

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

## Issued by the Chief Inspector

Name of designated centre:	Kilcarra
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	16 April 2024
Centre ID:	OSV-0001708
Fieldwork ID:	MON-0034272

## About the designated centre

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

Kilcarra is a designated centre operated by Sunbeam House Services CLG. The centre provides residential care for men and women who are over the age 18 years. The centre comprises a five bedroom bungalow in a rural area close to a large town. Kilcarra supports people who have severe and profound intellectual disabilities and may also have physical disabilities. All residents have a high level of dependency. The residents in Kilcarra receive a wraparound service which looks at community inclusion and providing opportunities for residents to experience activities and events which can enhance and improve the quality of their life. There is a full-time person in charge and dedicated team to ensure that all residents receive the highest standard of quality care. There are staff available to support residents 24 hours a day.

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

Number of residents on the date of inspection:	4
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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
Tuesday 16 April 2024	10:00hrs to 17:30hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. The inspector found that the centre was operating at a good level of compliance with the regulations, and that residents were in receipt of a safe, quality, and person-centred service.

The centre comprised a bungalow located in a picturesque setting with beautiful views of the countryside. The bungalow was located in a rural area, but within a short driving distance of a large town with many amenities and services. There was a vehicle available in the centre for residents to access their community and beyond.

The inspector carried out a thorough walk-around of the centre with the person in charge. Each resident had their own bedroom, which were decorated in line with their personal tastes and provided sufficient storage space for their possessions. There was sufficient communal space, including a large sitting room, a kitchen with dining space, and bathrooms. The kitchen was well-equipped, and there was a good selection and variety of food for residents to choose from.

There were large front and rear gardens, and they provided an inviting space for residents to use. Since the last inspection of the centre in 2022, the provider had installed a cabin-style exterior room in the front garden. The cabin was primarily used by one resident who liked to spend time outdoors. The cabin was bright, warm and nicely furnished.

Overall, the inspector found the premises to be very clean, bright, comfortable, homely, and well-maintained. The inspector also observed a peaceful and homely environment in the centre. For example, there were appetising smells from home cooking, and staff were observed supporting residents in a kind and individualised manner. The inspector also observed a warm and familiar rapport between staff and residents. For example, the inspector heard staff sharing jokes with residents.

There were some restrictive practices in the centre, however they were appropriately managed, and the inspector observed residents freely using their home (with staff support as required) during the inspection. The inspector also observed good fire safety precautions in the centre. For example, fire evacuation plans were readily available, and the exit doors were fitted with easily-opened devices to enable a prompt and unrestricted evacuation from the centre. However, some improvements were required, such as ensuring that the outdoor cabin was adequately equipped with the necessary fire safety equipment. The premises, restrictive practices, and fire precautions are discussed further in the quality and safety section of the report.

The residents had complex communication means, and did not communicate their views with the inspector. However, they appeared content in their home and with the support provided to them. In advance of the inspection, staff had supported residents to complete surveys on what it was like to live in the centre. Their feedback was positive, and indicated that residents were safe, got on with their housemates, and were happy with the services they received in the centre.

The inspector did not have the opportunity to meet any of the residents' representatives. However, the inspector read a recent compliment from a family member praising staff for organising a big birthday party for their loved one.

During the inspection, residents were supported to engage in different social and leisure activities, such as spending time in the garden, using the outdoor swing, and eating out. The inspector reviewed a sample of the recent daily notes for residents, which recorded the different social and leisure activities they had participated in. The community-based activities included, eating out, swimming, going to cafés, shopping, drives, walking, and using indoor trampoline parks. Some residents also enjoyed going on hotel breaks, which staff helped them to plan and facilitate. For example, two residents and staff were going on a two-night break to Wexford the day after the inspection. Other residents preferred to spend more time in the centre, and enjoyed watching television, using smart device tablets, and being in the garden.

The inspector spoke with staff working during the inspection, including the person in charge, deputy manager, and social care workers.

The person in charge and deputy manager told the inspector that residents were safe, happy living together and had a "fantastic" quality of life in the centre, which was attributable to a consistent and experienced staff team. They told the inspector that residents' needs were being met, and that they had good access to multidisciplinary services as required. They had no concerns, and were satisfied with the management arrangements in the centre.

Social care workers told the inspector that the staff team knew the residents' needs and individual personalities well, and was satisfied that their needs were being met in the centre. They told the inspector that residents had choice and control in their lives, in line with their individual needs, capacities, and preferences. The inspector read information in residents' personal plans to guide staff on communicating with residents, and support them to make decisions. There was also information on residents' interests and preferences to promote a quality service for them. Aspects of the plans were also in an easy-to-read format to make the content more accessible to residents. The social care workers demonstrated a good understanding of the residents' communication plans, behaviour support plans, dietary plans, safeguarding arrangements, and fire evacuation procedures.

Overall, the inspector found that effective arrangements were in place to ensure that residents' assessed needs were being met in the centre, and that they had a good quality of life. Some small improvements were required to the fire safety precautions, as discussed in the quality and safety section of the report.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were good management systems in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs. The provider had ensured that the centre was well-resourced. For example, staffing arrangements were appropriate and the premises was designed and laid out to meet the residents' needs.

The provider and local management team had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out with actions identified to drive quality improvement.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They were supported in the management of the centre by a deputy manager. The person in charge reported to a senior services manager, and there were systems for them to communicate. The senior services manager reported to a Chief Executive Officer (CEO). The CEO, appointed in November 2023, had visited the centre earlier in the year to meet the residents and staff.

The staff skill-mix and complement was appropriate to the number and assessed needs of residents. There was one vacancy, however it was well-managed to reduce the risk of any adverse impact on residents. The person in charge was satisfied with the staffing arrangements, describing the staff team as "great".

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal appraisal meetings. Staff spoken with described the management team as being "brilliant" and "supportive". Staff could also contact an emergency on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings from 2024 which noted discussions on the upcoming inspection, audits, the premises, infection prevention and control, restrictive practices, incidents, behaviour support plans, complaints, the risk register, and safeguarding arrangements.

The provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules, for example, insurance contracts, statement of purpose, and the residents' guide.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

The person in charge had a clear understanding of the service to be provided in the centre, and was promoting a human rights-based approach to the delivery of care and support.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising the person in charge, deputy manager, social care workers, and healthcare assistants, was appropriate to the number and assessed needs of the residents living in the centre. The inspector observed staff engaging with residents and attending to their needs in a kind and respectful manner.

There was one vacancy in the complement. However, it was well-managed to reduce any associated adverse impact on residents. For example, the person in charge booked regular agency staff and the provider's staff to ensure that residents received good continuity of care and support.

The person in charge maintained planned and actual rotas. The inspector viewed a sample of the recent rotas, and found that they clearly showed the names of staff



and the hours they worked in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training records viewed by the inspector showed that staff were up to date with their training requirements.

The training suite included safeguarding of residents from abuse, administration of medicines, first aid, manual handling, supporting residents with modified diets, management of behaviours of concern, communication, human rights, infection prevention and control, and fire safety.

The person in charge and deputy manager provided informal support and formal supervision to staff in line with the provider's supervision policies. Records of formal appraisal reviews were maintained. Staff could also utilise an emergency on-call service outside of normal working hours if they required support.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The inspector found that it was well-resourced to ensure the delivery of effective care and support. For example, the staffing arrangements were appropriate to residents' needs, the premises were well-maintained, and a vehicle was available for residents to access community services.

There was a clearly defined and effective management structure with associated lines of authority and responsibilities. The person in charge was based in the centre, and supported in their role by a deputy manager. The deputy manager's duties included supervising staff, carrying out audits, and organising staff rotas. This local management team also had responsibility for another designated centre. However, this did not impact on their effective governance, management and administration of the centre concerned. They demonstrated a clear understanding of the service to be provided in the centre and promoted a rights-based approach to residents' care.

The person in charge reported to a senior services manager, and there were arrangements, for them to communicate and escalate information.

The provider and local management team carried out a suite of audits, including detailed unannounced visit reports and annual reviews (which consulted with residents), and audits on health and safety, infection prevention and control, and medication management. The audits identified actions for quality improvement which were monitored by the person in charge.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns. Staff spoken with told the inspector that they could easily raise any concerns with the local management team.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had recently been revised and was available in the centre to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre in the previous 18 months, such as allegations of abuse, loss of power, injuries to resident, and use of restrictive practices, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

## Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support. Residents were safe and had a good quality of life. However, some improvements were required in relation to the fire precautions.

The premises comprised a bungalow in a rural setting. However, it was a short driving distance to a large town with many amenities and services. The premises

were bright, comfortable, clean, and well-maintained. The centre was nicely decorated. For example, nice photographs of residents were displayed in the hallway. Overall, the inspector observed a warm, peaceful, and homely environment in the centre.

The communal space included a large sitting room, a kitchen with dining space, and bathrooms. Residents were free to receive visitors, and there was sufficient space for them to meet in private. Residents had their own bedrooms, and they were decorated to their tastes. The centre was also well-equipped. For example, there was a large smart television in the sitting room for residents to stream entertainment on, and there were facilities in the kitchen for storing, preparing, and cooking food.

The gardens were spacious and well-maintained, with seating furniture, and raised planting beds. The front garden also offered beautiful vistas of the countryside. A new outdoor cabin was installed in 2023. The cabin was primarily used by one resident who liked to spend time in the outdoors. The cabin was bright, warm, furnished, and fitted with electricity.

The inspector observed good fire safety precautions in the main premises. For example, there was fire-fighting and detection equipment, and the fire doors closed fully when released. However, more consideration was required from the provider to ensure that the precautions in the outdoor cabin were sufficient. The scheduling of fire drills also required more consideration to ensure that all residents were present during night-time scenario drills.

There was a small number of restrictive practices in the centre. The rationale for the restrictions was clear, and the inspector found that they were deemed to be the least restrictive options. Some minor improvements were required to better demonstrate that the restrictions were implemented for the shortest duration necessary. For example, the kitchen door was locked infrequently for short time periods, however there was an absence of documented records to clearly show how often and for how long the door was locked.

Some residents required support to manage their behaviours of concern. Positive behaviour support plans were in place and staff were knowledgeable on the content of the plans. The inspector found that the oversight of the plans from the relevant multidisciplinary service required improvement as the approval of some plans was overdue. However, the inspector found that overall the plans in place were effective.

Up-to-date care plans on residents' dietary needs had been prepared by the relevant multidisciplinary service, and were readily available in the centre for staff to refer to. Staff had also completed training in supporting residents with modified diets, and the inspector found that they were knowledgeable in this area and the individual needs of the residents.

Appropriate arrangements were in place to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse.

The inspector also found that there were appropriate practices and systems for the ordering; receipt; prescribing; storage; and administration of medicines in the centre. For example, residents' medicines were securely stored and records indicated that residents received their medicines in line with their prescriptions and the associated directions.

### Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes.

The premises provided suitable communal facilities and private space for residents to spend time with visitors such as their family members.

Judgment: Compliant

### Regulation 17: Premises

The premises were found to be appropriate to the number and needs of the residents. The premises comprised a bungalow on its own site with large gardens.

The premises were clean, bright, comfortable, and well-maintained. The bungalow was homely and nicely decorated. Residents had their own bedrooms, which were decorated in line with their personal preferences. There was sufficient communal space, including a large sitting room, a kitchen and dining room, and bathrooms. There was also a staff sleepover room and an office. There was also an external cabin providing an additional comfortable private space for residents to use.

The provider had ensured that specialised mobility equipment such as hoists was available to residents, and there were arrangements to ensure that the equipment was kept in good working order.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the buying, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from, which was hygienically

stored. The kitchen was also well-equipped with cooking appliances and equipment. The inspector observed staff cooking meals for residents in accordance with their wishes and dietary needs. There was also an appetising smell of home cooking.

Some residents' had modified and specialised diets. Associated care plans were up to date and readily available in the centre for staff to refer. The plans reflected multidisciplinary service input, such as speech and language therapy, and dietitian services. There was also information on residents' personal likes and dislikes of food for staff to follow.

Staff had received training in supporting residents with modified diets, and the inspector found that staff spoken with were knowledgeable on the contents of the associated care plans.

Judgment: Compliant

## Regulation 28: Fire precautions

While the registered provider had implemented some good fire safety precautions in the centre, some improvements were required.

There was fire detection and fighting equipment, and emergency lights in the main premises, and it was regularly serviced. Staff also completed daily and monthly fire safety checks (some minor gaps were observed in the records of the daily checks in January and February 2024). The inspector tested a sample of the fire doors, including bedroom doors, and observed that they closed properly when released.

The outdoor cabin contained electrical equipment such as a radiator and lighting fixtures. The inspector observed that there was no fire alarm in the cabin. However, the provider's maintenance department installed a battery operated alarm before the inspection concluded. The person in charge also drafted a risk assessment regarding use of the cabin, and the controls included that it was currently only used during the day time. The person in charge planned to finalise the risk assessment with input from a relevant expert to determine the additional control measures, such as installation of an alarm that could connect to the central fire panel.

The inspector also found that some recommendations outlined in a 2022 fire safety risk assessment had not yet been completed. For example, the inspector observed that some exposed piping required fire stopping (filling of openings to reduce the spread of fire).

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they required in evacuating. Fire drills were carried out to test the effectiveness of the fire plans. However, the inspector found that not all residents were present during the most recent night-time scenario drill in August

2023, which impinged on the purpose of the drill.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that the medicine practices in the centre, including the practices for the storage and administration of medicines, were appropriate and in line with their associated written policy.

The inspector observed that residents' individual medicines were clearly labelled and securely stored in a locked press. The inspector viewed a sample of the residents' medication administration sheets and records. They contained the required information, as specified in the provider's policy, and were well maintained. The records indicated that residents received their medicines as prescribed, for example, at the appropriate time. The medications for use as required, also had associated written protocols to guide staff in their administration.

Residents had been assessed as requiring assistance from staff to administer their medicines, and easy-to-read information was available to help them understand the purpose of their medicines.

There were arrangements for the oversight of the medicines practices to ensure that they appropriate. For example, regular medication management audits were carried out.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some residents required support to manage their behaviours of concerns. Positive behaviour support plans had been prepared and were updated by the staff team as required. One plan required approval from the relevant multidisciplinary service with expertise in behaviour support. However, staff told the inspector that the plans were effective, and they were well-informed on the support strategies.

There were some restrictive practices implemented in the centre, including environmental and physical restrictions. The person in charge maintained a restrictive practice register, and had referred the use of restrictions in the centre to the provider's human rights committee for approval. The inspector found that the rationale for the restrictions was clear (for residents' safety and wellbeing) and they were deemed to be the least restrictive option. However, some minor improvements were required to better demonstrate that the restrictions were used for the shortest duration necessary. The local management team planned to make these

improvements by enhancing some of the recording documentation.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to.

Staff spoken with during the inspection were aware of the safeguarding procedures. There were no current or recent safeguarding concerns. However, the inspector found that safeguarding incidents in the past had been appropriately reported, responded to, and managed.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Kilcarra OSV-0001708

Inspection ID: MON-0034272

Date of inspection: 16/04/2024

## 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 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            The PIC will remind all staff at the next team meeting to ensure all fire checks sheets are signed.</p> <p>The Provider has installed a fire sensor in the cabin on 17th May 2024, this will activate a fire bell in the centre. This has been added to the weekly alarm checklist.</p> <p>A risk assessment has been completed.</p> <p>The fire proofing of pipes at the center will be completed by 30th June 2024.</p> <p>A fire drill is scheduled for 25th May, when all residents will be present to participate</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	17/05/2024
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Substantially Compliant	Yellow	25/05/2024

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
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