



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

Issued by the Chief Inspector

Name of designated centre:	Kilbarrack
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	14 March 2024
Centre ID:	OSV-0002358
Fieldwork ID:	MON-0034133

About the designated centre

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

Kilbarrack is a designated centre operated by St Michael's House. The designated centre is based in a North Dublin suburban area which supports six residents with intellectual disabilities. The designated centre is comprised of a bungalow with an enclosed garden space to the rear. It contains an entrance hallway, six resident bedrooms, one staff sleep over room which contains an en-suite and also acts as a staff office, two sitting rooms, a kitchen and dining space, a large bathroom, and a smaller shower room with toilet facilities. The designated centre provides 24 hour residential supports to residents by a staff team of social care workers and a person in charge.

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
Thursday 14 March 2024	09:10hrs to 17:00hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The designated centre is situated in a residential suburb in North County Dublin. The house comprised of six bedrooms, including one staff sleepover room, kitchen / dining room, sitting room, quiet room, utility room and two bathrooms. The centre is registered to accommodate five people and the inspector had the opportunity to meet four residents over the course of the inspection. There was one resident vacancy at the time of the inspection.

Residents in the centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection. The residents had been made aware of the upcoming inspection, gave the inspector a warm welcome and were very comfortable with the presence of the inspector in their home. Throughout the inspection the inspector saw residents being supported to participate in a variety of home and community based activities, which included attending day services, hospital appointments and independent living skills, such as preparing lunch and making tea and coffee.

The centre also had its own dedicated transport which was used by staff to drive residents to various activities and outings. Residents were supported to participate in a variety of community based activities of their choosing and encouraged by staff to be active consumers in their local community. For example, residents were supported to use local facilities including; beauticians, hairdressers, coffee shops and local restaurants.

Residents said that they were happy with the service, felt safe and liked the staff. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their home. It was clear during the inspection that there was a good rapport between the residents themselves and between residents and staff. Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. There was an atmosphere of friendliness in the centre and staff were observed to interact with the residents in a respectful and supportive manner.

The person in charge described the quality and safety of the service provided in the centre as being very personalised to the residents' individual needs and wishes.

They spoke about the high standard of care all residents receive and had no concerns in relation to the well-being of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. For example, residents' bedrooms included family photographs, pictures and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

To the rear and front of the centre, was a well-maintained garden area, that provided outdoor seating for residents to use, as they wished. One resident had an interest in gardening and was supported and encouraged to plant flowers and look after the garden area.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

A high degree of satisfaction was indicated in completed resident questionnaires provided to the inspector. It was seen that the completed questionnaires provided positive responses to all areas queried such as, staff, choices and decisions, visitors and activities. Responses included "I like the garden", "the staff are brilliant" and "of course I feel safe".

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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 section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

There was a statement of purpose in place that was reviewed and updated on a regular basis as per the regulations.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and were supported by a service manager who in turn reported to a Director of Adult Services.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The staff team comprised of the person in charge and social care workers. The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices. Residents were very complimentary towards the staff team.

The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre. The inspector viewed a sample of the recent rosters, and found that they showed the names of staff working in the centre during the day and night. In addition, the person in charge provided support and formal supervision to staff working in the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in October 2023 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023, which included consultation with residents and their families and representatives.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and

effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the resident's current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

There were a number of whole time equivalent staff vacancies at the time of inspection and recruitment was underway to back fill these vacancies. Vacancies were managed by a small panel of familiar relief staff to ensure continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included

training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as communication, feeding, eating, drinking and swallowing (FEDS), epilepsy, food safety and safe administration of medication.

The inspector found that staff were receiving regular supervision as appropriate to their role and, the person in charge had developed a schedule of supervision for 2024 for all staff members. Supervision records reviewed were in line with organisation policy and included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for the inspector to view.

The inspector reviewed a sample of staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review. Positive feedback from residents included "I like the house and the people I live with" and feedback from residents' family members included "happy with the care provided and the professionalism of the staff team".

In addition, a suite of audits were in place including monthly local audits and six-monthly unannounced visits, as per the regulatory requirement. Audits carried out included fire safety, health and safety and medication management. On completion of these, action plans were developed to address any issues identified.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by the resident's or their family or representative.

The contract of care also outlined the care and support, health care and transport needs of the residents in the designated centre and details of the services to be provided for them.

These supports were in line with the resident's assessed needs and the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre.

In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. However, the following policies had exceeded their three years review time line as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013:

- Provision of personal intimate care
- Monitoring and documentation of nutritional intake
- Provision of information to residents
- Health and safety, including food safety, of residents, staff and visitors

The inspector was told that these policies were under review by the provider.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. The provider and person in charge were proactive in supporting residents with their communication needs to ensure they had a way to express themselves and to support them in understanding information. There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences. The premises was meeting the residents' needs, and residents spoken with said they were happy with their home.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

There were good fire safety systems, however enhancements were required. For example, one emergency exit door was key operated which did not ensure prompt evacuation in the event of a fire. In addition, during a walk around of the centre the inspector observed one fire door was missing a self-closing mechanism. The provider had ensured that the staff team had received appropriate training in fire precautions. The inspector reviewed the recent fire drills and found that they were taking place regularly.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medication audits, medicine sign out sheets and ongoing oversight by the person in charge. All staff had attended safe administration of medication training.

A sample of the residents personal plans were reviewed by the inspector. It was found care plans had been developed that were specific to each resident. The plans were seen to be under regular review and reflected the changing needs of the residents. Comprehensive assessments of the residents' health and social care needs were completed. Residents health care needs were reviewed and documented, along with supports required to promote their physical and mental health.

Residents had access to positive behaviour support services. A review of a sample of behavioural support plans demonstrated that residents were regularly reviewed by allied health professionals and the provider's multidisciplinary team members.

Overall good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Regulation 10: Communication

Communication supports were found to include active decision making by residents in all aspects of their lives. For example, a communication device was located in the entrance hallway, which gave information to residents on; day and date, dinner plans and staff on shift. Residents were observed on the inspection to interact and actively seek out information from this.

The inspector found there was an individual approach to supporting residents that recognised the uniqueness of each resident's communication skills and abilities. For example, where residents presented with limited verbal communication staff were

observed to use gesture in conjunction with simple consistent phrases and non-verbal cues.

Residents had up-to-date communication support plans on file, which were regularly reviewed by appropriate multidisciplinary team members. Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

Judgment: Compliant

Regulation 11: Visits

The provider had a policy in place which outlined the arrangements in place for residents to receive visitors in line with residents' wishes. Appropriate space was available should residents wish to meet their relatives in private.

The arrangements for visits were also detailed in the statement of purpose and residents' guide in the centre. There were no visiting restrictions in the centre and the inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out to meet the assessed needs of the residents. For example, wheelchair accessible counter tops and sink in the kitchen encouraged and promoted independence for wheelchair users.

Each resident had their own bedroom which was decorated to their individual style and preference. For example, one resident had chosen to paint their bedroom red in line with their favourite football team.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file and there was guidance regarding their meal-time requirements including food consistency and residents' likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements.

Residents were encouraged to take part in grocery shopping and suitable foods were provided to cater for each resident's assessed dietary needs and preferences.

Food was stored in hygienic conditions and access to refreshments and snacks was provided for.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

The fire panel was addressable and easily accessed in the entrance hallway of the centre. However, one emergency exit door was key operated which did not ensure prompt evacuation in the event of a fire. In addition, during a walk around of the centre the inspector observed one fire door was missing a self-closing mechanism. This had been identified by the provider's fire officer in a previous fire safety audit, however, there was no clear time frame in place in which to address this.

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 evacuation plan which outlined the supports they may require in evacuating.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. Staff were aware of evacuation routes and the individual supports required by residents to assist with their timely evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' files were reviewed. The inspector saw that residents' files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support.

Each resident had an accessible person-centred-plan with their goals and aspirations for 2024. For example, one resident's person-centred plan was in an electronic communication style format and included information that was important to and about them. For example, it detailed their interest in music, family members, hobbies and likes and dislikes.

Other residents had set goals for 2024 and there were mechanisms in place to track goal progress. These were also in easy-to-read format, which was in line with individual communication needs. Residents were supported to set goals that were meaningful for them. For example, one resident had set a number of goals, which included; participating in social activities more and attending a local beauticians.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

The inspector found that the person in charge was promoting a restraint free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

There were no current safeguarding concerns. Previous concerns had been responded to and appropriately managed, for example, safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
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 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilbarrack OSV-0002358

Inspection ID: MON-0034133

Date of inspection: 14/03/2024

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 register provider in consultation with the organization fire officer will ensure that adequate levels of door closers are in place.</p> <p>The register provider in consultation with the organization fire officer will ensure that the door locking Mechanism will be address as part of next roll out.</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(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2024