



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

Issued by the Chief Inspector

Name of designated centre:	Hillview Private Nursing & Retirement Residence
Name of provider:	Hillview Private Nursing & Retirement Residence Partnership
Address of centre:	Rathfeigh, Tara, Meath
Type of inspection:	Unannounced
Date of inspection:	01 September 2021
Centre ID:	OSV-0000141
Fieldwork ID:	MON-0033910

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care) residents. The centre is located in a rural area. The centre is all located on one floor with an additional activity area located in a basement area accessed by residents via the garden. There are 25 single bedrooms some of which have en-suite facilities. The aim of the centre is to provide a wide range of nursing and care services to meet the individual needs of residents while actively encouraging residents to fulfil their own potential.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 1 September 2021	09:00hrs to 16:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

During this one-day unannounced inspection, the inspector found the centre to be warm, bright, clean and free from clutter. The inspector met with many of the residents throughout the day and they all provided extremely positive feedback about their life in the centre. They were happy living there, with one resident describing it as 'a home from home'.

Residents said that they were enabled to maintain their independence and their rights were upheld in the centre. The inspector observed a number of residents enjoying their breakfast in the dining room. Residents told the inspector that the food was always as requested, served hot and their choice of meal was respected. Staff were available to assist when required and some residents were being assisted discreetly. However, the inspector noted that the majority of residents were eating independently which was both encouraged and facilitated by staff.

The inspector observed staff using good hand hygiene practices and ensuring residents were maintaining social distancing when seated in communal areas. There was PPE (personal protective equipment) including hand sanitisers available to staff throughout the centre.

Residents told the inspector they were having visitors again and were particularly pleased about this. One resident said it was just delightful to see all the family face-to-face and that they 'could not explain how good it felt'. The inspector observed that appropriate measures were being taken to assess visitors prior to entering the centre in line with current Public Health guidelines.

Staff were observed providing care to residents in a respectful, kind and unrushed manner. The inspector also observed that residents' requests were responded to without delay. For example, the inspector observed a resident asking for her glasses, which they had forgotten to bring with them to the sitting room; the health care assistant went away and returned with the glasses without delay.

Daily and the local weekly newspapers were available to residents in the morning and a number were observed reading them in the quiet reading room and the sitting room. One gentleman said he enjoyed keeping up-to-date with what was going on in the country, especially since he moved into the centre. The residents expressed satisfaction with the activities, particularly the religious services. These services were lead by the activities co-ordinator who was also a Eucharistic minister. This enabled residents to be offered Holy Communion on a daily basis which they welcomed.

Residents could independently access the garden, which a number were observed doing on the day of inspection, in order to have a cigarette or to participate in group activities. In the afternoon a group of residents spent time outside with activities staff enjoying what appeared to be a very competitive ball game. Residents were

observed to be appropriately dressed in their coats for the weather outside. Although two residents were not actively participating they were enjoying the game and commented on the friendly banter between the participants. Residents confirmed they had access to an activities programme every day and records of their level of participation were available for all seven days of the week.

The smoking area had been moved away from residents' bedroom windows and the inspector was informed of plans to build a sheltered area for the residents who smoked. The inspector observed that the cleaners' room, located to the rear of the garage did not contain all the required equipment as per national standards and the equipment within it required upgrading.

The inspector found that this was a good centre and residents were observed to be supported to lead a meaningful and engaged life. The following sections of the report will provide an overview in respect of the capacity and capability of the registered provider to deliver a safe and quality service under the two pillars and detail the inspection findings under each individual regulation.

Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspector found that the compliance plans identified on the last inspection had been almost completely addressed and this had led to an improved level of compliance. However, the provider had failed to submit a fully completed application to renew the registration of the centre in a timely manner.

Overall the governance of this centre was good. The refurbishment work had been completed and this resulted in the number of beds decreasing from 26 to 25, the number of communal bathrooms increasing from two to three and the sluice room had been refurbished. Some additional areas for improvement were identified on this inspection, and these are outlined under the relevant regulations.

The provider was Hillview Private Nursing and Retirement Residence Partnership. The provider representative was present on inspection and demonstrated a willingness to address further areas for improvement identified on this inspection, which included training and development, premises and fire precautions. The person in charge (PIC) was in post since 2005. Both parties had a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose. The provider representative was in the centre one day per week and supported the person in charge in her role.

Staffing levels on the day of this inspection were adequate to meet the needs of the 24 residents during the day and night. Staff spoken with were familiar with residents' needs and had appropriate qualifications for their role. They also

demonstrated that they were knowledgeable and skilled in fire safety procedures, safeguarding and safe moving and handling of the residents. All registered nurses had their registration with the Nursing and Midwifery Board of Ireland (NMBI) up-to-date. However, the inspector noted that the recruitment processes needed strengthening as they were not reflective of the centre's own policy to ensure a safe and high quality care was consistently provided to the residents living there.

Communication with staff occurred regularly on a formal and informal basis. All staff who spoke with the inspector confirmed that they felt supported, and that they could raise issues readily with the person in charge and felt their views would usually be listened to.

The staff had access to training and this had improved since the last inspection. All staff had attended up-dated training on hand hygiene, donning and doffing of PPE (personal protective equipment) and infection prevention and control since the last inspection. There was further planned training for care of residents with dementia. Nevertheless, further improvements were required to ensure all staff had training in the protection, prevention and detection of elder abuse prior to commencing working with residents in the centre.

Staff were observed adhering to infection prevention and control practices such as the uniform policy, monitoring staff temperatures arriving and during the working day, good hand hygiene practices and social distancing measures at break times.

There was a comprehensive risk register with appropriate action taken to mitigate the risk. The Schedule 5 policies were available for review. The inspector found that all the these policies had been updated updated in the past three years.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the centre was received late and was found to be incomplete when reviewed. Due to the late receipt of this application the centre does not have Section 48 protection, under Health Act (2007). A completed application to renew had subsequently been submitted, however the floor plans and statement of purpose required further review. At the request of the inspector, the provider resubmitted revised copies of both these documents on two occasions.

Judgment: Not compliant

Regulation 15: Staffing

Adequate staff numbers with the appropriate skill-mix to meet residents' needs were in place in the designated centre. There was at least one staff nurse on duty for

each shift.
Judgment: Compliant
Regulation 16: Training and staff development
<p>COVID-19 training, including donning and doffing of personal protective equipment (PPE) and hand hygiene, had been made available to staff on a regular basis since the last inspection.</p> <p>A small number of staff, who had commenced employment in 2021 had not completed mandatory training in relation to detection, prevention and responses to abuse although they had completed their induction programme. The provider had a rationale for the absence of this training, however, as this is mandatory for all staff, the process required review to ensure all staff had this training completed on induction.</p>
Judgment: Substantially compliant
Regulation 21: Records
<p>The inspector viewed records maintained by the activity coordinator of resident engagement and enjoyment of these sessions. Records of resident participation and engagement in activities on the days when the activity coordinator was not working were now consistently maintained.</p> <p>A sample of staff files were examined and were found to contain the information required by Schedule 2 of the regulations, including proof of professional registration.</p>
Judgment: Compliant
Regulation 22: Insurance
<p>The centre had a current certificate of insurance, which provided cover against injury to residents, staff and public.</p>
Judgment: Compliant

Regulation 23: Governance and management

The management team was stable and most of the non-compliances identified on the previous inspection report had been addressed. Audits now contained evidence of evaluation or analysis, and therefore where actions were required, recommendations or quality improvement actions were clearly identified.

There was evidence of management and staff meetings available for review and overall there appeared to be a good level of communication between residents and staff.

The centre was well-resourced with staff. The centre was well-maintained however further refurbishment was required as identified under Regulation 17: Premises.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector found that recruitment policy was not followed in practice:

- One staff member had commenced employment five days prior to the staff member's An Garda Síochána (police) vetting coming through. This process was not in keeping with the centre's recruitment policy.
- One health care assistant had been employed to work full-time with no qualification or experience in caring for older persons. There was no evidence that this employee had applied to or commenced any course in meeting the health care needs of residents.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents received a service which met their needs. However, improvements were required in respect of fire safety precautions and the premises to ensure residents were safe and protected all times.

Residents had access to medical care and additional treatment and expertise from varied allied health professionals. Residents were closely monitored for signs and symptoms of COVID-19, and clinical observations were recorded twice daily.

Each resident's care needs was comprehensively assessed. Care plans were

developed to reflect resident's assessed needs and they included sufficient detail to guide care and inform staff about each resident's care needs. There was evidence that residents were consulted with in respect of their care planning arrangements.

Residents reported feeling safe in the centre and confirmed that they were treated with respect and dignity. The activity schedule on display informed residents of what was on offer and records reviewed showed they had input into selecting these activities.

Visiting restrictions had been eased in the centre in line with Public Health advice and current guidance (Health Protection and Surveillance Centre, Guidance on Visits to Long Term Residential Care Facilities).

The provider had arrangements in place for the maintenance of the centre's fire alarm and detection system, which had been serviced quarterly and was subject to weekly testing. Arrangements were also in place for the quarterly servicing of emergency lights throughout the centre. Records were maintained of weekly and daily fire safety checks. The fire exits were unobstructed and the procedures and direction for the safe evacuation of residents and staff in the event of fire were prominently displayed. The arrangements in place to contain the spread of fire required review, as described under regulation 28.

All staff received annual training in fire safety. Staff who spoke with the inspector were very clear about the actions they would take in the event of a fire. The registered provider ensured that fire drills took place at a minimum of twice a year. The records confirmed that simulated night-time and daytime fire drills had been carried out this year.

A number of improvements had been made to the premises since the last inspection which included reducing the twin bedrooms to single rooms and ensuring all residents had access to a bathroom within close proximity to their bedroom. However further improvements were required to meet the needs of staff and to ensure the housekeeping staff had access to an appropriately equipped cleaning room which met the requirements.

The inspector found that the registered provider had made improvements to infection prevention and control practices since the last inspection. For example;

- The soft furnishings were new and old furniture had either been replaced or refurbished. All surfaces could now be easily cleaned.
- Equipment such as wheelchairs and hoists were now on a cleaning schedule.
- Specialised seating cushions and hoist slings were now safely stored and labeled appropriately in the equipment store room. There was no evidence or concern in relation to hoist slings being shared between residents.
- The staff changing room was tidy.
- There were cleaning records available for the cleaning of frequently touched surfaces throughout the day.
- The inspector observed that the sluice facility had been fully refurbished.

Regulation 17: Premises

The cleaning room situated in the outer garage building did not contain all the equipment outlined in the National Standards (2016) and required to be refurbished. The stainless steel sink and draining board were rusty. The floor was not sealed and therefore could not be washed thoroughly. There were boxes of cleaning supplies inappropriately stored on the floor.

The sealant area between the base of the toilet and the floor was rusting in a number of toilets and one of the communal shower rooms.

The newly refurbished sluice room did not contain a stainless steel sink with a draining board.

The en-suite in room 10 did not have a call bell installed.

The staff changing room was small and although it contained a shower it did not contain a toilet. Staff and visitors shared the one toilet.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures related to health and safety. A risk management policy was available and a risk register for the identification, rating, escalation and control of risks was maintained, reviewed and escalated periodically as required. Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes and policy. It included information on the measures and actions to control accidental injury to residents, visitors or staff in the designated centre. It also included a risk assessment in relation to Legionnaire's Disease.

The centre was kept in a good state of repair and all identified issues were promptly addressed.

Judgment: Compliant

Regulation 27: Infection control

Overall infection control practices were good. Practices observed were compliant with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) Regulations 2013 and the procedures, consistent with the standards for infection prevention and control were consistently implemented (National Standards for Infection prevention and control in community services, 2018). For example; hand hygiene practices were good and staff had access to hand sanitisers throughout the nursing home.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector observed that residents' bedroom doors, were not fitted with a self-closing device and were not attached to the fire alarm system. A number of residents' bedroom doors were open while the resident was sleeping in bed. This practice required review.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Overall medication management practices were good. The systems in place for the management and administration of medication were appropriate for the residents in the centre. The person in charge facilitated the pharmacist in meeting their obligations to residents, in line with relevant legislation and guidance. Residents' had their medications reviewed every three months, these reviews were multidisciplinary in their approach. All the registered nurses had completed medication management training in the past year and medication audits were being completed on a regular basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans had improved since the last inspection. A sample were reviewed on this inspection. Restraint care plans reflected that the least restrictive option had been trialled prior to the use of a restraint, for example bed rails. Falls risk assessments were observed to be completed in a timely period following a resident having a fall. Care plans reviewed were person-centred, including end-of-life and COVID-19 care plans; they outlined the residents' wishes.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and allied health care services. Residents' general practitioners (GPs) made site visits on a regular basis and all residents were reviewed within a four month time-frame.

There was evidence that nurses engaged in continuous professional development, completed medication management courses and were informed of current best practice in relation to infection prevention and control as well as the management of residents with suspected or confirmed COVID-19.

Judgment: Compliant

Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. There was a policy in place which covered all types of abuse and the inspector saw that most staff had received mandatory training in relation to detection, prevention and responses to abuse. Those spoken with demonstrated a good knowledge of what constituted abuse and of the in-house policy.

A sample of staff files reviewed showed that staff had appropriate Garda Vetting in place.

The process in place for managing residents' petty cash was safe. One senior staff member completed monthly audits on all cash held on behalf of residents. The centre did not act as a pension-agent for any of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Each resident's rights were upheld by the centre. For example, the table and chairs where residents who smoked sat had been moved away from the bedroom windows to prevent the smoke impacting on residents.

The inspector also observed that a net curtain used in a communal bathroom facing onto the enclosed garden space had been replaced with frosted glass. This change ensured that residents' privacy and dignity was maintained while using the shower

facility.

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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview Private Nursing & Retirement Residence OSV-0000141

Inspection ID: MON-0033910

Date of inspection: 01/09/2021

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 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
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: ALL REQUIRED DOCUMENTS HAVE SINCE BEEN SUBMITTED AS REQUESTED.</p> <p>PLEASE NOTE THAT DUE TO CIRCUMSTANCES OUTSIDE OF MY CONTROL THERE WERE DELAYS. GOING FORWARD ALL DOCUMENTS WILL BE SUBMITTED IN ACCORDANCE WITH THE REGULATIONS.</p>	
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: A SMALL NUMBER OF STAFF HAD NOT COMPLETED THE MANDATORY TRAINING DUE TO COVID RESTRICTIONS AND THE HSELAND SITE BEING INOPERBALE FOR A PERIOD OF TIME. ALL OF THESE STAFF HAVE NOW COMPLETED MANDTORY TRAINING AND ANY NEW STAFF WILL COMPLETE THIS TRAINING ON INDUCTION.</p>	
Regulation 4: Written policies and	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>ALL CURRENT EMPLOYEES HAVE GARDA VETTING IN PLACE AND ALL NEW STAFF WILL HAVE A SATISFACTORY GARDA VETTING IN PLACE PRIOR TO COMMENCEMENT. THE EMPLOYEE IDENTIFIED IN THE FINDINGS HAS NOW COMMENCED A TRAINING COURSE IN CARE OF THE OLDER PERSONS. ALL NEW EMPLOYEES WILL HAVE OR WILL BE COMMENCING SPECIFIC TRAINING IN MEETING THE NEEDS OF THE OLDER PERSON.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>THE CLEANING ROOM IS TO UNDERGO COMPLETE REFURBISHMENT AND WILL CONTAIN ALL THE EQUIPMENT AS OUTLINED IN THE NATIONAL STANDARDS.</p> <p>THE SEALANT AT THE BOTTOM OF SOME TOILETS IDENTIFIED AS NEEDING REPLACEMENT HAS NOW BEEN REPLACED.</p> <p>A NEW STAINLESS- STEEL SINK AND DRAINER WILL BE ADDED TO THE NEWLY REFURBISHED SLUICE ROOM.</p> <p>CALL BELL FOR THE NEW ENSUITE IN ROOM 10 WILL BE FITTED.</p> <p>A SEPARATE STAFF TOILET WILL BE AVAILABLE IN A NEW STAFF CHANGING AREA DUE FOR COMPLETION IN 2022 AS PART OF HILLVIEW DEVELOPMENT PROGRAMME PLAN FOR 2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A REVIEW OF BEDROOM DOORS BEING LEFT OPEN AT NIGHT AT RESIDENTS REQUEST WILL BE UNDERTAKEN AND ANY NECESSARY ACTION WILL BE TAKEN.</p>	

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	14/09/2021
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule	Not Compliant	Orange	14/09/2021

	2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered provider.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/10/2021
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	01/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/10/2021

