



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

## Issued by the Chief Inspector

Name of designated centre:	Solas Na Gréine
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	14 June 2023
Centre ID:	OSV-0002990
Fieldwork ID:	MON-0038021

## About the designated centre

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

This is a residential service providing full-time care and support to three adults with disabilities. The centre comprises of a large two storey dwelling in a mature housing estate in Co. Louth. Communal facilities include a spacious fully furnished sitting room, a well equipped kitchen cum dining room and a separate laundry facility. Each resident has their own bedroom, which are decorated to their individual choice, style and preference. Communal bathroom facilities are provided on both floors of the house. There are mature gardens to the front and back of the premises and ample private and on street parking is available. The centre is in walking distance to local facilities such as shops, pubs and restaurants It is also close proximity to a number of large towns and villages. Private transport is provided a and a local bus service is available to residents who wish to avail of trips further afield or avail of community based facilities in Dublin, Drogheda and Dundalk. The staffing arrangements for the centre consist of a person in charge, who is an experienced and qualified Clinical Nurse Manager III (CNM III). There is also a house manager, who is an experienced and qualified CNM 1, staff nurses and a team of qualified and experienced social care professionals/health care assistants. There are also systems in place to ensure the residents social and healthcare needs are comprehensively provided for and as require access to a GP and other allied healthcare professionals form part of the service provided. Residents are also supported to have meaningful and important roles in their community and have a range of work options and day service placements available to them. This service operates in a culture of person centeredness and consultation with the residents, is responsive in the meeting their assessed needs and residents very much see it as their home

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

Number of residents on the date of inspection:	3
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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 (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 14 June 2023	10:30hrs to 15:40hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection, there were 3 residents living in the centre and the inspector met and spoke with all of them. Written feedback on the quality and safety of care from both residents and two family representatives was also viewed by the inspector as part of this inspection process.

The centre comprised of a detached two-story house in a residential area in County Louth in close proximity to a number of towns and villages. Private transport was available to the residents so as they had access to their various day services and other community-based activities.

On arrival to the centre the inspector observed that the house was clean and generally well maintained. Residents appeared relaxed and comfortable in their home and, made their own decisions about what social and recreational activities to engage in, menu planning and how they wanted their rooms decorated. It was also observed there was a positive and friendly rapport between staff and the residents.

The inspector had a cup of tea with two of the residents and both reported that they were happy in their home. One liked music in particular and showed the inspector their guitar and other musical equipment that they had. The said that they liked the guitar however, needed to get a new one with a strap. The resident also liked certain TV programmes and spoke to the inspector about this over the course of the day. This resident also attended a day services on two days during the week where they met up with friends and could engage in a number of social and recreational activities.

The other resident said that they were very happy in their home and that staff were great. They also said they would speak to staff if they had any issues in the house but that they had no issues. The resident had a specific interest in collecting certain things such as pens and in watching certain TV programmes such as wrestling and, staff were supportive of the resident with this. The resident did not attend a day service however, staff offered the resident a number of opportunities to engage in other recreational and social activities outside of the house but the resident could regularly decline these offers.

For example, on the day of this inspection the weather was warm and sunny and one resident was relaxing in the back garden and playing archery. Staff asked the other resident would they like to join them in this activity but they declined.

Later on in the day the inspector met with the third resident. They sat for some time with the inspector going through their person centred plan. They showed the inspector pictures of themselves at a wedding, on various outings and at concerts. They smiled throughout this time and also told the inspector that they liked music.

Earlier in the year the resident had completed a six-week course in samba music and staff said that the resident very much enjoyed this activity. The resident also attended a day service where where they could avail of yoga, go for walsk and engage in table top activities of their choice

The inspector asked the resident would they like to show them around the house and the resident was happy to do so. There was a TV room, a kitchen, utility room and bathroom downstairs and upstairs the resident showed the inspector their bedroom. The room has recently been decorated with the input of the resident and they had pictures of friends and family on display. They also had their own TV in their room.

The assisted decision making co-ordinator has recently attended a staff meeting and had briefed all staff on the importance of capacity legislation and respecting the will and preference of each individual resident. Staff observed on this inspection were at all times respectful of the individual choices of the residents. Additionally, one staff member informed the inspector that recently one of the residents was advised to have a medical procedure that would required a stay in hospital and some level of recuperation on their return to the house. In order to ensure their will and preference was respected, staff had asked the assistant decision making co-ordinator to liaise with the resident and provide support and information to them on the procedure and what it involved. The decision making co-ordinator worked with ad supported the resident using easy to read information and based on this support, the resident made the decision to go ahead and have the medical procedure six weeks ago. At the time of this inspection they were back in their home and the person in charge reported that they had made a very good recovery.

Written feedback from the residents observed by the inspector informed that residents were happy in their home, happy with their accommodation, happy with the menu options available and with the level of social activities provided. Residents also reported that they were happy with the staff team and at the time of this inspection, they that they had no complaints about the service provided.

Feedback from two family members was equally as positive. For example, they reported that they were happy with the care, support and accommodation provided to their relative. One said that the service was excellent while another reported that they were very thankful to the staff team for looking after their relative so well and appreciated the work the staff do.

Over the course of this inspection the inspector observed staff supporting the residents in a professional, person-centred and caring manner. They were at all times attentive to the needs of the residents and, residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents and feedback from both family members and residents on the quality and safety of care was positive and complimentary.

While some minor issues were identified with the premises, fire safety and staff training, this was not impacting on the quality of life of the residents living in this

service.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

## Capacity and capability

Residents appeared happy and content in their homes and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a person participating in management and a team leader.

The person in charge was employed on a full-time basis with the organisation and was a qualified nursing professional with a number of years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from June 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

Staff spoken with had a good knowledge of residents' care plans and systems were in place so as to ensure they were receiving supervision and support from a member of the management team.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, manual handling, first aid and the safe administration of medicines. It was observed however, that one aspect of training related to infection prevention and control (IPC) was outstanding at the time of this inspection

Additionally, the person in charge informed the inspector that staff had been briefed on the importance of capacity legislation and respecting the will and preference of the residents. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in January 2023. On completion of these audits, an action plan was developed to address any issues identified in a timely manner.

#### Regulation 14: Persons in charge

The person in charge was a qualified and experienced nursing professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). They were also found to be aware of their legal remit to the regulations and responsive to the inspection process.

Judgment: Compliant

#### Regulation 15: Staffing

A review of a sample of rosters from June 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

Staff spoken with were also aware of the assessed needs of the residents and familiar with their care plans.

Staff files were not viewed as part of this inspection process.

Judgment: Compliant

#### Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service and external training sessions which included;

- safeguarding of vulnerable adults
- open disclosure



- fire safety
- manual handling
- basic life saving techniques
- safe administration of medicines
- Children First
- Positive Behavioural Support

Additionally, the person in charge informed the inspector that staff had been briefed on the importance of capacity legislation and respecting the will and preference of the residents. Examples of this in practice were included in the first section of this report: '*What residents told us and what inspectors observed*'.

It was observed however that one aspect of infection prevention and control training (standard transmission-based precautions) was outstanding for some of the staff working in this centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a person participating in management and a house manager (who was a clinical nurse manager I)

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in January 2023.

On completion of these audits an action plan was developed to address any issued identified.

For example, some issues had been identified with residents care plans to include hospital passports and person centred plans. These issues had been actioned and addressed through the service's quality enhancement plans at the time of this inspection

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the

requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

### Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. Some issues were identified with the premises and with fire safety precautions.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. Some residents were more active in their community than others and this was represented in the activities they wished to pursue and participate in.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. One staff spoken with found to be familiar with these care plans.

Residents were supported to experience positive mental health and where required, had access to specialised behavioural support. Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues. Again, one staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were

no open safeguarding concerns in the centre. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. Additionally, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks (daily, weekly and monthly) on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. However, it was observed that aspects of the fire safety arrangements required review.

The individual choices of the residents were being respected in this service. Residents choose their daily routines and were involved in the running of their home. Residents also had access to an assisted decision making co-ordinator so as to support them with making decisions and to ensure their will and preference was explored.

The premises were laid out to meet the needs of the residents and on the day of this inspection were found to be welcoming and homely. However, some issues were identified with the upkeep of the premises.

Overall this inspection found that the individual choices and preferences of the residents were promoted and they were being supported to choose their daily routines and engage in activities of their preference and choosing.

## Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference.

For the most part the premises were well maintained, clean, warm and welcoming however, some maintenance works were required to include:

- an issue related to condensation
- a floor and shower tray in a bathroom required attention
- a wardrobe door required repairing
- some painting/redecorating was required throughout the house (to include some doors and the kitchen area)
- a recliner seat required repair
- an outside pathway to the side of the house required cleaning
- a curtain rail in the sitting room required attention

Notwithstanding these issues, residents appeared very comfortable, happy and content in their home and reported that they were happy living there.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a resident was at risk of falling they had a number of controls in place to mitigate this risk such as:

- an individual falls risk assessment was in place
- where required, access to physiotherapy and occupational therapy was provided for
- there was a ramp in place at the back door
- there was adequate lighting provided in the centre

Judgment: Compliant

### Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- basis infection prevention and control (IPC)
- hand hygiene
- donning and doffing of personal protective equipment (PPE)
- respiratory and cough etiquette
- anti-microbial stewardship

Some staff were required to complete training in standard transmission-based precautions however, this issue was actioned under regulation 16: training and staff development.

A staff nurse informed the inspector that there were also adequate supplies of PPE

available and hand sanitising gels were in place throughout the centre.

Additionally, the inspector observed that there were a number of cleaning schedules in place which were being adhered to.

COVID-19 contingency plans were in place and each resident had individual isolation care plans in place.

Judgment: Compliant

## Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include the following:

- a fire alarm
- fire doors
- fire extinguishers
- a fire blanket and
- emergency lighting

Equipment was being serviced as required by the regulations. Staff also completed as required checks (daily, weekly and monthly) on all fire equipment in the centre and had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

However, it was observed that aspects of the fire safety arrangements required review as follows:

- there was no fire assemble point signposted outside the service and
- parts of some smoke seals had been painted over on some fire doors

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities based on their will and preference. Some residents were more active than others and this was represented in the activities they wished to pursue and participate in.

For example, one resident like to go to day services on a regular basis and go for

drives and walks with staff support. Another preferred to spend more time at home in the company of staff. It was also observed that for the resident who liked to stay at home, staff ensured opportunities were made available to them to participate in activities such holiday breaks, go shopping and go for drives.

Some residents also had a number of goals identified for 2023 to include going to Spain and attending musical events

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

### Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- occupational therapy
- dentist
- chiropody

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and one staff spoken with were familiar with these plans

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to specialist behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

One staff spoken with was aware of how to support residents in a person-centred

manner and in line with their positive behavioural support plans.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding concerns in the centre.

The inspector also noted the following:

- one resident said that they could speak with staff at any time if they had any issues
- safeguarding/updates on residents was discussed at staff meetings
- feedback on the quality and safety of care from residents and one family representative was positive
- from a small sample of files viewed, staff had training in safeguarding of vulnerable people, children's first and open disclosure.

Judgment: Compliant

### Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them and were involved in their personal plans and goals.

Staff also had been briefed on the importance of capacity legislation and respecting the will and preferences of the residents

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



# Compliance Plan for Solas Na Gréine OSV-0002990

Inspection ID: MON-0038021

Date of inspection: 14/06/2023

## 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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff will complete identified AMRIC module 'standard and transmission based precautions' by 20th July.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Issues identified with premises will be address as follows</p> <ul style="list-style-type: none"> <li>• an issue related to condensation will be rectified by 31/07/23</li> <li>• issue with shower tray in a bathroom addressed and completed 10/07/23</li> <li>• a wardrobe door required repairing- completed 10/7/23</li> <li>• touch up painting/redecoration as required will be completed by 31/07/23</li> <li>• a recliner seat has been repaired 10/07/23</li> <li>• an outside pathway to the side of the house has been cleaned 10/07/23</li> <li>• a curtain rail in the sitting room has been repaced 10/07/23</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Issues identified with Fire Precautions will be addressed by the following dates:

- fire assembly point sign was re-installed 10/07/23
- smoke seals identified to have paint on same will be replaced by 31/07/23

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/07/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(3)(a)	The registered provider shall make adequate	Substantially Compliant	Yellow	31/07/2023

	arrangements for detecting, containing and extinguishing fires.			
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