed a report from a six monthly visit in April 2022 and the previous report had been completed ten months previously, there were actions arising from these with the person in charge working to complete these in line with the time frames set.

Staff who spoke with the inspector were knowledgeable in relation to residents' care and support needs, and their likes, dislikes and preferences. Kind and caring and respectful interactions were observed between residents and staff throughout the inspection.

Regulation 14: Persons in charge

The provider has appointed a person in charge to this centre who has the appropriate skills, experience and qualifications necessary. The provider had ensured that they had appointed a person in charge that met the requirements for fitness in line with HIQA's guidance. They are employed in a full time capacity and have responsibility for two designated centres splitting their time equally between both centres. The person in charge has a strong focus on person-centred care and was found to have effective oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

The provider had taken the assessed needs of the residents into account when determining the appropriate level of staffing for this centre. In addition they were endeavouring to ensure that the staff team had the skills and experience required to meet the residents' needs. All residents were supported on a one to one basis during the day and there were two staff on duty at night. The person in charge was also on the roster to provide some direct support hours on a weekly basis. This allowed for the person in charge to provide on the job mentoring and support to the staff team.

There were some current vacancies in the staff team and the provider was actively seeking to fill these gaps, the difficulty in recruitment in all of the provider's centres was seen to be an active area of focus for the governance team. In this centre the provider and person in charge were striving to ensure there were consistent staff in place to support residents as this was important for their assessed needs. A review of the rosters found that where relief or agency staff were used they were consistent and only used at times where the requirement for direct support was less such as at night.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations.

The person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, periodic service reviews, on the job mentoring and audits in the centre. They were in the centre a number of times weekly and available on the phone for the remainder of the week. There was also a 24/7 manager on-call system should residents or staff require support in their absence.

The inspector found that while the provider had systems in place to complete audits and reviews including systems to ensure that an annual and six monthly reviews were completed in relation to residents' care and support; these reviews had not all been completed as required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and the Chief Inspector of Social Services was notified of the required incidents as set out in Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place which gave clear guidance to staff on the procedures for addressing a complaint. The policy was available for residents in an easy to read version. Residents were given information on how to make a complaint and details on the complaints officer were displayed. No complaints were currently active in the centre on the day of inspection.

Where complaints had been received the inspector found that they had been managed in line with the provider's policy. There was evidence that complaints were investigated and concluded to the satisfaction of the person making the complaint. Where actions were found to be required following the conclusion of a complaint these were also seen to have been concluded by the person in charge and the staff team.

The inspector observed that the centre had also been in receipt of a number of compliments a number of which had been submitted by residents' families or their representatives.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were in receipt of person-centred care and supports, and their opinions were listened to and valued by staff. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The provider was for the most part identifying and responding to areas that required

improvement. Some improvement was required in areas such as premises, fire safety and infection prevention and control. There was a risk register and general and individual risk assessments were developed and reviewed as required. There were emergency plans in place and incidents were reviewed regularly, and learning shared with the team at handover and team meetings.

There were a high volume of restrictive practices in the centre but these were being reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents had support plans in line with their assessed needs and these detailed proactive and reactive strategies to support them. Their support plans were reviewed regularly by the relevant health and social care professional.

Residents were protected by the safeguarding policies, procedures and practices in the centre and there were no current safeguarding plans in place. There were systems in place to ensure that allegations were recorded, reported and followed up on in line with the organisation's and national policy.

Regulation 12: Personal possessions

The provider and person in charge were supporting residents in ensuring their personal possessions were respected and protected and the residents living areas contained items that were personal and important to them. Items were displayed in a manner that was in line with residents' assessed sensory needs. Each resident had their own utility room for the management of their laundry and each resident had ample storage for their belongings.

Improvement was identified by the provider as required in supporting residents in the control of their financial affairs. The provider had self-identified areas that required review in terms of financial oversight and their own auditing systems. There had been no assessments of residents' capacity to manage their financial affairs completed. While the person in charge completed audits on the daily checks and reconciliation of resident monies as completed by the staff team, the provider had responsibility for the oversight of accounts. In one instance a resident had developed debt as a result of prolonged overspending and this pattern had not been identified nor mitigated for by the provider. The inspector acknowledges that the provider has now ensured that this debt has been written off by them and changes in budgeting and spending are now in place following consultation with the resident. The provider had been proactive in making a number of changes and while further improvements were required there was a plan in place.

Judgment: Substantially compliant

Regulation 17: Premises

This centre comprises a large single storey building on a campus style setting. The building has been sub-divided to create three independent living areas that are interconnected by parts of the building no longer in use. Each resident has their own living area, kitchen and dining areas, bedroom and bathroom, with other rooms available as sensory rooms or hobby rooms but these are not currently used by residents. Externally the residents have access to a garden area that has also been subdivided to provide them with privacy and individual space.

The inspector acknowledges that this premises is not intended to be the resident's long term home. While the provider and person in charge have endeavoured to make the areas where the residents' live as homely as possible improvements are required. The gardens had not been maintained with the grass not cut and weeds growing in pathways and throughout the gardens. Where equipment was present such as a swing or swinging bench these had not been cleaned and were dirty and covered in green growth. No patio furniture or areas to sit outside were present and despite the warm sunny weather the residents were not afforded an opportunity to enjoy their own gardens.

Internally while the provider had ensured that new furniture had been purchased and some painting had been completed, other areas required maintenance such as bathrooms that needed to be re-tiled and flooring that needed replacing. The person in charge and provider had a maintenance plan in place and this was in continuous review however, residents will live in this centre for longer than had been initially anticipated and as such the the centre premises required significant review.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Risks and hazards in the centre were for the most part clearly identified, and there were adequate control measures in place. However risks that were associated with the un-designated and unoccupied areas of the building had not been fully identified nor assessed in relation to their impact on the designated areas of the building. This included fire safety and infection prevention and control risks and this finding is reflected against those regulations 27 and 28.

The person in charge ensured that there was a risk register which they reviewed regularly as did the provider. There was evidence that new risks were added to the risk register when identified and that areas where risk was no longer assessed as present were reviewed and closed. Risk taking behaviours or sensory seeking behaviours were identified and guidelines or plans were in place alongside control measures to guide staff in supporting the residents to remain safe. There was evidence that the person in charge supported the staff team when engaging in positive risk taking that enhanced the quality of life for the residents such as

engaging in community activities with a single supporting staff member.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place however, these were not consistently being followed. The inspector observed that, for example, some of the sinks in bathrooms had not been cleaned and there was visible dirt on mats and due to gaps in the flooring dirt was accumulated in spots. In addition there was a build up of cobwebs and dust in high areas within rooms. Equipment used for cleaning such as the mops and buckets were seen in one area stored with a wet mop sitting in dirty water and hung as required by the provider's procedures. The person in charge and the provider were completing audits on infection prevention and control and had self identified the areas that required improvement however, they were still not in place nor completed on the day of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape, including emergency lighting. The evacuation plan was on display and each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

However, on the day of inspection there were a number of fire doors propped open in all three living areas by chairs, wedges and storage containers. In one area a self closing mechanism had been disconnected with the bars hanging down at head height, the person in charge ensured that this was repaired on the day. Some fire doors had small holes present that had resulted from door furniture having been removed but these had not been repaired. The inspector observed that within the areas of the building that were not part of the centre but connected to the residents' living accommodation that fire doors were left open or had no closure mechanisms and glazed panels in doors had been covered with flammable material. There were

no systems in place to ensure that these areas met containment requirements which was a risk given their close proximity to the residents' homes.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. Fire drills were occurring in the centre and being completed at different times, and when the minimum number of staff and maximum number of residents were present.

Judgment: Substantially compliant

Regulation 6: Health care

The provider and person in charge ensured that residents were supported to enjoy best possible health. Residents had their healthcare needs assessed and care plans were developed and reviewed as required. Residents had a general practitioner (GP) of their choice and were supported to access health and social care professionals in line with their assessed needs. A log was maintained of all consultations with medical and health and social care professionals and advice arising from these consultations was incorporated into care plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there was a clear system in place for the oversight of positive behaviour support in the centre. There were up-to-date positive behaviour support plans in place and the residents were positively supported to maintain their mental health. These supports and plans had been developed in consultation with relevant professionals and contained clear guidance on areas that may be triggers for the residents and the different proactive and reactive interventions that staff could use. The person in charge had sought guidance on the best use of sensory supports from health and social care professionals and there were supports in place to facilitate the residents' sensory needs.

There were a number of restrictive practices in place in the centre and the inspector found that these were being reviewed regularly. These reviews provided assurance that the least restrictive practices were used for the shortest duration and that in some cases alternatives were being considered and trialled.

Judgment: Compliant

Regulation 9: Residents' rights

From speaking with staff and some residents, observation of practice and a review of documentation, it was evident that residents were consulted with and participating in the planning and running of the designated centre. They were developing the agenda items for residents' meetings and leading these discussions.

Residents had access to information on how to access advocacy services. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering and to keep residents' personal information private, and to only share it on a need-to-know basis.

It was evident that the centre was managed in a manner that encouraged residents to exercise their independence, and to take risks in their daily lives. For example residents were engaged in the community and supported to spend time with their friends or family with the minimal levels of staff support, if they so wished. They were encouraged and supported to engage in activities that reflected their individual strengths such as art, hiking or hill walking with their skills recognised at awards ceremonies.

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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Damara OSV-0003446

Inspection ID: MON-0033037

Date of inspection: 15/08/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
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>An updated schedule for completion of provider audits has been agreed with Senior Management and PPIMs on the 19/08/2022. The outstanding 6 monthly provider audit is scheduled and assigned to a relevant auditor. The 6 monthly audit is scheduled for completion by the 30/09/2022.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>PIC and staff team have supported person living in Damara to complete the SPC Money Management Competency Assessment as per Policy and also their annual financial plan. This will further support the person in building capacity in their money management and developing supports for new skills in planning and using their own money.</p> <p>The PIC is requesting regular statements from SPC finance department to ensure oversight of finances and support the persons in Damara within their financial plans.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has ensured that the gardens will be maintained regularly by the maintenance team. All required work in Damara premises and garden has been logged via Viclarity maintenance system, which will ensure oversight over requests, planning and completion of works.</p> <p>Furniture's, sensory swings and necessary improvements to the garden will be completed by 17/10/22. The PIC is supporting the team and people supported with those improvements and has oversight of same.</p> <p>Maintenance plan has been updated by PIC and CSM and will be regularly reviewed to ensure necessary improvements are completed within the timeframe allocated such as tiling and flooring.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PIC has discussed all identified areas of improvement with the team and updates are as follows: -</p> <ul style="list-style-type: none"> • PIC is meeting with all team members and completing a Quality Conversation to ensure the outstanding Actions in relation to the IPC audits are completed and that each team member understands the relevant policies and procedures in relation to infection prevention and control. • Gaps in flooring have been identified as an IPC risk and new flooring will be installed as per maintenance request. • PIC and CSM are continuing to action identified areas of improvement in relation to the most recent IPC audit and will ensure progression and oversight of same through her routine presence in Damara, QC's and team meetings. • Regular visits by CSM and PIC are taking place in Damara to oversee required improvements, mentor the team and provide necessary On the Job mentoring. • Cleaning schedules have been updated to include the cleaning and storage of equipment. Any gaps in cleaning schedules are being addressed by the PIC with individual team members in topic specific Quality Conversations and at the monthly team meetings. • The PIC is implementing the improvement plan to support the Damara team in 	

understanding and following SPC policies and procedures in relation to IPC, audit schedules etc. This is documented through regular Quality Conversations and On the Job Mentoring.

- Once monthly surprise audits to be carried out by PIC with the support of the health and safety team in PICs absence.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- PIC has completed observed fire drills x2 with staff and persons supported to incorporate scenarios inclusive of the unused section of the building and will continue to do so.
- Unused section of the building has been identified as a risk and risk assessments re regular maintenance of same has been completed.
- Separate fire checklists are now in place for the unused section of the building to ensure all risks are identified and dealt with in a timely manner.
- Topic specific conversations with staff re propping open of doors have been held and discussed at team meetings to ensure all staff understand the severity of same.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	19/09/2022
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.	Not Compliant	Orange	30/10/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Not Compliant	Orange	17/10/2022

	suitably decorated.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/09/2022
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	19/09/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate	Substantially Compliant	Yellow	19/09/2022

	arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	19/09/2022