



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

Issued by the Chief Inspector

Name of designated centre:	Colga Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	24 February 2021
Centre ID:	OSV-0004999
Fieldwork ID:	MON-0031961

About the designated centre

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

Colga Services provides a combination of residential and day supports to adults with an intellectual disability from a specified geographical area. The service is provided for seven individuals of mixed gender who are over 18 years of age and have a mild to severe intellectual disability and or autism or mental health difficulties. The services provides six full-time residential placements and one respite placement. The service provides home-based services for some residents. Colga Services is made up of two houses close to a rural village. One of the houses is a two-storey house with a separate apartment. It has a large garden with separate areas for the house and the apartment. The other house is a bungalow with a garden, and is located within walking distance of the village. All residents have their own bedrooms. Residents are supported by a staff team that includes a team leader, nurses and support workers. Staff are based in the centre when residents are present and staff sleep over in both houses at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 24 February 2021	10:20hrs to 16:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health, wellbeing and social care needs of residents who lived at the centre was provided in a person-centred manner. Residents who the inspector spoke with during the day of inspection appeared happy and relaxed in their environment, with staff supporting them, and with each other.

The designated centre comprised two houses, one of whom accommodated five full-time residents and the other accommodated two full-time residents. One resident received respite care, and the inspector was informed that they were at home with family at this time. In addition, another resident was at home with their family since Christmas. The inspector got the opportunity to meet with three residents and also spoke with three staff who were working on the day, in order to get the views and lived experiences of residents.

During this time of the COVID-19 pandemic, the inspector spent time in one house only, while reviewing documentation and meeting with the person in charge and staff in one area of the house. The inspector met, and spoke with, three residents towards the end of the inspection while adhering to the public health guidelines of the wearing of face masks and social distancing. One resident living in this house declined to meet or speak with the inspector and this was respected. The inspector did not get the opportunity to meet with residents who lived in the second house at this time, and was informed that residents would find it difficult to communicate by telephone call to the inspector. However, the inspector got the opportunity to speak with a staff member who provided front-line support to residents from this location.

Overall, residents appeared happy and content with the supports and services provided. A review of documentation demonstrated that residents participated in regular house meetings, where meals, activities and other matters were discussed. Throughout the day the inspector observed residents being supported to attend activities by availing of the centre's transport. In addition, residents were observed to be watching television, playing ball games and relaxing in the sitting-room throughout the day. The house appeared clean, homely, nicely decorated and the atmosphere appeared pleasant. There were photographs and art work on display around the home, and the inspector observed that there were board games, puzzles, a range of DVDs and art supplies available to residents in the centre.

The inspector spent time talking with three residents in the sitting room of the house prior to the conclusion of the inspection. Residents spoke about what they were having for dinner, their favorite meals and what activities they had taken part in during the day. One resident did not communicate verbally, but smiled and gestured to communicate with the inspector. They smiled and appeared happy when the inspector acknowledged that they had taken part in an Art competition recently in which they had received a certificate. They appeared to be relaxed and comfortable in their surroundings and with the staff member supporting them. One

resident spoke about their planned move from the house to a new centre, and showed the inspector (from a distance) the photographs on their mobile phone of their new home and talked about their input into choosing colours and furniture. They appeared happy about the move and when asked, they said that they were looking forward to it. The resident spoke about how they were spending their time during the pandemic. This included making video calls with family, doing online quizzes through Zoom and completing jigsaws. They appeared proud to show the inspector two jigsaw puzzles that they had completed recently. In addition, the resident spoke about contact with their local community at this time, and mentioned the contact they had with a member of their community through phone messages. In addition, the inspector was informed that the resident was part of the advocacy council and attended online meetings. The resident said that they enjoyed going to their day service, which they were now attending two days per week at this time, adding that they enjoyed taking part in dancing, walks and artwork while there. Another resident spoke about how they spent their day visiting a local religious amenity where they said prayers and sang songs. With support from staff, they also spoke about volunteer work that they used to do in a local pub and said that they were missing this since the COVID-19 pandemic. The inspector was informed that the resident was learning to use technology and had recently purchased some items online, which they were looking forward to receiving in the post. Residents also spoke briefly about the COVID-19 virus and some described the ways to keep themselves safe at this time, such as hand washing. The inspector was also informed by residents that they had weekly house meetings where they chose meals for the week.

The inspector met and spoke with three staff members who were working on the day. Staff members appeared very knowledgeable about residents' support needs, likes and personal preferences. In addition, staff were observed to be treating residents with dignity and respect, and residents appeared comfortable and happy around them. Staff members told the inspector their views about how residents were getting on at this time. The inspector was informed that residents had been well involved in their communities prior to the COVID-19 pandemic, and that some residents were missing their preferred community activities, such as participating in sports clubs, attending discos, going for hotel breaks, volunteer work and going to religious services. One resident was reported to have been significantly impacted by the public health restrictions, and as a result, an individualised day programme had been developed for them which the inspector was informed was working very well and was operated in a self-directed manner. Staff told the inspector that they were trying to seek alternative activities at this time for residents to replace the community based activities that they were missing out on. Examples of some activities that were occurring; included watching music concerts on television, playing sport in the back garden, online shopping, gardening and taking part in community art projects.

In addition, the inspector reviewed documentation such as personal plans, the annual review of the service and management audits. The inspector noted that residents were supported with making choices about how they lived their lives and in deciding what goals they wanted to achieve in the future, which included leisure activities and learning new skills. A review of documentation indicated that residents

were consulted about the quality of the service and a review of this consultation indicated that some residents were negatively impacted by the public health restrictions with one resident saying that they were 'sick of the virus' as it was stopping them from meeting friends and meeting people in their community. The inspector noted through documentation, observations and discussions with residents and staff that the staff team were supporting residents to try to maintain the links with their wider community and family at this time of level 5 public health restrictions, in line with residents' wishes and needs.

Overall, residents appeared to live a person-centred life, where their individual needs, choices and individuality were respected, and there appeared to be sufficient skilled staff to support residents with their support needs.

Capacity and capability

Overall, the inspector found that there was a good governance and management structure in place in the centre which ensured that the care delivered to residents met their needs and was delivered in a person-centred manner. However, some improvements were required in the oversight and monitoring systems by the management team which would further enhance the quality of care provided. This included; improved oversight in relation to safeguarding concerns, risk management documentation and fire safety.

The person in charge worked full-time and had responsibility for a number of other designated centres in the locality. He was supported in his role by a service co-ordinator and a person participating in management. The front-line staff team consisted of a team leader, nursing staff and support workers. There was sleepover cover provided in each location at night to support residents with their needs. There was a rota in place which was reviewed by the inspector, and which demonstrated that there was a consistent staff team in place to ensure continuity of care was delivered to residents. This was noted to be very important due to the needs of residents. In addition, the provider ensured that there was an out-of-hours on-call system in place for staff, should this be required.

Staff received training as part of their continuous professional development and a review of the training records demonstrated that staff were provided with a range of mandatory and refresher training in areas such as; fire safety, behaviour management, safeguarding, infection prevention and control, use of personal protective equipment (PPE) and hand hygiene. In addition, staff were provided with additional training opportunities to support them in their role in supporting residents with additional needs. Staff with whom the inspector spoke said that they felt well supported in their role and could raise any concerns to the management team at any time, if required. In addition, staff spoken with said that they felt safe and supported with the systems in place during the COVID-19 pandemic.

There were systems in place for regular auditing of the centre by the management team to ensure that the centre was safe, met the needs of residents and was to a high quality. The person in charge carried out regular reviews of incidents, and ensured that regular auditing of fire management systems and health and safety issues including checklists for the prevention and management of COVID-19 occurred. The provider ensured that six monthly unannounced visits and an annual review of the quality and safety of care and support of residents were completed as required by the regulations. The annual review of the service provided for consultation with residents and families by use of questionnaires. The findings from audits identified areas for planned improvements and priorities for the centre. The inspector found that areas noted for improvement were kept under ongoing review for completion. For example; some changes were planned for the centre in relation to the premises in the coming months, and the inspector noted through documentation and was also informed that the transition process was under ongoing review, so as to ensure that transition plans were completed with residents in a manner and within time frames that suited their individual needs and understanding.

However, the inspector found that the oversight and monitoring systems by the management team required strengthening, as some areas for improvement found by the inspector had not been identified through the provider or person in charge audits. This included; gaps in risk management documentation and a failure to ensure that fire drills were carried out with minimal staffing levels to ensure that all evacuation plans in place were effective. In addition, a concern raised by a family member regarding an unexplained injury which was sustained by a resident had not been screened in line with the safeguarding procedures. While this concern was logged as a complaint and followed up through the complaints process, the provider or person in charge had failed to identify this as a possible safeguarding concern.

Regulation 15: Staffing

There was a rota in place which demonstrated that the centre was staffed by a consistent team to ensure continuity of care for residents. A rota was maintained which reflected what was happening on the day of inspection. The legend used to explain the codes used on the roster required review as it was unclear what the actual hours worked were; however this was addressed immediately by the team leader. Staff files were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received mandatory and refresher training as required. In addition, additional training was provided to the staff team to ensure that they had the skills and knowledge to support residents with more complex needs.

Judgment: Compliant

Regulation 23: Governance and management

The arrangements for the monitoring and oversight by the provider and person in charge required strengthening, as some areas that were found on this inspection had not been identified through the provider and local management audits; such as the identification of a potential safeguarding concern, risk identification and assessment and fire evacuation evaluation.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents received a good quality and person-centred service where residents' rights and individuality were respected. Residents who the inspector met and spoke with appeared to enjoy living at the centre, and they appeared to be comfortable in their environment and with staff supporting them.

Residents had personal profiles in place which included detailed information regarding their personality, likes, dislikes, routines, and communication preferences. In addition, protocols for supporting residents with their individual support needs were developed where this was required. The inspector found that residents' health, personal and social care needs were assessed regularly. Residents were supported to identify personal goals through the personal planning process, and a sample of plans reviewed demonstrated that these goals were regularly reviewed and updated with progress notes. Annual meetings were held with residents and their family representatives where appropriate. There was photographs available to view in the personal plans which showed residents' achievement of goals; such as attending day trips of choice, accessing hotel facilities and also included revised goals that occurred during the public health restrictions such as having birthday celebrations, entering art projects, cooking and gardening.

In addition, residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care appointments and services such as general practitioners, dentists, opticians, chiropodists and national screening programmes. In addition, there was evidence that residents had ongoing access to

multidisciplinary supports such as psychiatry, behaviour support services, speech and language services and psychology services. The inspector also observed that residents had access to information to support them in maintaining their health at this time, through discussion at house meetings and the availability of easy-to read information and social stories relating to COVID-19 such as vaccination programmes, COVID-19 testing and hand hygiene measures.

The inspector found that residents' rights were promoted through advocacy group meetings and having access to a range of easy-to read documentation about rights, health care, COVID-19 restrictions, complaints and staying safe. Since the last inspection, residents who chose to, had been supported to register to vote. One resident spoken with was involved in the organisation's advocacy groups and spoke about how they attended meetings through Zoom at this time. Another resident spoke about how practicing their religious faith was supported and facilitated at this time, and the inspector was told by staff that this was very important for them. Residents' rights were kept under regular review and residents were supported to be as independent as possible by learning new skills that had been identified with them through individual assessments. In addition, an external review to evaluate the impact of restrictive practices on one resident's choices and rights had been sought by the provider and this had been recently completed. The inspector was informed that recommendations from this review were in progress.

The inspector found that that residents who required support with behaviours of concern had plans in place which had a multidisciplinary input. These plans detailed possible triggers to behaviours and outlined proactive and reactive strategies to support residents. Regular multidisciplinary meetings were held to support residents with more complex needs, and the inspector noted in one file reviewed that this resident participated in their plan with the resident being given opportunities to make personal requests each month to the team supporting them. Staff had received training in managing behaviours of concern and staff spoken with appeared knowledgeable on how to best support residents at times of increased anxiety and distress. Where restrictive practices were in place, these were reviewed regularly.

The inspector found that staff had completed training in safeguarding and staff spoken with demonstrated knowledge about what to do in the event of abuse. Residents were supported to understand abuse and how to protect themselves through discussions with key staff as part of the personal outcomes process. When asked, residents spoken with said that they felt safe in the centre. However, one concern raised by a family member regarding an unexplained injury to a resident which was sustained in January 2020 had not been screened in line with the safeguarding procedures. While this concern was followed up and investigated through the complaints process, there was evidence that the family member was not satisfied with the outcome of the complaints investigation and had raised further concerns of a possible safeguarding nature. The person in charge undertook to follow the safeguarding process for this concern.

The provider ensured that there were good systems in place for the prevention and control of infection. This included systems for the prevention and management of risks associated with COVID-19; including contingency planning and outbreak

management plans. The provider had completed the Health Information and Quality Authority (HIQA) self-assessment tool for preparedness planning and infection prevention and control assurance framework, and an action plan had been developed where improvements were noted. Some of the measures in place to prevent and control infection included hand hygiene equipment, posters, personal protective equipment (PPE), staff training and discussion with residents about COVID-19. Residents spoken with demonstrated a good knowledge about COVID-19 and how to protect themselves, and hand hygiene equipment was observed to be readily available in the centre.

There were systems in place for the identification, assessment and management of risk, including an up-to-date policy and procedure for risk management. Risk assessments were completed for service and individual residents' risks where risks had been identified. However, the inspector found that the risk assessment documentation required review and improved oversight by the management team, as some risks were found to be generic and had no risk ratings applied in line with the organisation's policy and procedure. In addition, some risks relating to a residents' personal safety had not been identified and assessed, such as risks relating to fire.

The inspector also found that a fire drill had not been carried out under minimal staffing arrangements to ensure that all residents could be safely evacuated when there was only one staff on duty. In addition, a fire drill had not been completed to assess the effectiveness of the evacuation plan for a resident who lived alone in the apartment attached to one of the houses.

Regulation 26: Risk management procedures

Some risk assessments reviewed for individual residents were found to be generic, not risk rated and in some cases not relevant. For example; a risk assessment relating to a piece of equipment was in place for a resident, but the inspector was informed that the resident did not use this equipment. In addition, a risk relating to the personal safety of a resident had not been assessed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection including enhanced systems for preventing an outbreak of COVID-19. This included; staff training, use of PPE, education of residents, specific audits and checklists, and outbreak management and contingency planning.

Judgment: Compliant

Regulation 28: Fire precautions

The provider did not ensure that fire drills involving minimal staffing levels were completed to ensure that all residents could be evacuated safely in the event of a fire when only one staff was on duty. In addition, a fire drill relating to one resident in a particular scenario had not been completed to ensure that the plan in place would be effective in ensuring that the resident could be evacuated safely.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A sample of files reviewed demonstrated that residents' health, personal and social care needs were assessed, and personal plans developed where required. Residents were supported to identify personal goals and outcomes for the future through annual review meetings, with progress on goals kept under review.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible mental and physical health through timely access to allied healthcare professionals and members of the multidisciplinary team, where required. End of life wishes were discussed with residents where appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which had a multidisciplinary input. Plans included possible triggers to behaviours and outlined the proactive and reactive strategies to best support residents at times of stress and anxiety. Where restrictive practices were in place, these were kept under regular review.

Judgment: Compliant

Regulation 8: Protection

The inspector found that one concern raised by a family member in relation to an unexplained injury sustained by their family member, had not been identified as a possible safeguarding concern and therefore the safeguarding procedure regarding the completion of a preliminary screening to establish if there were grounds for concern or not, had not been completed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were consulted in the running of the centre, and were supported to make choices about their lives and religious faith. Care was provided to residents in a person-centred manner where individuality and the right to lead a self-directed life were promoted. Where restrictions were placed on residents' lives, these were kept under regular review and external input sought in one instance to further review the impact of some restrictions on the resident's life choices.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Colga Services OSV-0004999

Inspection ID: MON-0031961

Date of inspection: 24/02/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to come into compliance with Regulation 23 after the inspection The Person In Charge referred a potential concern to The Designated Officer and The Health and Information Authority have been notified of the outcome.</p> <p>The Person in Charge has planned a number of night time fire drills for times when there is minimal staff on duty house. On completion of these fire drills the Person in Charge will update night time evacuation plans for each Resident.</p> <p>The Person in Charge will chair a project working group of a number of Team Leaders with the aim of devising a template for tracking the updates of recommendations of audits carried by internal and external audit checks. By completing this template at house level and updating it frequently, this should strengthen oversight of quality improvements and provide an enhanced system for increasing governance and assurances for both the Provider and Person in Charge that actions are been followed up.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge will review and score The Risk Assessments in the Designated Centre and the scoring of Risks based on the controls that are in place.</p>	

The Health and Safety Officer and the Person In Charge have arranged to complete a Risk Assessment Relating to one Residents Safety around fire evacuation once a number of single staffed fire drills have taken place first which have been planned.

Once face to face training can resume the Person In Charge will arrange for some staff training on Risk Management so staff are familiar with the Operational Procedures locally.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In order to come into compliance The Person in Charge has planned a number of night time fire drills when there is minimal staff on duty. On completion of these drills the Person In Charge will update Night Time evacuation Plans for each Resident with any proposed changes.

A Resident living in the apartment has participated in the night time fire drill since the inspection, furthermore as the Resident concerned has good understanding staff have also informed the Resident of what to do in the event of a fire. Staff are confident the Resident would evacuate in the event of an actual fire. Currently the evacuation plan in place will be kept under review until more fire drills occur when there only minimal staff on duty.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
In order to come into compliance The Person in Charge has referred the concern raised in a complaint and also in a questionnaire by a family to the Designated Officer where a screening of the concern occurred. The Residents Family was informed of the outcome of this screening process.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	16/04/2021

	management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	10/03/2021