



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Cobh Community Hospital
Name of provider:	Cobh Community Hospital
Address of centre:	Aileen Terrace, Cobh, Cork
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0000558
Fieldwork ID:	MON-0039763

About the designated centre

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

Cobh Community Hospital was established in 1908. It is run by a voluntary Board of Management and cares for 44 older adults. The "Friends of Cobh Hospital" are involved in fund raising for the hospital. Medical care is provided by a team of local doctors and a pharmacist is available to residents and staff. The older and main part of the hospital is laid out over three floor levels. The ground floor is split into two levels with the upper level accessible via a platform type lift or by a stairs consisting of six steps. Bedroom accommodation on the ground floor comprised four single bedrooms and two twin bedrooms. Bedroom accommodation on the upper level of the ground floor comprises one single en-suite bedroom and one four-bedded en-suite room. Bedroom accommodation on the first floor comprises three single bedrooms, four twin bedrooms and two four-bedded rooms. A new extension accessible through a corridor consists of 12 single en- suite bedrooms. The second floor is used primarily as office space but also contains an oratory. The first and second floors are accessible by a lift and stairs. The centre provides care to residents with all dependency levels. There is 24 hour nursing care supported by care, household, activities and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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 19 April 2023	09:00hrs to 17:45hrs	Mary O'Mahony	Lead
Wednesday 19 April 2023	09:00hrs to 17:45hrs	Robert Hennessy	Support

What residents told us and what inspectors observed

Residents in Cobh Community Hospital told inspectors they were very happy living in the centre. Residents were very complimentary about staff and the care they received. Inspectors spoke to all residents and to five residents in more detail. Inspectors also met with visitors who were very complimentary of all aspects of the centre. Residents were observed to be undertaking different activities throughout the day.

Inspectors arrived unannounced to the centre at 9.00am. The required infection control procedures were followed. Following an opening meeting with person in charge, the inspectors were accompanied on a tour of the premises.

Bedroom accommodation was laid out over two floors and a mezzanine level, with the upstairs rooms mainly used to accommodate more mobile residents. Bedrooms were seen to be personalised with photographs, pictures, books and furnishing with the help of family and staff. One resident told inspectors, "I feel very safe here", while another said they "feel safe and well cared for". Another resident spoke highly of staff and said "staff are lovely". The centre was seen to be furnished with good quality curtains, blinds, pictures and ornaments throughout. New directional signage was well designed and helped residents to locate their bedrooms and communal rooms. There were a number of communal rooms seen to be in use in the centre such as, a large sitting and dining room and a visitor's 'parlour' room and snug. A "bed-settee" for visitors' overnight use was available in this room and a well stocked fish tank sat in the corner. Residents were seen to use these rooms throughout the day and said they enjoyed the privacy and independence they felt with having a choice of sitting rooms.

In the morning inspectors observed residents attending a coffee morning in the large, bright communal room. There were three volunteers organising the coffee morning along with the activities coordinator. Home made cakes and a choice of tea or coffee was on offer. Inspectors saw that residents were really enjoying the social atmosphere created and they were seen chatting in groups together and with staff and volunteers, The centre had a therapy dog which had been gifted to them. This was seen spending time with the residents individually and in the group and the visits generated smiles and chat. During the afternoon residents attended virtual horse racing and residents told inspectors that it was a great success. They were seen to interact with the event which was well hosted by the energetic activity coordinator.

Inspectors observed that there was ongoing works to the premises and external grounds. The outdoor garden area had been upgraded with plenty of new seating areas for residents to enjoy. Some sections of the centre had been painted since the previous inspection and there was a plan to repaint other areas in the near future. The four-bedded room on the mezzanine level had been redecorated. This room had been newly painted, with new flooring and updated bathroom facilities. New bedpan

washers had been installed in the sluice rooms and the shower rooms had been upgraded also. A link corridor joined the older section of the centre with the newer extension. This area had a separate dining room, a kitchenette and a lovely outdoor patio area. Residents were seen to dine in the dining room and said that their families were encouraged to use the kitchenette to share tea with them adding to the homely feeling.

The dining room had sufficient space for all residents who wished to dine in a communal setting. Large colourful murals of the locality decorated the walls. These were a great talking point for residents as many were born in the adjacent town of Cobh. Tables were set up for groups of residents to sit together. Meals served at dinner and tea time looked very appetising with additional portions being served up where requested. A number of residents spoke with inspectors about how sociable mealtimes were. They spoke about the "tasty" food and said they wanted to thank the chef for the choice available. When residents required help from staff with meals they were seen to be supported in a respectful manner. One resident stated that "everything is perfect".

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

Capacity and capability

The governance and management of the centre was well organised and well defined. The management team was committed to ongoing quality improvement. Overall, staff were knowledgeable of the standards and regulations for the sector. Management systems were found to be comprehensive. For example, incidents and accidents were audited and trends were identified, complaints were followed up, policies were updated three yearly as required by the regulations and an annual audit schedule was in place. Antimicrobial stewardship audits (judicious use of antibiotics) were undertaken and results were shared with other similar services.

Cobh Community Hospital is a voluntary hospital managed by a board of directors. One of the members of the board of management represents the provider (Cobh Community Hospital) for the purposes of regulation and registration. He supported the management team at fortnightly meetings and whenever management support was required. Evidence was seen of regular meetings between the board of management and the nurse management team to promote best practice in meeting residents' needs and addressing financial and maintenance issues. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by a team of clinical nurse managers and nurses, health care assistants (HCAS), catering, household, administration, volunteers and maintenance staff. There were 43 residents living in the centre on

the day of inspection and one vacant bed. Handover meetings and 'safety pauses' (where staff exchanged information on each resident's changing status) held each day ensured that key information on residents' needs was communicated effectively. Documentation recorded in the daily communication sheet, and a number of staff spoken with, provided evidence of this.

Staffing was adequate to meet the needs of residents. Staff were appropriately supervised as there were sufficient nursing staff of a managerial level in the centre. The training matrix indicated that staff received training appropriate to their various roles. A schedule was seen which indicated that the remaining manual handling training and other appropriate training was planned in the coming months. Records of meetings with all staff groups were available and staff said that their feedback was actively sought for the implementation of improvements and new innovations. The person in charge assured inspectors that An Garda Síochána (Irish police) vetting clearance was in place for all staff, prior to them taking up their respective roles.

Records requested during the inspection were easily accessible: for example, care plans, health and safety records, complaints log and policies. These were, in general, comprehensively maintained. A sample of residents' care records reviewed by inspectors were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Copies of the standards and regulations for the sector were available to staff. Nonetheless gaps were found in the records required to be maintained in staff files, as outlined under Regulation 21. In addition, some documentation relating to residents' finances and medicines were not stored in a secure cabinet as required. This meant that data protection was not assured for these documents.

Specified incidents had been notified to the Chief Inspector, in accordance with the regulations, in a timely manner. Complaints had been managed well and records were maintained of these issues.

Registration Regulation 4: Application for registration or renewal of registration

The required information was submitted for the application to renew the registration.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The annual fee was paid in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre. She was engaged in continued professional development and held the required management qualifications. She was well known to staff and residents and was aware of her responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection the staffing levels in place were sufficient to meet the needs of residents.

The staffing levels corresponded with the number of staff on the roster.

Nursing staff were present on a 24 hour basis.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had up to date appropriate training.

Inspectors found that there were a number of staff members awaiting their manual handling refresher training. However this was scheduled and they were still working within the designated time for a refresher session.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents complied with the requirements of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Some aspects of records management required action:

Records relating to residents' finances and resident's medication were found to be insecurely stored in the centre. They were found to be stored in an unlocked cupboard in a room accessible to all. This did not comply with legislation on data protection.

In the sample of staff records that were reviewed two references were not available for one staff member, as required under schedule 2. Therefore the staff member was recruited without attaining suitably references as required in the regulations and recruitment was not sufficiently robust for this reason.

One staff required an up to date curriculum vitae (CV) which explained any gaps in employment.

Judgment: Substantially compliant

Regulation 22: Insurance

The insurance policy for the centre was viewed and found to be appropriate for the centre.

Judgment: Compliant

Regulation 23: Governance and management

While there were some comprehensive management systems established, further managerial systems and managerial oversight were required to address a number of outstanding issues.

Some management systems pertaining to the oversight of fire safety and risk management were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

The oversight of fire safety:

A number of fire doors examined needed to be adjusted to close properly. There were areas in the ceilings throughout the centre that needed to be attended to ensure there was fire stopping in place to prevent the escape of fire and smoke between compartments.

Oversight of premises issues:

- Some painting and flooring required upgrading and more storage space was required for commodes, wheelchairs and laundry trollies.
- A number of ceiling tiles were cracked and required replacement.

Oversight of record management and recruitment processes:

- Staff files seen did not conform with all regulatory requirements as outlined under the respective regulations in this report and not all residents' records were securely stored.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts viewed were mostly compliant,

The identification of the room numbers for two residents, which is a regulatory requirement, were added during the inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were appropriately trained and the required An Garda Siochana vetting had been obtained for these members of the support personnel. Three volunteers

were seen supporting residents to enjoy a coffee morning on the day of inspection. Residents said they really appreciated and enjoyed the additional conversation and community news which these people brought to their daily lives.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were submitted in a timely manner, as set out by the regulations.

This included sudden deaths or accidents requiring hospitalisation.

Records of these events were looked into during the inspection and they were found to be well managed.

Judgment: Compliant

Quality and safety

Overall, residents in Cobh Community Hospital were supported to experience a good quality of life which was respectful of them and their life histories. Their needs were being met through timely access to healthcare services and opportunities for social engagement. Findings on this inspection were that the provider had addressed a number of the findings from previous inspections and had a plan in place for continued improvements. Nonetheless, inspectors found that additional improvements were required particularly due to the age and era of the building. Notwithstanding the positive findings highlighted throughout the report, further action was required as described under Regulation 27: Infection control, Regulation 17: Premises and Regulation 28: Fire safety.

The centre was generally well maintained. However, additional issues in relation to premises were outlined in more detail under Regulation 17.

Staff were seen to attend to household tasks throughout the day and the centre appeared clean. Training and audit of infection control practices were ongoing. Since the previous inspection new bedpan washers had been installed in the sluice rooms through the efforts of the fund raising team in the town of Cobh. Some aspects of infection control which requiring further action were described under Regulation 27.

The emergency lighting system was certified on a three monthly basis. Fire extinguishers and fire blankets were serviced as required. The fire evacuation drill records were detailed and indicated that there was good practice in this aspect of fire safety management. The local fire brigade were familiar with the centre and a

number of volunteers were available locally in the event of a fire. On this inspection a number of fire safety risks were found, some of which had been identified and were scheduled to be addressed. Fire safety deficits were highlighted under Regulation 28.

Inspectors were assured that residents' healthcare needs were met to a good standard. The general practitioner was readily available and validated assessment tools were used to identify clinical risks such as risk of falls, pressure sores and malnutrition. There was good access to pharmacy services and the pharmacist was available for audit, review and training.

Residents were generally consulted about their care needs and this was documented in the sample of care plans seen. They said they felt safe in the centre and confident that staff would respond to their concerns. Advocacy arrangements had been accessed for a number of residents. Resident' meetings were held regularly and there was a good level of attendance at these.

Some required improvements in relation to the quality and safety aspects of care were highlighted in this section of the report.

Regulation 11: Visits

Visitors were seen arriving during the day. They were seen to follow the advice of staff in relation to infection control. There were a variety of visiting areas for private visits if required.

Judgment: Compliant

Regulation 13: End of life

There was evidence of good practice in end of life care, with residents' wishes taken into consideration and evidence that the person's family was involved in decisions and care choices.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that there were a number of issues to be actioned in the maintenance and appearance of the premises.

In some cases these were due to to the age and era of the premises, such as:

- some area required painting including some rooms, woodwork and doors.
- there were cracked tiles in the ceiling and some holes in the plaster work that needed to be repaired.
- there was a lack of storage rooms available for linen trollies, commodes and hoists. These were stored in hallways and shower rooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Choice was offered at mealtimes and residents with special dietary requirements were catered for.

There was general praise for the choice of food on offer.

Residents said food was plentiful and appetising.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy contained the the elements required by the regulations.

The risk register was updated regularly.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27, Infection control. Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, as published by HIQA were implemented.

- Commodes were inappropriately stored in the shower rooms.
- Specific sinks for staff hand washing purposes had yet to be installed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were a number of issues identified that did not ensure that adequate precautions were taken against the risk of fire, and these required action as follows:

- A small number of fire safe doors did not close properly which meant that their effectiveness to control fire and smoke was limited.
- A number of gaps where the ceilings had been accessed for heating pipes and other plumbing and wiring needs had not been sufficiently sealed for fire stopping purposes, (that is to prevent the escape of smoke or flames into the attic void).

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The nurse spoken to described best practice regarding medicine management.

All controlled medicines were managed in accordance with professional guidelines.

Staff were trained in this aspect of practice.

Audit was ongoing.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and reviewed four monthly.

A sample reviewed was seen to reflect the assessed needs of residents and the content guided staff in best practice.

Evidence- based clinical assessment tools informed the development of care plans which were written in a person-centred way.

It was evident that residents were consulted regarding their end of life decisions and plans.

Judgment: Compliant

Regulation 6: Health care

In this centre residents' healthcare was well managed:

Residents were regularly reviewed by a group of GPs.

In a sample of residents' files reviewed there was evidence of access to health and social care professionals such as, the general practitioner, (GP), the physiotherapist, chiropody, dietitian and occupational therapist (OT).

External consultant appointments were accessible to residents.

A physiotherapist and OT were regularly available to residents

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Appropriate assessments were in place to cater for behaviour management. Training was provided for staff in the area. Review of restrictive practices in the centre was ongoing.

Judgment: Compliant

Regulation 8: Protection

Staff interactions with residents were seen to be kind and supportive. All staff had received training in the prevention, detection and response to abuse, according to the records seen. Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management.

Finances were well managed and the centre did not act as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and protected as evidenced throughout the day:

Residents were confident when speaking with inspectors. There was evidence that the rights and diversity of residents were respected and staff had completed training on a human rights based approach. Activities were undertaken which interested and engaged residents.

The centre had a pet dog which was taken to residents' rooms each morning to meet with them. The activity coordinator described how the visits with the dog had helped resident to settle in and communicate more effectively.

Management in the centre had high praise for the dedication and high level of community involvement in the centre including fund raising.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cobh Community Hospital OSV-0000558

Inspection ID: MON-0039763

Date of inspection: 19/04/2023

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: References for staff member now in HR file. CV for staff member for updating sent back to them for same. Email to all staff to ensure their CVs have no gaps in same.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire door adjusters in the process of being fitted prior to visit, 5 were updated, rest are now being completed. Further fire stopping in few visible holes in ceiling tiles filled. Storage space for sanitary equipment continues to be a problem as no space available separately to store. Will review same with Board of Management. Staff file as answered above.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

Painting is constantly ongoing via onsite full time maintenance staff. Fire stopping filled as above.
Issue with storage as above

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Handwash sinks in place, more required on corridors as per visit. Ergonomic assessment to take place to provide solution to where sinks should be placed.

Storage issues addressed in Reg 23

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire safety: door reclosers are currently being replaced and updated.
Gapping filled with fire stopping since visit.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	16/05/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	16/05/2023

	effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2023