



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

Issued by the Chief Inspector

Name of designated centre:	Cavan Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	25 November 2021
Centre ID:	OSV-0002676
Fieldwork ID:	MON-0031816

About the designated centre

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

Cavan Supported Accommodation provides a community-based residential service for up to seven adults with mild to moderate intellectual disabilities. The centre is located in a busy town in Co Cavan. Residents have access to amenities such as shops, cafes and restaurants. Cavan Accommodation comprises three self-contained apartments. Apartment one has three bedrooms, two bathrooms, a shared kitchen and living area and a staffroom. Apartment two and three both have two bedrooms, each with a shared bathroom, kitchen and living room area. Residents attend local day services Monday to Friday. If a resident is unwell or chooses not to attend day service they can independently stay in their apartments and arrangements are made based on risk assessments for support. During the week there are extra staff supports provided in the evenings and hours may vary depending on activities planned. Residents are supported on a 24-hour basis at weekends by a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Thursday 25 November 2021	11:00hrs to 19:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

The inspector had the opportunity to meet with all seven of the residents and visit all three apartments that made up the centre. Residents had their own keys to their apartments and could come and go as they pleased. Each had a mobile phone from which they said they could contact staff when needed, otherwise staff regularly checked in on them by phone or visited each apartments.

Two of the residents of an apartment spoke to the inspector and independently showed them round their apartment. The apartment appeared comfortable and warm. There were feature walls and each bedroom was decorated to the personal styles of the resident. In the sitting room there were DVDs, magazines and a preferred board game which the residents said was their favourite. One resident informed the inspector that they were knitting hats and scarves for charity. The residents said they got on really well together and liked living together. They said staff supported them when they needed it and all they had to do was ask if they needed anything. They said they liked doing things for themselves and that staff respected this.

In the next apartment the residents were relaxing watching the television together. One resident chose not to speak to the inspector and after a brief hello left the room to go to their bedroom where they did not wish the inspector to enter. The other resident appeared happy to talk to the inspector and gave the inspector a tour of their room. There were posters and newspaper cuttings of the resident's favourite football team on their walls, along with personal pictures and personal sporting achievements. They said they had recently been to the cinema to see their favourite film. The person in charge joked with them about the main character and they appeared to enjoy the interaction as they smiled and chatted back. This apartment was decorated differently to the previous one and styled in a manner that suited the residents living there.

In the last apartment residents arrived home from day services at different times and the inspector observed warm interactions between them and different staff members throughout the inspection. The person in charge had recently been on annual leave and the residents appeared delighted to see her again and chatted happily about her time off and telling her their news. Some residents had easy-to-read information in their bedroom if required. Each room was individually decorated and contained personal pictures, personal items and course certificates or medals that the resident had won. Two residents in this apartment were observed making cupcakes or independently making their own food with staff assistance if required. One resident was observed to independently go to the chemist to pick up their prescription and another went for a drive into town with staff to look around the shops. One resident was due to attend a healthcare appointment later that evening

with staff support.

Two of the seven residents spent each weekend in their family home and both residents explained what days they left and returned to the centre and said they enjoy seeing their family. Other residents told the inspector what they liked to do during the week and weekends. They said they preferred to relax in the evenings during the week as they were busy in their day services and particularly with the evenings getting darker and colder. They said they preferred to go out at weekends for different activities such as walks, drives, cinema or shopping. There were plans in place to attend two upcoming concerts in the new year.

In each apartment the residents had adequate space for their personal belongings and clothes. Some residents chose to have televisions in their rooms and in each apartment sitting room there was a television. In each apartment bedroom there was a call bell which residents could use instead of their mobile phones to reach staff if they needed. This bell would ring through to the apartment where the staff slept and alert them to exactly which resident required assistance. Alternatively the apartments were in close proximity to one another so residents could visit the apartment staff were based in if required. Some residents explained all these options to the inspector and said if they needed staff they could easily get them.

There were two staff on duty in the centre on the day of inspection with a third due on later that evening. Staff spoken with were knowledgeable on the residents' preferences and support needs required. Residents appeared relaxed in their company and were observed chatting and smiling on many occasions.

As part of the annual review the person in charge had given residents and their representatives the opportunity to complete a questionnaire to gather their thoughts on the service provided to them. Feedback received was complimentary and showed that people were happy with the service.

Overall, from what the inspector observed, residents appeared comfortable in their living arrangements and staff in the centre provided person centred care, with residents directing the care and support they received. However, there were improvements required in relation to fire precautions, governance and management, training and staff development, premises, and protection against infection.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found there were management systems in place to ensure good quality care was being delivered to the residents and the centre was adequately resourced. However, as previously mentioned improvements were

required in a number of areas, in relation to governance and management, and training and staff development which will be discussed in this section and improvements identified in other areas will be discussed in section two of the report.

Following the last inspection the provider had reviewed the management arrangements in the centre and there was now a defined management structure in place which included a recently appointed person in charge. The person in charge was employed in a full time capacity within the centre and had the necessary experience and qualifications to fulfil the role. They demonstrated a good knowledge of the residents and their support needs.

The provider had carried out an annual review of the quality and safety of the service provided in the centre and while there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis, the most recent audit had not been on-site. This would have impacted the auditor's ability to review the centre appropriately, and in particular, this could mean that the audits may not pick up on issues or hazards on-site within the centre. The inspector notes that the practice of off-site audits had been introduced due to visitation and travel restrictions that had previously been in place due to the COVID-19 pandemic. However, at the time the last six-monthly audit was completed these restrictions were not in place. The next audit was already arranged with the date provided to the person in charge in advance, therefore it was not unannounced as prescribed by the regulations, which would not give an accurate representation of what an unannounced visit to the centre would provide.

From a review of the annual review and the six-monthly visits any actions identified had been followed up on. The annual review of the service had included consultation with residents and family representatives.

There were other local audits conducted within the centre in areas, such as weekly infection prevention and control audits by the person in charge or team leader, monthly hazard inspections completed by staff and monthly audits completed by the person in charge that included health and safety audits and reviews of residents' files.

From a review of the rosters the inspector saw that the centre was adequately resourced with sufficient staff on duty to meet the assessed needs of the residents. There was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre and it was maintained by the person in charge.

Staff had access to necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs. For example, staff training included, medication management, safeguarding of vulnerable adults, fire safety training, and infection prevention and control trainings. However, at the time of inspection refresher training was due for three staff in emergency medication and two staff were due refresher training in management of actual or potential aggression (MAPA). These trainings were considered necessary by the provider in order to appropriately support the residents.

There were formalised supervision arrangements in place and from a sample viewed

the person in charge was providing supervision to the staff team every three months as per the organisational policy and there were monthly staff meetings occurring in the centre.

The inspector reviewed all resident contracts of care and they were reviewed in light of the previous inspection findings. Each contract was signed by the resident and in some cases a family representative also signed. The contracts included any fees to be charged to the residents.

Regulation 14: Persons in charge

The person in charge was recently appointed. They were employed in a full time capacity within the centre and had the necessary experience and qualifications to fulfil the role. The person in charge demonstrated a good knowledge of the residents and their support needs.

Judgment: Compliant

Regulation 15: Staffing

The centre was adequately resourced with sufficient staff on duty to meet the assessed needs of the residents. There was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre and it was maintained by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs. However, at the time of inspection refresher training was due for three staff in emergency medication and two staff were due refresher training in management of actual or potential aggression (MAPA). These trainings were considered necessary by the provider in order to appropriately support the residents.

There were formalised supervision arrangements in place and from a sample viewed the person in charge was providing supervision to the staff team every three months as per the organisational policy and there were monthly staff meetings occurring in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis, the most recent audit had not been on-site. This would have impacted the auditor's ability to review the centre appropriately, and in particular, this could mean that the audits may not pick up on issues or hazards on-site within the centre. The inspector notes that the practice of off-site audits had been introduced due to visitation and travel restrictions that had previously been in place due to the COVID-19 pandemic. However, at the time the last six-monthly audit was completed these restrictions were not in place. The next audit was already arranged with the date provided to the person in charge in advance, therefore it was not unannounced as prescribed by the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations), which would not give an accurate representation of what an unannounced visit to the centre would provide. An annual review had been completed and any actions along with actions identified from the six-monthly visits had been followed up on. The annual review of the service had included consultation with residents and family representatives.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

All resident contracts of care and they were reviewed in light of the previous inspection findings. Each contract was signed by the resident and in some cases a family representative also signed. The contracts included any fees to be charged to the residents.

Judgment: Compliant

Quality and safety

Overall, residents were receiving appropriate care and support that was individualised to their needs while promoting their independence. However, as previously mentioned there were improvements required in relation to fire precautions and some minor improvements in relation to premises and protection

against infection.

From a sample of residents' files they had an annual assessment of need completed and from these assessments there were personal care plans in place for any identified needs. Personal care plans were reviewed in line with changing needs and circumstances. These included a weight management plan and plans to support individuals with specific healthcare needs.

The health care needs of residents had been assessed and residents had access to a range of allied health professionals. These included a general practitioner (GP), dentist, chiropody, dietitian, psychology, and psychiatry as required.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Where required, residents had access to members of a multidisciplinary team to support them to manage behaviour positively. These included a behavioural support therapist, psychiatrist and a psychologist. There were positive behaviour support plans in place as required to guide staff as to how best to support the resident. There was evidence of recommendations from professionals being implemented for individuals living in the centre.

There was one restrictive practice in use in the centre, a locked office door when staff were not present. There was a restrictive practice approval committee in place for the organisation. Any restrictive practices used in the centre were reviewed every three months by the person in charge and their manager. There was evidence of removal of a restrictive practice when it was considered no longer necessary.

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy, staff were appropriately trained and staff spoken with were aware of what to do in the event of a potential safeguarding risk. Any potential safeguarding risk was reviewed and where necessary a safeguarding plan was developed and necessary actions taken. There were no open safeguarding risks or plans at the time of inspection.

The inspector found that there were adequate systems in place to promote residents' rights. These included, a monthly residents' meeting and monthly key worker meetings. Residents confirmed that they chose what activities they would like to do, what they have to eat and what way they would like to decorate their rooms and apartments. Residents had access to external advocacy services if required.

From a walkabout of the apartments the inspector found them to be homely. There were some areas that required painting and these included a resident bedroom and a hall ceiling.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a policy on risk management available, the centre had a risk register in place and each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. The risk register was reviewed in August 2021 and risk assessments were reviewed regularly by the person in charge. Any incidents in the centre were reviewed at staff meetings and

risk assessments updated as required in light of the incidents.

The inspector reviewed arrangements in relation to infection control management in the centre. There was evidence of ongoing reviews of the risks associated with COVID-19 with a contingency plan in place and isolation of residents if required. Staff had been provided with several relevant trainings in relation to infection prevention and control. Personal protective equipment (PPE) was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the centre. The centre had colour coded chopping boards and colour coded mops and buckets. However, improvements were required in some areas such as to the storage of mops and buckets to ensure appropriate drying of the mop head and to prevent stagnant water pooling. There were some minor gaps to the centre's cleaning schedule identified and there was slight mould on the main bathroom ceiling in one apartment.

There were arrangements for fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced. However, improvements were required to several fire containment areas and one emergency lighting. The staff bedroom fire door was wedged open on the day of inspection, fire doors that were in areas that contained carpet would not close by themselves despite having self closures, and one apartment's emergency lighting signage at the apartment front door was not operational. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Regulation 17: Premises

From a walkabout of the apartments the inspector found them to be homely. There were some areas that required painting and these included a resident's bedroom and windowsill in kitchen in one apartment and a hall ceiling in another apartment as it had a large stain from an old leak.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were appropriate risk management systems in place and under regular review by the person in charge and staff team.

Judgment: Compliant

Regulation 27: Protection against infection

While the provider had measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19, improvements were required in some areas such as to the storage of mops and buckets to ensure appropriate drying of the mop head and to prevent stagnant water pooling. There were some minor gaps to the centre's cleaning schedule identified. There was slight mould on the main bathroom ceiling in one apartment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While there were fire safety arrangements in the centre improvements were required in some areas. The staff bedroom fire door was wedged open on the day of inspection, fire doors that were in areas that contained carpet would not close by themselves despite having self closures, one self closure in an apartment had come away from the wall and one apartment's emergency lighting signage at the apartment front door was not working.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

From a sample of residents' files they had an annual assessment of need completed and from these assessments there were personal care plans in place for any identified needs. Personal care plans were reviewed in line with changing needs and circumstances. These included a weight management plan and plans to support individuals with specific healthcare needs.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents had been assessed and residents had timely access to a range of allied health professionals. These included a general practitioner (GP), dentist, chiropody, dietitian, psychology, and psychiatry as

required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to support residents' positive behaviour support needs. Where required, residents had access to members of a multidisciplinary team to support them to manage behaviour positively. These included a behavioural support therapist, psychiatrist and a psychologist. There were positive behaviour support plans in place as required to guide staff as to how best to support the resident. There was evidence of recommendations from professionals being implemented for individuals living in the centre. There was a restrictive practice approval committee in place for the organisation. Any restrictive practices used in the centre were reviewed every three months by the person in charge and their manager. There was evidence of removal of a restrictive practice when it was considered no longer necessary.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy, staff were appropriately trained and staff spoken with were aware of what to do in the event of a potential safeguarding risk. Any potential safeguarding risk was reviewed and where necessary a safeguarding plan was developed and necessary actions taken. There were no open safeguarding risks or plans at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there were adequate systems in place to promote residents' rights. These included, a monthly residents' meeting and monthly key worker meetings. Residents confirmed that they chose what activities they would like to do, what they have to eat and what way they would like to decorate their rooms and apartments. Residents had access to external advocacy services if required.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cavan Supported Accommodation OSV-0002676

Inspection ID: MON-0031816

Date of inspection: 25/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Staff training grid template has been updated to make it more accessible. A color coding system is in place to highlight training that is in date, due for renewal or out of date. This will be audited on a monthly basis as part of the monthly service audit. • Emergency medication training will be completed by all staff by the 31st of December 2021. • All staff will complete online MAPA training by 31st of December 2021. Face to Face MAPA training will be completed by all staff who require it by 28th of February 2022. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Next 6 monthly review will be unannounced and completed on site. This will be completed by 14/12/2021. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Landlord has confirmed by email that the premises will be painted before 31/03/2022. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • All mop heads will be washed in the washing machine each evening and placed on a drying rack to dry overnight. Mop buckets will be emptied of water after each use and stored in the hot press. • The importance of signing off on the cleaning schedule will be discussed with staff at the team meeting. PIC will review cleaning schedule weekly to ensure it is completed fully. • Mold in bathroom to be cleaned. <p>All of the above will be completed by 15th December 2021.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The importance of not propping open doors to be discussed with all staff at monthly team meeting. This will be monitored by PIC and team lead. • PEEPs and fire protocol updated to note staff should ensure all apartment doors are kept closed and in the event of an emergency evacuation staff should ensure to close apartment's doors when leaving the service. • Door self- closures have been ordered and will be fitted to doors. This will be completed by 31st of January 2022. • Emergency lighting was repaired on Friday the 3rd of December 2021. • Additional emergency lighting was fitted on 8th December 2021. 	

- Fire Consultant has reviewed the doors that are not self-closing due to carpet. PIC will link with Fire Consultant to determine the most suitable option to rectify the issue and this remedial action will be completed 31st January 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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022
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	Substantially Compliant	Yellow	14/12/2021

	monitored.			
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	15/12/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	03/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2022