



**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:	Aperee Living Ballinasloe
Name of provider:	Aperee Living Ballinasloe Ltd
Address of centre:	Bridge Street, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	31 August 2023
Centre ID:	OSV-0000361
Fieldwork ID:	MON-0041306

About the designated centre

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

Aperee Living Ballinasloe is a purpose built two storey nursing home situated in the town of Ballinasloe in Co. Galway. The centre is registered to accommodate 60 residents. The accommodation comprises 52 single and four twin bedrooms. All bedrooms have en suite shower and toilet facilities. A variety of communal rooms are provided for residents' use on each floor, including sitting, dining and recreational facilities. There is a lift provided between floors. Residents have access to an enclosed garden. Aperee Living Ballinasloe accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, palliative care, respite and post-operative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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
Thursday 31 August 2023	10:10hrs to 16:50hrs	Fiona Cawley	Lead
Thursday 31 August 2023	10:10hrs to 16:50hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors found that residents living in this centre were provided with satisfactory standards of care and support by staff who were kind, caring and familiar with their needs. Feedback from residents was that they were satisfied with life in the centre. However, inspectors found that the inaction by the provider to address significant fire safety risks, which were identified in the provider's own fire safety risk assessment in November 2021, did not ensure the safety of residents and staff in the event of a fire safety emergency in the centre.

This unannounced inspection took place over one day. There were 33 residents accommodated in the centre on the day of the inspection, and 27 vacancies.

Following an introductory meeting, inspectors completed a tour of the designated centre accompanied by the person in charge. The designated centre was located in Ballinasloe, County Galway, and provided accommodation for 60 residents. A Fire Safety Risk Assessment commissioned by the provider in November 2021, and inspections carried out by inspectors of social services in November 2022 and April 2023 found significant issues of concern in relation to fire safety. On the day of the inspection, inspectors found that the provider had failed to progress works in relation to fire safety. There was no schedule of works available and the management team were unable to give assurances as to when the works would be undertaken.

The two-storey facility comprised of 52 single rooms and four twin rooms with living and accommodation areas spread over both floors, serviced by an accessible lift. The building was found to be laid out to meet the needs of residents, and to encourage and aid independence. Communal spaces were bright and appropriately furnished, and residents' bedrooms provided adequate space to store personal belongings. The building was well lit and adequately ventilated throughout. The centre was observed to be clean and tidy on the day. While the premises was suitable to meet the day-to-day needs of residents, action was required in relation to findings on previous inspections in relation to general maintenance issues. Inspectors observed a number of areas of the centre that were poorly maintained and items of furniture that were in a state of disrepair.

Residents had unrestricted access to an enclosed outdoor garden area, which contained a variety of flower beds and garden furniture. The provider had taken action since the previous inspection to ensure that this area was appropriately maintained and safe for residents' use.

Inspectors spent time in the various areas of the centre chatting to residents and staff, and observing staff provide care and support to residents. Inspectors observed that personal care needs were met to a satisfactory standard. Staff who spoke with inspectors were knowledgeable about residents and their individual needs. Friendly

conversations were overheard between residents and staff and there was a relaxed atmosphere in the centre.

Residents' feedback was positive, with residents reporting that they were comfortable and well looked after. Inspectors observed that the majority of residents spent their day in the communal rooms. There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities. Inspectors observed group and one-to-one activities taking place throughout the day. It was evident that residents were supported by staff to spend the days as they wished.

Friends and families were facilitated to visit residents, and inspectors observed many visitors in the centre on the day.

In summary, in spite of the significant risks associated with fire safety, and the governance and management of the centre, residents were receiving appropriate person-centred care and support from a responsive team of staff.

The next two sections of the report present 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 service being delivered.

Capacity and capability

This was an inspection carried out by inspectors of social services to review the detail of a representation submitted by the provider following the issuing of a notice of proposed decision by the Chief Inspector of Social Services to cancel the registration of the centre. Inspectors also monitored compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also reviewed the action taken by the provider to address previously identified areas of non-compliance found on inspections in November 2022 and April 2023.

Inspectors found that the governance and management of the centre was not in line with the requirements of the regulations, and that the provider had not taken any action to address the significant fire safety issues in the centre.

A Fire Safety Risk Assessment commissioned by the provider in November 2021, and an inspection carried out by inspectors of social services in November 2022 found significant issues of concern in relation to fire safety. The fire risk assessment of November 2021 identified that there was no compartmentation in the centre, with the requirement for all residents to be evacuated from the centre in the event of a fire. The provider had committed to commencing fire safety works to reduce the size of the compartmentation within the centre. This would allow for containment of smoke and fire, and the safe evacuation of residents in the event of a fire

emergency. In November 2022, inspectors found that this work had not commenced and the risks associated with this arrangement remained. The provider submitted a compliance plan indicating that the required remedial fire safety works to address the fire risks in the centre would be completed by 1 January 2024. This compliance plan response did not adequately assure the office of the Chief Inspector that the actions would result in compliance with the regulations. In response to the failure of the provider to achieve regulatory compliance, particularly in relation to fire safety, and insufficient resources found on the inspection in November 2022, there was significant engagement between the registered provider and the Chief Inspector. As a result, a condition was attached to the registration of the centre which required the registered provider to cease admissions to the centre until the Chief Inspector found that the registered provider was compliant with Regulation 28: Fire precautions.

An inspection carried out in April 2023 found that the serious regulatory concern in respect of fire safety had not been fully addressed since the last inspection. In addition, inspectors observed the impact of poor overall governance and management in relation to resource management and the protection of residents' finances in the centre. The arrangements that the provider had in place for the management of residents' finances had not taken all reasonable measures to protect residents from potential abuse. Inspectors also found that there were insufficient numbers of registered nurses employed by the centre to ensure appropriate staffing levels, including adequate staff availability to cover planned and unplanned leave. The compliance plan submitted by the provider following this inspection was not accepted by the Chief Inspector, as the time lines for the commencement of the works to address fire safety did not address the immediacy of the risks identified.

In light of these on-going issues of non-compliance and the impact of these on the safety of the residents in the centre the Chief Inspector issued a proposed notice to cancel the registration of the centre. Following this, the provider submitted a representation to the Chief Inspector of Social Services which contained the proposed actions to be completed to assure regulatory compliance. The findings of this inspection were that actions required to address issues of high risk in relation to fire safety had not been progressed and that this significant risk was not being managed effectively by the provider. There was no information available from the provider as to when the required works would commence.

Aperee Living Ballinasloe Limited was the registered provider of Aperee Living Ballinasloe. The Chief Inspector was concerned about the registered provider's ability to sustain a safe quality service. There had been ongoing regulatory engagement with the provider including provider meetings, cautionary meetings and warning meetings in relation to governance and management and fire safety. The management structure had changed since the previous inspection. The management structure for this designated centre consisted of a representative of the provider who was the director of Aperee Living Ballinasloe Limited and a chief operating officer. The post of regional manager had recently been removed and had not been replaced. Within the centre, there was a person in charge who facilitated this inspection. They demonstrated a clear understanding of their role and responsibility, and were a strong presence in the centre. They were supported in this role by an

assistant director of nursing, nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff. Inspectors remained concerned that in the absence of strong governance, there was an over-reliance on the person in charge to provide the governance and leadership for this service.

Inspectors found that while the day-to-day service delivered to residents was satisfactory, the governance and management of the centre was not robust. Inspectors were not assured that the provider had adequate resources in place to ensure the care and welfare of residents was sustainable and safe. A review of bank statements for registered provider found that on numerous occasions there were insufficient funds available to adequately resource the centre and there was no system of oversight in place to ensure sufficient resources were consistently available. This was evidenced on this inspection by the weak governance structure and the lack of progress made in relation to the actions required to address the fire safety work. In addition, inspectors found that issues of regulatory concern in relation to protection of residents' monies and premises found on the last inspection had not been adequately addressed.

A review of the staffing rosters found that staffing levels were adequate to meet the assessed needs of the residents accommodated in the centre on the day of the inspection. While the provider continued to rely on agency staff to ensure adequate staffing levels, inspectors were informed that the provider was in the process of recruiting four registered nurses. One nurse had started work in the centre the week before the inspection, and the other nurses were due to start in the coming months.

There were management systems in place to assess, evaluate and improve the quality and safety of some aspects of the service provided to residents. A range of clinical audits had been completed by the person in charge which reviewed practices such as medicines management, care planning, and falls management. There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. However, the inspector found that the risk management system was not effective as some of the known risks in the centre were not appropriately addressed by the provider.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The findings of this inspection were that there remains significant concerns about the availability of sufficient resources to ensure the effective delivery of care, in accordance with the centre's statement of purpose. This was evidenced by;

- no action had been taken to address high risk fire safety issues and there was no plan in place to commence any work
- the premises was poorly maintained premises
- concerns about the financial resources available to maintain the service.

The organisational structure in place was was not clearly defined and did not reflect the management structures outlined in the centre's statement of purpose. The lines of authority and accountability were not clear. The person in charge was not adequately supported to manage and provide oversight to the service. The impact of this was ineffective resource management.

The provider failed to implement appropriate management systems to ensure that the service provided was safe and appropriate. This was evidenced by;

- inappropriate management of residents finances
- inadequate oversight of fire precautions
- inadequate oversight and maintenance of the care environment
- concerns about the financial resources available

The findings in relation to the residents' finances, premises, and fire safety arrangements were repeated non-compliances.

Judgment: Not compliant

Quality and safety

Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive. Inspectors were satisfied that residents received a satisfactory quality of care from a team of staff who knew their individual needs and preferences. Notwithstanding the positive feedback from residents, the findings of the inspection were that significant non-compliances in relation to the governance and management of the centre continued to impact on the systems in place to ensure that residents were safe. This was evident on review of the fire safety arrangements in the centre, the maintenance of the premises and the arrangements in place to manage residents' monies.

While the person in charge implemented a range of measures to protect residents against the risk of fire including regular checks of means of escape and fire fighting equipment, and daily fire safety discussions, there remained a significant risk due to the lack of compartmentation in the centre. Staff spoken with did not demonstrate

an understanding of this on-going risk. The detail of the risk in relation to fire safety is detailed under Regulation 28: Fire precautions.

There were repeated findings in relation to a leak in the roof and inadequate action taken to address general maintenance work such as painting. This will be addressed under Regulation 17: Premises.

The policy in place in relation to residents' possessions, which made reference to safeguarding residents' finances, had been updated since the previous inspection to include the process for managing pension arrangements in the centre. However, inspectors found that further action was required with regard to residents' finances to ensure full compliance with Regulation 8: Protection.

The centre had an electronic resident care record system. A range of validated assessment tools were in use to identify residents' care needs. Inspectors viewed a sample of residents' files and found that care plans were person-centred and contained sufficient detail to guide staff in the delivery of care. Reviews of care plans were at intervals not exceeding four months, or more frequently if the residents condition changed. Care plans were reviewed every four months or as changes occurred, in line with regulatory requirements.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also facilitated to access to other health care professionals in line with their assessed need.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities. Inspectors observed group and one-to-one activities taking place throughout the day. There were opportunities for residents to consult with management and staff on how the centre was run. Residents' meetings were held, and residents' satisfaction surveys were carried out, and feedback was acted upon. Residents had access to an independent advocacy service.

Regulation 17: Premises

Inspectors found that, on the day of the inspection, the premises was found not to conform to the matters set out Schedule 6. For example;

- a number of items of furniture were found to be visibly damaged and rusty
- paintwork and door frames was visibly scuffed in a number of areas
- a number of rooms had visible damage to the ceiling as a result of a leak in the roof
- the flooring in a small number of areas was in a state of disrepair

This was a repeated non-compliance

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had failed to progress fire safety works since the last inspection to bring the centre into compliance with Regulation 28. This was evidenced by;

- Work to address the significant risk posed by inadequate compartmentation had not been carried out. This did not ensure containment of the spread of fire within the centre. Furthermore, it did not facilitate progressive horizontal evacuation of the centre.
- A number of fire doors did not close fully which rendered them ineffective in the event of fire. Furthermore, there were gaps visible at the top and bottom of multiple fire doors when in a closed position. This did not ensure the containment of smoke and fire.
- The fire drills carried out did not provide assurance that all residents on the first floor could be evacuated in a timely manner with night time staffing levels. For example, completion time of simulated fire evacuation drills were excessive. Furthermore, records of vertical evacuation drills viewed by inspectors demonstrated that the drills did not include the evacuation of residents who required ski sheet evacuation, therefore the times taken to evacuate the first floor drill times were not reflective of the needs of the residents currently accommodated in the centre.
- Staff demonstrated poor awareness of the risk related to the lack of compartmentation in the centre .
- The floor plans which were displayed along corridors walls and on resident bedroom doors were not legible, and this may result in a delay in evacuating residents to a safe area.
- The laundry chute, which penetrates the ground and first floor, was not fire protected
- There were a number of penetrations in the ceiling of the linen room.
- One room which contained an electrical board was used to store domestic supplies (paper towels) and may increase the risk of fire in this area.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was maintained for each resident in the centre. Comprehensive assessments were completed and informed person-centred care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their General Practitioner (GP). Allied health professionals including dietitian, speech and language therapy services, psychiatry of older age and tissue viability specialist were accessible to residents as needed. A physiotherapist attended the centre one day each week.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had not taken all reasonable measures to protect residents from potential abuse. For example, inspectors were not assured that the provider had implemented effective oversight arrangements and had not completed a full review of the system in place to manage pension agent arrangements for residents in the centre, following a finding of non-compliance on the last inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that residents' privacy and dignity was respected. Residents told inspectors that they were well looked after and that they had a choice about how they spent their day.

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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Ballinasloe OSV-0000361

Inspection ID: MON-0041306

Date of inspection: 31/08/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><i>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</i></p> <p>Current Governance and management systems in place is undergoing change/ review to include addition of further Director/s and a new RPR. Management restructure will include a process to provide robust review arrangements and oversight of the service provided in Aperee Living Ballinasloe.</p> <p>Timelines for the above are currently unconfirmed and will be updated to the Regulator on further information.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p><i>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</i></p>	

All items of furniture with any rust/damage displaying have been removed from use.

A schedule of planned maintenance works has been implemented and will include repair and upgrade paint work to scuffed door frames. It is anticipated this will be completed by November 15th.

The leak in the roof has been assessed by a construction consultant. Repair will be included as part of future remedial works programme. Timelines for the above are currently unconfirmed and will be updated to the Regulator on further information.

Damaged flooring in a small number of areas of the centre is under review as part of a capital works program.

Regulation 28: Fire precautions

Not Compliant

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

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Building deficits identified previously and in this report are under review by the RPR. Timeframes for completion of works are currently unconfirmed and will be updated to the Regulator on receipt of further information.

As part of remedial scope, the following upgrades will be completed:

- Adequate compartmentation on the ground and top floor to facilitate horizontal evacuation
- Servicing of all fire door sets to include repair and or replacement
- The laundry chute will be enclosed in fire resistant construction
- Penetrations in the ceiling of the linen room will be filled with a suitable fire-stopping material

Pending completion of this work, the Registered Provider has ceased admissions to the home and has further contracted a night porter position with specific duties identified to building safety and includes premises inspection of two hourly checks. The Director of Nursing further ensures there is a fire warden with responsibilities for implementing and coordinating the fire evacuation procedure on duty at all times.

Fire drills will be enhanced and completed at suitable intervals to ensure staff working at the residential home are aware of the procedure to be followed in the case of fire – this

will include vertical evacuation of the top floor. There is a further plan in place to relocate all residents from the top floor to the ground floor of the building as rooms become available.

Frequency of training and education for all staff will be enhanced and include information and explanation of all aspects of the homes compartment layout.

Floor plans displayed along corridors will be updated to ensure they are legible.

All domestic storage supplies have been removed from the room containing an electrical board.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Aperee Living Ballinasloe does not act as a pension agent for any resident residing in the home.

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	Orange	
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/10/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Not Compliant	Orange	

	specifies roles, and details responsibilities for all areas of care provision.			
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 effectively monitored.	Not Compliant	Orange	
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.	Not Compliant	Orange	
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	
Regulation 28(1)(c)(ii)	The registered provider shall make adequate	Not Compliant	Orange	

	arrangements for reviewing fire precautions.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	01/11/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	30/11/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	