



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

Issued by the Chief Inspector

Name of designated centre:	St Catherine's Nursing Home
Name of provider:	Newcastle West Nursing Home Limited
Address of centre:	Bothar Buí, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	20 February 2024
Centre ID:	OSV-0000429
Fieldwork ID:	MON-0042906

About the designated centre

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

St Catherine's Nursing home is located in the town of Newcastle west, in Co Limerick. The building was previously a convent and has been in operation as a designated centre for over ten years. It is a two story building set in large grounds and in close proximity to all amenities in the town. Resident's private accommodation consists of 51 single bedrooms, two single bedroom apartments and seven twin bedrooms with en-suite facilities. Communal accommodation, such as dining and lounge facilities are located on both floors. There are three lifts allowing easy access between floors. There is an enclosed courtyard/garden area with seating for resident and relative use. The centre is registered to provide care to 73 residents. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring, convalescent and respite care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs a full time physiotherapist and physical therapist. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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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
Tuesday 20 February 2024	09:10hrs to 18:20hrs	Rachel Seoighthe	Lead
Tuesday 20 February 2024	09:10hrs to 18:20hrs	Maria Myers	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors observed that residents living in St. Catherine's Nursing Home were supported to enjoy a satisfactory quality of life. Overall, the feedback from residents living in St. Catherine's Nursing Home was positive and inspectors were informed that staff were 'very kind'.

Inspectors arrived unannounced on the morning of the inspection. Following an introductory meeting with the person in charge, inspectors walked through the centre with an assistant director of nursing, giving an opportunity to meet with residents and staff and to observe the residents in their home environment. Inspectors noted that residents were relaxing in communal areas, and others were being assisted with their personal care needs.

Located in Newcastle West, Co Limerick, St. Catherine's Nursing Home provides respite care and long-term care for both male and female adults with a range of dependencies and needs. There were 71 residents living in the centre on the day of inspection. The centre is a purpose built two-storey building. Resident bedroom and living accommodation was arranged over both floors, with stairs and lift access between floors. There were a variety of communal rooms for resident use, including dining rooms, a large chapel, and sitting rooms on the both floors of the centre. Communal rooms were bright and comfortably furnished. Residents had unrestricted access to an enclosed garden on the ground floor.

Inspectors observed that resident bedrooms were generally very clean and personalised with items of significance such as family photographs, ornaments and soft furnishings. There was sufficient storage for residents personal possessions. Residents had access to television and call bells in their bedrooms. However, inspectors noted that call bells were not available in two resident communal bathrooms, and the call bell in the residents smoking room was not functioning. Corridors in the centre were long and wide and provided adequate space for walking, with hand rails fitted to maintain residents' safety and independence. Overall, the premises was bright and clean, however inspectors found that there was damage to some floor surfaces in the dining room and along circulating corridors on the first floor of the centre. Additionally, paintwork on some ceiling surfaces showed signs of water damage.

Inspectors noted that residents were generally supported to move freely in the designated centre. A number of areas of resident accommodation required key code access to enter and inspectors noted that code numbers were displayed on a butterfly print next to entrance doors, for resident ease. As inspectors walked around the centre, it was evident that staff were working hard to provide care and support to residents and inspectors noted several kind interactions. Notwithstanding the pleasant engagements noted, inspectors observed some occasions during the inspection where residents with complex care needs did not receive appropriate

levels of supervision, or care in line with best practice guidelines, and this was discussed with the management team.

Residents with whom the inspectors spoke were generally complementary of the care and service provided. Residents told the inspectors that staff were responsive to their needs and several residents gave positive feedback about the quality of the food provided. Inspectors spoke with one resident who said they always had choice and if they didn't like a meal that was served, they could get an alternative choice.

Inspectors observed that residents' were supported to attend activities throughout the day such as a quiz, exercises and bingo. Photographs of events enjoyed by residents were displayed throughout the centre, including seasonal events and birthday celebrations. Visiting was facilitated and inspectors observed a number of visitors coming and going throughout the day of the inspection.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 and to follow up on the action taken following the last inspection in July 2023. Inspectors also followed up on solicited information received, relating to the safeguarding of residents.

Inspectors found that the designated centre was well resourced and there was a well established management team with oversight systems in place. However, action was required to ensure that management systems in place were utilised effectively, to identify and reduce or eliminate potential safe-guarding risks in the centre. This finding is detailed under Regulation 23: Governance and management. Action was also required to bring the centre into compliance with Regulation 16: Training and staff development.

Newcastle West Nursing Home Limited is the registered provider of St. Catherine's Nursing Home. A director of the company represents the provider entity. The management structure was clearly defined, including the centre's person in charge, an assistant director of nursing and several clinical nurse managers, who worked in a supervisory role. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, administration, domestic and maintenance staff. The assistant director of nursing deputised in the absence of the person in charge.

On the day of inspection, the number and skill mix of staff was appropriate, with regard to the needs of the 71 residents being accommodated in the designated centre. It was evident that staffing levels were kept under review by the person in charge, and meeting records demonstrated that staffing levels were discussed with the registered provider.

The registered provider had ensured that staff had access to a varied training programme and education, appropriate to their role. This included infection prevention and control training, fire safety and manual handling. Notwithstanding this positive finding, training records viewed by inspectors demonstrated that not all staff had completed up-to-date training in safeguarding vulnerable adults. Additionally, records showed that not all staff working in the centre had completed training in the management of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This is detailed under Regulation 16: Training and staff development.

There were management systems in place to oversee the service and the quality of care, which included a comprehensive programme of auditing in clinical care, including the collating of weekly key performance indicators such as falls and nutrition. There was evidence of regular management meetings within the centre. Records were detailed and showed that meetings were used to review key clinical and operational aspects of the service.

There was management oversight of risks in the designated centre and a paper record of all accidents and incidents involving residents that occurred in the centre was maintained. Inspectors reviewed a sample of incidents and found that incidents were reported by staff and a corrective action was recorded for each incident. However, there was no record of an investigation into a number of potential safeguarding incidents and information recorded was not analysed and trended to ensure that quality improvements could be identified. Furthermore, although inspectors were assured that individual safeguarding plans were communicated to staff by the management team, inspectors observed that staff were not always implementing safeguarding care plans in a consistent manner. This is discussed under Regulation 16: Training and staff development

Inspectors reviewed a sample of staff personnel files and found that they contained all the information as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre.

Regulation 15: Staffing

On the day of the inspection, the inspectors observed that there were sufficient numbers and skill-mix of staff on duty to meet the needs of the residents. Records

showed that there was at least two registered nurses on duty at all times, to oversee the clinical needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff had completed training appropriate to their role. For example,

- Seven staff had not completed up-to-date safeguarding training.
- Nineteen staff had not attended training in the management of responsive behaviours

Staff were not appropriately supervised to ensure that they carried out their work to the required standards. This was evidenced by the following findings;

- Environmental restrictive practice were sometimes used as a falls prevention strategy, these practices were not risk assessed and not in line with best practice guidelines.
- Oversight of staff allocation to residents who required enhanced supervision was not always effective. This resulted in some residents receiving inadequate supervision to meet their needs.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors were not assured that management systems were sufficiently robust to ensure the service provided was safe, appropriate and effectively monitored. For example;

- There was no record of an analysis or trending of several potential safeguarding incidents to facilitate the implementation of corrective measures in order to prevent similar incidents from occurring.
- The monitoring and oversight systems of key areas of the service, such as fire safety and premises, were not effective, and did not ensure the safety and well-being of the residents.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that residents in St. Catherine's Nursing Home enjoyed a satisfactory quality of life, enhanced by good access to medical and social care. A review of the care environment found that action was required in relation to the maintenance of the premises and the oversight of fire safety precautions to ensure that residents were safe and in full compliance with the regulations. In addition, as described in the capacity and capability section of this report, the systems in place to ensure that residents were appropriately safeguarded and protected were not fully effective.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was spacious and individually personalised. The provider had taken some action to address issues relating to the flooring in the centre. However, inspectors identified some floor and wall surfaces which were damaged and some items of equipment which required attention, such as call bells and the bed pan disinfecting machine.

The designated centre had a fire safety system in place, including fire-fighting equipment, emergency lighting and a fire detection and alarm system. Fire drills were completed and the staff had access to a fire safety training programme. However, the arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate. Inspectors observed several fire doors that had a significant gap between the under surface of the door and the floor. This gap could compromise the doors ability to contain smoke in the event of a fire.

The provider had some measures in place to safeguard residents from abuse. There was a safeguarding policy in place and staff were facilitated to attend safeguarding training. The provider did not act as pension agent for any resident. However, the safeguarding processes that were in place did not ensure that all concerns in relation to the protection of residents were investigated thoroughly and followed up appropriately.

The designated centre had a paper-based care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspectors viewed a sample of files of residents with a range of needs and found that care plans viewed were informative and contained sufficient, person-centred detail to guide support the provision of health and social care.

A review of records demonstrated that residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely and unrestricted access to their GP. There were referral systems in place and resident had access to health and social care professionals, such as dietitian services, occupational therapy, physiotherapy and speech and language therapy as needed. Where changes to treatment were recommended, following a review by the

GP or health and social care professional, records showed that these changes were appropriately updated within the resident's care plan.

Residents had access to an independent advocacy service and details regarding this service were advertised on the resident information board, displayed in the reception area of the centre. Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. Residents had access to television, radio, newspapers and books. Residents had access to religious services and resources and mass was held three times per week within the centres chapel. A programme of activities was available to residents which included bingo, quizzes and exercises.

Visiting was taking place and that residents were facilitated to meet with their families and friends in a safe manner.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection. Residents could meet their visitors in private in an area outside of their bedroom if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The premises was not maintained in a good state of repair as required under Schedule 6 of the regulations. This was evidenced by;

- Floor coverings on corridors and the dining of the first floor were damaged. This presented a trip hazard to residents.
- Paintwork on on several areas of ceiling surface showed signs of water damage.
- There was inadequate ventilation in the smoking room resulting in a smell of smoke on the adjacent corridor.
- A bedpan disinfection machine was not operating at the time of inspection and the contents of the bottle of liquid detergent attached to the machine had solidified.
- There were holes in wall surfaces in some parts of the building.
- The base of hand-washing sink in the laundry room was cracked and this did not support effective cleaning.

Further issues including access to call bells and suitable storage were also identified. For example, call bells were not available in two resident communal bathrooms and

they were not functioning in a resident en-suite bathroom and in the residents' smoking room, and lockable storage for potentially hazardous cleaning solutions was not available on the house-keeping trolleys.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider maintained a risk management policy which met the requirements of this regulation. While the registered provider had arrangements in place to review and manage risks, inspectors found that the strategies to reduce or eliminate known risks had not been fully implemented by the provider. This is discussed in more detail under Regulation: 23 Governance and Management

Judgment: Compliant

Regulation 28: Fire precautions

The provider did not ensure that adequate precautions were in place to protect residents and others from the risk of fire and that the centre was in compliance with Regulation 28, Fire precautions as follows;

- Precautions in place to ensure containment of smoke and fire in the event of an emergency were not robust. For example, inspectors found a number of gaps between the floor and the bottom of some cross-corridor doors.
- The door to the smoking room would not close fully, which could also impact the effectiveness of the door to contain smoke in the event of a fire emergency.
- An emergency door release button beside a cross-corridor fire door on the ground floor was not easily accessible, as it was positioned at an excessive height, which may pose a delay in evacuation, in the event of an emergency.
- Emergency lighting was not functioning in some parts of the centre. This may delay the direction of staff to the emergency exit in the event of a fire.
- There was no evacuation aid within the first floor day-room to support the evacuation of residents via the stairs located in this room, if required.
- Large items of equipment, such as beds and mattresses, were being stored in the centre's stairwells that may serve as escape routes in the event of an emergency. This is a repeated finding from a previous inspection.
- Hoist batteries were being charged on a first floor corridor fire escape route. This practice could introduce a potential fire hazard to a designated safe area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and detailed the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced-based nursing care.

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the systems in place to protect residents from abuse in the centre were not robust and did not ensure that all residents were adequately protected. For example;

- A review of the records of potential safeguarding incidents in the centre found that some incidents had not been appropriately investigated. This meant that the management team had not documented the factors which may have contributed to the incidents, there was no analyse of the root cause of these incidents, and there was no identification of areas of care improvement or learning for future practice.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially 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 St Catherine's Nursing Home OSV-0000429

Inspection ID: MON-0042906

Date of inspection: 20/02/2024

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 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> <ul style="list-style-type: none"> • Outstanding safeguarding training has been completed. • 14 staff have completed responsive behaviour training and the remaining will be scheduled and completed by June. • Restrictive practise training is scheduled to ensure that staff are aware of the different types of restrictions. • Staff are allocated to specific duties and these duties are read out in the report. • Audits have been implemented to ensure residents who require enhanced supervision is being carried out by staff. Staff nurses and CNMs are supervising staff to ensure they carry out their work to the required standards. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All potential safeguarding incidents have now been analyzed. If trends occur they will be identified, and there has been graphs developed to identify a potential trend and corrective actions will be implemented to prevent similar incidents occurring. This is now being implemented and will be investigated on a weekly basis and learning outcomes highlighted and implemented. • Fire safety and premises will be monitored on a weekly basis with the maintenance person. Faults identified will be documented into the faults book to ensure residents’ safety and risk assessments will be completed if required. 	

- Additional Risk assessments have been completed on the non-compliances identified. Awaiting completion of work.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Floor coverings will be assessed by carpenters and repaired on the corridors and the dining area of the first floor by September 2024.
- The paintwork on several areas of the ceilings has been identified and the painting has commenced and is ongoing and will be completed by September 2024.
- Ventilation in the smoking room has been reviewed by the electrician and a new expel air will be put in place and this will be completed by May 2024.
- The bed pan washer was reviewed by the service technician and we have purchased a new bed pan machine and liquid detergent and this will be monitored on a regular basis. The bed pan machine has been ordered and we are awaiting delivery. Staff were advised to report any faults in the maintenance book.
- The holes in the walls will be mended by the carpenter and has been scheduled and completed by May.
- The hand wash basin sink in the laundry has been scheduled to be replaced by the plumber to ensure effective cleaning.
- Call bells are now in situ in both communal bathrooms, the smoking room and the residents bathroom.
- Lockable storage trolleys for cleaning solutions have been purchased and are now in use.

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

- The carpenter has commenced work to ensure there are no gaps in the fire doors.
- A contractor has been contacted to fix the smoking-room door. This will be completed as soon as possible.
- The hoist batteries have been removed from the stair ways and relocated.
- Storage under stair wells to be removed. This was discussed with the board of management and an outside container will be installed to remove the items underneath the stair-well.
- A third evacuation chair has been purchased and installed.
- Work is in progress with the emergency lighting, to be fully completed by May.
- Contractors have been contacted regarding the door release button to ensure it is within reach in the event of an emergency, awaiting a date for this to be completed.

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none">• All safe-guarding incidents will be investigated appropriately and trends will now be identified on a weekly basis and graphs developed. This will be documented in the incident book with action plans and analyzed, and the root cause identified.• Areas of learning and improvement will be highlighted and implemented where appropriate.	

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.	Substantially Compliant	Yellow	30/06/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/04/2024
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	01/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	01/07/2024

	effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/05/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/07/2024
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.	Substantially Compliant	Yellow	30/04/2024
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	01/04/2024