



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 9
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	13 October 2021
Centre ID:	OSV-0004081
Fieldwork ID:	MON-0026450

## About the designated centre

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

This designated centre provides a full-time residential service to four adult females between the age of 18 and 85 who have an intellectual disability. The designated centre is situated on the outskirts of a small village in Co. Kildare. The centre is a bungalow which has been decorated to resident's personal tastes and interest. The designated centre consists of a kitchen, a store room, a utility room, two sitting rooms, and five bedrooms two of which are ensuite. There is a bathroom downstairs and shower room upstairs. The person in charge works full-time and divides their time between this and another designated centre. Residents are supported 24 hours a day seven days a week by a team of social care workers and health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 13 October 2021	10:00 am to 3:50 pm	Marie Byrne	Lead
Wednesday 13 October 2021	10:00 am to 3:50 pm	Aonghus Hourihane	Support

## What residents told us and what inspectors observed

There were four residents living in the designated centre at the time of the inspection. Overall the findings of this inspection were that residents were in receipt of a good quality and safe service. Throughout the inspection residents appeared comfortable and content, and a number of residents told the inspectors that they felt happy and safe in their home. Residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure they were each encouraged and facilitated to participate in activities that were meaningful to them.

As the inspection was completed during the COVID-19 pandemic, the inspectors adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. During the inspection, the inspectors had the opportunity to meet and spend some time with each resident. In addition, six questionnaires were completed in advance of the inspection.

On arrival two residents greeted the inspectors at the front door and checked their identification. They welcomed the inspectors and told them they were on their way out. One resident was going horseriding and the other resident was going to a meeting and they told inspectors they were looking forward to chatting with them and telling them all their news when they got back. The inspectors then met the other two residents in the dining room. One resident was sitting having breakfast and greeted the inspectors with a smile. They had a quick chat with the inspectors and then continued to eat their breakfast. Another resident was having a little rest in the living room before having their breakfast.

The residents living in this centre had lived together for a number of years and appeared very comfortable spending time with each other. Inspectors observed kind, caring and compassionate interactions between residents throughout the day. They were observed spending time together chatting and laughing. Throughout the inspection staff were observed to be very familiar with residents' care and support needs and to pick up on their communication cues. When one resident became a little distressed, staff supported them to go out for a drive and to a local coffee shop. When they arrived home they appeared more comfortable and content.

In the afternoon one resident went with staff to do the grocery shopping. When they arrived back they said they had enjoyed the trip and then sat down with the inspector and another resident to look at some photos. These two residents had recently returned from a hotel break together and were excited to show the pictures from their trip and to tell the inspector about how much they enjoyed it. One resident talked about how their family had come to the hotel to surprise them and about how much this meant to them. They had both celebrated a significant birthday last year but due to restrictions relating to the pandemic were unable to celebrate it by going to a hotel, although they did tell the inspector that they

celebrated it in their own way at home and that they had very much enjoyed this.

At different times throughout the inspection residents spoke with the inspectors about things they had done and things they had to look forward to. They talked about holidays, outings and activities they had particularly enjoyed. They also shared some of their plans like visiting their family and friends and the plans they had for Halloween and Christmas. One resident proudly showed an inspector around their home, including around their bedroom. They talked about how well supported they were by the staff team and about how happy they were in their home. They talked about living in other designated centres over the years, including living in a congregated setting. They said they were happiest living in this house and talked about the differences between living in a congregated setting and this house. They said now choose how and where they want to spend their time in their home and that if they wanted to be alone they could. They talked about having better opportunities to take part in activities they enjoyed, particularly those in their local community.

It was evident that every effort had been made to ensure that residents lived in a warm, clean, homely and comfortable house. It was spacious, and for the most part designed and laid out to meet their needs. The provider had identified the need to complete some works in relation to fire containment, and they were planning to install an additional fire exit. Plans were also in place to paint a number of rooms in the house and to refurbish an upstairs bathroom. There were areas of the house which some residents could not access due to the steps down into them, but residents had access to alternative private and communal spaces where they could spend their time. There were two living rooms and a large kitchen come dining room. Each resident had their own bedroom, and two had ensuite bathrooms. Their bedrooms were decorated in line with their preferences and they had access to storage for their personal items.

Residents had their artwork, family photos and their important personal items on display. There were a number of beautiful pieces of art on display throughout the house which had been completed by residents during their art classes with a local artist. For each celebration residents put up a tree in the house. As it was nearly Halloween at the time of the inspection, there was a Halloween tree in the kitchen and decorations up throughout the house. One resident told an inspector about their plans to paint and decorate more decorations that weekend. A number of residents had just finished planting a number of raised planters in the garden with fresh plants and they had placed a wreath on the front door.

While COVID-19 restrictions had impacted on residents' access to the activities which they usually enjoyed in their local community they had adapted really well and during the highest levels of restrictions were engaging in more home-based activities. For one resident who found the restrictions very difficult at times, huge efforts had been made by the team to ensure that every day they had something to look forward to, whether that be a walk in the local forest, a drive or a take-away. Now that restrictions were lifting residents were back engaging in some of the activities they had previously enjoyed. They were meeting with their families and friends and receiving visitors in their home. This was of particular importance for

one resident and they had been supported to get a lovely table and chairs in their bedroom so they could enjoy spending time with their family there.

Residents were keeping in touch with their family and friends during the pandemic by phone and video calls. One resident showed an inspector their personal plan including a number of easy-to-read documents. They talked about how some of these had helped them understand how to use video calls and join meetings during the pandemic. They showed the inspector pictures of a campaign they had recently taken place in called "make way day", and described how they were supporting people in the community to be more conscious of road users who may have impaired mobility. They also showed a picture book which they said was very special to them. They had taken part in an international athletic competition in another country and described it as "the trip of a lifetime". They said they had made the album during the pandemic to keep them going as it brought back such good memories.

Through observations, and speaking with residents and staff, it was evident that residents were very much involved in the running and operation of their home. Regular residents' meetings were held and these facilitated residents' participation in decisions about their home. Residents' privacy and dignity was maintained in their home. For example, staff were observed knocking on doors, and asking residents before entering their bedrooms. Information was also available in a user-friendly format in relation to areas such as, rights, complaints and accessing advocacy services. One resident was a member of a national group who champion for the human rights of people with an intellectual disability. As a member of this group they had given a number of presentations at conferences and events the group were involved in. This resident was also representing their peers on a tenants association within the organisation who would regularly meet to discuss areas of common interest such as, events in their local community, supporting the environment, COVID-19, local news, and budgeting. This resident spoke with the inspector about how important being on these groups was to them and what a sense of achievement they got from taking part and contributing to these groups.

As previously mentioned, six questionnaires were completed by residents and/or their representatives in advance of the inspection. The majority of the feedback in these questionnaires was very positive. Residents and their representatives indicated they were happy with the house and gardens, food and mealtimes, and visiting arrangements in the house. They were very complimentary towards the staff team with one resident saying "staff are very good to me and I can speak to them if I have a problem". Residents also included some comments in relation to staffing such as "I do not like unfamiliar staff", and "I like to know staff well before they support me". One resident indicated they would like "more wardrobe space" and another stated "I would like to do more activities". One residents' representative indicated staff were doing a great job but that it would be great if they could get more staff for more social outings.

Residents and their representatives views on the service were captured through the provider's six monthly and annual reviews in the centre. In the latest family survey done in 2021, 100% of respondents said they were satisfied with, the quality of care

and support, staff supports, communication, and with residents' level of choices in the centre. In addition, 100% of respondents felt that residents needs were being met by the service. In one survey, a residents' representative indicated they would like more information in relation to one area where the service were supporting their relative, and this was in the process of being followed on by the person in charge at the time of the inspection.

In summary, inspectors found that a person-centred approach was being used to ensure residents' care and support needs were met. The team were quickly recognising and responding to residents' changing needs. From speaking with members of the team, observing practice and reviewing documentation it was evident that the staff team were motivated to ensure residents were involved in the day-to-day running of their home and making decisions about how and where they wished to spend their time.

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

## Capacity and capability

The inspectors found that the governance arrangements were of good quality, assisted in ensuring that residents were safe and enjoyed a good quality of life. The designated centre was well managed and met and exceeded the requirements of the regulations in many key areas of service provision. The local management team were focused on quality improvement and proactively driving improvements in the centre.

The person in charge facilitated the inspection and they were found to have an in depth knowledge of the residents' care needs and also of the care practices which were implemented to meet those needs. The person in charge was in a full-time role and they were supported by senior managers within the service. They also had management responsibility for one other designated centre which was operated by this provider; however, they attended this centre on a regular basis and their oversight arrangements ensured that care practices were maintained to a good standard.

There was a core staff team in place and the staffing arrangements were in line with the provider's statement of purpose. The provider used a panel of relief staff generally known by residents to ensure a consistency of care for the residents. The use of agency staff was reserved for emergencies only. The staff team were motivated to ensure that each resident was happy, content, relaxed and comfortable in their home, and spending their time taking part in activities they enjoyed.

There was a good skill mix within the core staff team and there was clear evidence that staff received supervision in line with the providers' supervision policy. The files



reviewed clearly showed that the emphasis within supervision was both in relation to accountability, staff development and progression. It was also evident that staff were receiving annual appraisals and these were noted to be of good quality. There were regular team meetings where there was a clear focus on systems and oversight as well as detailed discussions about resident's needs. There was a comprehensive core training matrix for the centre. The provider had identified a number of training modules specific to the current resident's needs. In general the training module for all staff was up-to-date but there were some gaps within the providers identified training for this particular centre.

There was generally a good system of auditing and oversight both from the person in charge and also the provider. The provider had ensured that both the annual review and six monthly visit had taken place. The recommendations from these formed the basis for improvements and changes within the service provided and were bringing about actions which were having a positive impact on residents' lived experience in the centre. For the most part, the provider was self-identifying areas for improvement and taking the actions to bring about these improvements. For example, they had recognised the need to do further works in relation to fire containment and works to install an additional fire exit; however, the providers own audits and reviews did not identify certain issues in relation to fire prevention such as issues identified with two fire doors and with the widespread use of door stops.

#### Regulation 14: Persons in charge

The provider had employed a full time person in charge who had the qualifications, skills and experience to fulfill the role. They were identified as the person in charge for this and another designated centre and were found to have systems in place to ensure the effective governance, operational management and administration of this designated centre.

They were knowledgeable in relation to residents' care and support needs and motivated to ensure that each resident was happy, content, and safe in their home.

Judgment: Compliant

#### Regulation 15: Staffing

The skill set and mix of the staff team was in line with the statement of purpose. The staff team were familiar with residents care and support needs and residents were receiving assistance and care in a respectful, timely and safe manner.

Judgment: Compliant

## Regulation 16: Training and staff development

Core training had been provided and attended by all staff. The provider had identified centre specific training for the staff team and there were some gaps identified which the provider had a plan to address.

Judgment: Compliant

## Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective management systems in place that supported and promoted the delivery of a safe, quality service. The quality of care and the experience of residents was being monitored and developed on an ongoing basis. For the most part, the provider was found to be self-identifying areas for improvement and there was a clear focus on person-centred care and quality improvement in this centre.

The provider had made sure there were enough staff who were familiar with residents, supporting them and that the centre was managed by a suitably qualified and experienced person in charge. Staff meetings were occurring regularly and the staff team were in receipt of regular formal supervision. Those who spoke with the inspector, said they were well supported in their role and could comfortably raise any concerns they may have in relation to the quality of care and support for residents in the centre.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

### Regulation 31: Notification of incidents

The Office of the Chief Inspector was notified of all the required information in line with the timeframe identified in the regulations.

Judgment: Compliant

### Quality and safety

Inspectors found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care and support, and were living in a spacious and comfortable home. Their talents, likes, dislikes and preferences were well documented. They were making decisions in relation to their care and support, involved in the day-to-day management of the centre and regularly engaging in activities they enjoyed and found meaningful. Improvements were required in relation to fire safety and the person in charge and person participating in the management of the designated centre (PPIM) outlined plans to bring about these improvements during the inspection. The timeline and schedule of works was sent to the Chief Inspector after the inspection.

Residents were protected by the policies, procedures and practices relating to infection prevention and control. The provider had adapted their policies and procedures and developed contingency plans for use during the COVID-19 pandemic. The premises was clean and there were systems in place to ensure that personal protective equipment was available. Staff had completed a number of infection prevention and control related trainings. Residents were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives.

Some fire prevention measures were in place within the centre. The provider had ensured there was appropriate equipment and that each residents had a personal evacuation plan which was, clear in relation to any supports they may require, and kept under regular review. The provider had identified that there were an inadequate number of escape routes and was taking steps to resolve this. The provider had self-closing hinges on the fire doors but one was not functional and it was also noted that on two doors large gaps existed thus making the doors inadequate. It was further noted that door stops were in widespread use and these deficiencies were not picked up in the provider's audits.

The inspectors viewed a sample of residents' assessments and personal plans. They were found to be person-centred and regularly reviewed and updated. Residents

were involved in the development and review of their personal plans. Their healthcare needs were assessed and care plans were developed and reviewed as required. Each residents had access to health and social care professionals in line with their assessed needs. Their changing needs were being quickly recognised and their assessments and plans were being updated to ensure they were up-to-date and guiding staff in relation to any supports they may require.

Residents were protected by the policies, procedures and practices in relation to safeguarding in the centre. Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

### Regulation 17: Premises

The house was clean, warm and homely. Residents had access to sufficient private and communal spaces. They had a large garden with a number of raised planters and garden furniture.

Overall, the house was well maintained, there were are few areas where painting and refurbishments were required but these had been reported and were due to be completed.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide available in the centre. It had been recently reviewed and it contained the information required by the regulations.

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. The provider had developed contingency plans and residents and staff had access to information in relation to COVID-19. Staff had completed a number of additional trainings in relation to infection prevention and control.

There were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. There were suitable systems in place for laundry and waste

management and for ensuring there were sufficient supplies of PPE available in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were some arrangements for detecting and containing fires in the centre. However, the provider had recognised that there were not adequate means of escape in place and had plans to install a further fire escape. In addition, they had plans to install closing mechanisms to two more doors in the centre. The provider had not identified gaps at the bottom of a number of fire doors or the widespread use of wedges to hold open doors during their own audits and reviews. Assurances were sent to the Chief Inspector after the inspection that dates were identified to complete the necessary works to fire doors and to state the wedges were no longer in use in the centre. A timeframe and schedule of works was also submitted for the installation of an additional fire exit.

There were systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plan was on display and there was emergency lighting in place. Residents' personal emergency evacuation plans were detailed in relation to the supports they may require to safely evacuate the centre, both during the day and at night. Fire drills had occurred by day and night, to demonstrate that residents and staff could safely evacuate the centre in the event of an emergency.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and personal plan in place. Residents' plans were found to be person-centred and to be clearly identifying their care and support needs, their talents, and their preferences and goals. Their plans were being regularly reviewed to ensure they were reflective of their current support needs.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to the enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as

required. They were supported to access health and social care professionals in line with their assessed needs and were accessing national screening programmes in line with their assessed needs, their age profile and their wishes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had access to health and social care professionals in line with their assessed needs. Support plans were developed and reviewed as required.

There were no restrictive practices in place at the time of the inspection but the provider had policies and procedures in place to ensure that should any be necessary, they would be logged and regularly reviewed to ensure they were the least restrictive practices for the shortest duration.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems in place to ensure that allegations or suspicions of abuse were reported, documented and followed up on in line with the organisation's policy, and national guidance.

Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. A number of residents told inspectors that they felt safe in their home and told them who they would go to if this changed.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents could freely access information in relation to their rights and accessing advocacy services. These topics were regularly discussed at residents' meetings.

Residents were supported to exercise choice and control over their day-to-day life. They were involved in the running of the centre and had opportunities to engage in activities in line with their interests and their opportunities for engaging in activities

were increasing as restrictions relating to the COVID-19 pandemic were lifting.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	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 Community Living Area 9 OSV-0004081

Inspection ID: MON-0026450

Date of inspection: 13/10/2021

## 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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The register provider shall provide adequate means of escape, including emergency lighting by:</p> <ol style="list-style-type: none"><li>1. Installation of fire escape from sitting room – this was planned for completion on the 19th November but due to the delay in the delivery of the French doors, we were unable to meet the deadline. The register provider has received assurance the work to commence on the 1st December and due to be completed on the 4th December.</li></ol> <p>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires by:</p> <ol style="list-style-type: none"><li>1. Free swing closures on the two bedrooms upstairs will be fitted on week of the 18th October 2021. This has been completed.</li><li>2. Repair of door closure in resident bedroom – week of the 18th October 2021. This has been completed.</li><li>3. Gaps at bottom of two bedroom doors will be addressed by fire company – week of the 18th October 2021. This has been completed.</li><li>4. The registered provider will resubmit floor plans reflecting the new fire escape; once the work is complete.</li><li>5. The register provider gives assurance the door wedges are no longer in use in CLA9.</li></ol>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	17/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	22/10/2021