



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

## Issued by the Chief Inspector

Name of designated centre:	Cumas New Ross
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	12 June 2023 and 13 June 2023
Centre ID:	OSV-0004739
Fieldwork ID:	MON-0039922

## About the designated centre

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

The statement of purpose outlines that the service provides full-time residential care to 11 residents, male and female, with an additional bed designated for respite residents. Residents must be independently mobile and require very low support from staff. Staffing arrangements are currently one staff on duty in each house. Staff are required to have social care qualifications in order to support the residents. The centre comprises two houses, one bungalow and one two-story property, located some distance from each other in a coastal town. It is within easy reach of all local facilities and services. Both houses are large and comfortable. All residents have their own bedrooms and there is sufficient living and communal areas to afford space and privacy for the residents.

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

Number of residents on the date of inspection:	11
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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
Monday 12 June 2023	12:30hrs to 18:00hrs	Sarah Mockler	Lead
Tuesday 13 June 2023	08:00hrs to 14:30hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This was the second inspection of this centre following the appointment of the Health Service Executive (HSE) as the registered provider. The HSE assumed legal responsibility for the centre in December 2022 following the cancellation of the centres registration, while it was operated by a previous registered provider.

The purpose of the inspection was to review levels of compliance with regulations and standards and to ensure the safety and welfare of the residents was sustained since the last inspection. The findings indicated that there were improved levels of compliance across a number of key regulations. This was having a positive impact on the lived experience of the residents within the centre. While there were a number of areas that remained outside the requirements of the regulations, namely premises condition, infection prevention and control (IPC), and fire safety, these areas of improvement were identified by the provider. There were ongoing plans in place to rectify the issues and it was evident that the plans in place had progressed since the previous inspection.

The inspection was completed by one inspector across a two day period. The inspector visited both homes associated with this designated centre. There were 11 residents living in the centre on the day of inspection. Five residents lived in one home, and six residents lived in the second home. At the time of the current inspection, one bed was allocated for respite. Respite services were not operating at the time of inspection. There was a long term plan to convert the respite placement to a full-time residential placement.

The first home associated with this designated centre was located in a rural area. It was a short driving distance to the nearest local town. The home was a detached bungalow building surrounded by a large garden area. Maintenance and redecorating works had commenced in this home in recent weeks. Some bedrooms in the home had been repainted, new flooring in place, new curtains were being purchased, new bedroom furniture and other fittings had also been put in place. All residents had been involved in this process and spoke about it with the inspector.

However, works in bathrooms still needed to be completed as per the work plan reviewed. Some of the bathrooms were still in poor condition and from an IPC perspective could not be cleaned in an effective manner. Ventilation in these bathrooms still needed to be addressed.

There were five residents living in this home. The inspector met with all five residents when they returned from their day service. Some residents were more eager to talk to the inspector than other residents but all seemed comfortable to have the inspector in their home. Residents were having their evening meal which staff prepared. Two staff were present at this time. This reflected the increase in staffing numbers to ensure the assessed needs of the residents could be met.

Residents at this time were seen to move freely around their home, they sat in the dining room for their evening meal. Different options were presented to residents, dependant on their individual likes and preferences. For example, some residents preferred a pasta based meal while other opted for potatoes or a sandwich. One resident was seen to make a pot of tea for everyone at the table. Staff sat at the table for the meal and were seen to chat with the residents.

Due to the increased staffing levels residents were given an opportunity to go into the community in the evening time. Different options were discussed with the residents and some residents choose to partake in this activity. Others preferred to relax at home and this was accommodated.

The second home the inspector visited was a large two-storey detached house located near a town in Co. Wexford. A large garden and grounds surrounded the property. The inspector had the opportunity to meet with the six residents as they completed their morning routine. All six residents attended a day service in their local community.

On arrival at the centre, the inspector was welcomed by a resident and relevant COVID-19 checks were completed in the hall. This was adequately set up to ensure effective infection prevention control measures could be taken. For example, ample hand santiser was available to ensure effective hand hygiene could be completed before entering the building.

Most of the residents were up and getting ready for the day. Two staff were present to help the residents with this routine. The number of staff had increased since the last inspection following comprehensive assessment of needs. There was sufficient staff in place to meet the needs of all the residents present.

Six residents lived in this home. The inspector had the opportunity to spend time and engage with all six residents in the home. When the inspector entered the home, one resident eagerly wanted to show the inspector their bedroom. This had recently been re-decorated, with new flooring installed. The resident was very proud of this space and smiled frequently when showing the inspector their new flooring.

Another resident was tasked with making the inspector a cup of coffee. They explained that they enjoyed doing this and they would often make hot drinks for any visitors that came to the home. Another resident was in the kitchen eating their breakfast. The residents engaged easily in conversation with the inspector and staff present. They spoke about upcoming family events and showed the inspectors outfits they had purchased to wear to these occasions. An impromptu singing session commenced with one resident singing a song about a staff member present. The residents appeared happy and content at this time. They readily approached staff to request information and help when needed.

The inspector spent some time in the sitting room with the other residents. They were busy gathering their items for the day and were seen to put their bags into the car before they left for day service. Residents were comfortably sitting together and were seen to interact with each other. Two residents explained they went to school together and now lived in the same house. Both expressed that they were very

happy living in their home. As it was a very warm day, residents were seen to apply sunscreen independently and were encouraged to dress appropriately by staff. This was completed in a very considerate manner with staff offering residents choice in this matter.

When the inspector was present a loud alarm sounded, and residents and staff immediately began to evacuate the building. Two residents exited the building independently and some other residents required verbal prompting. The residents evacuated in a timely and calm manner to the fire assembly point. It was clear that residents were used to this drill and completed the evacuation process with ease. The alarm activated was the security alarm due to a fault and not the fire alarm. The residents were clearly aware that a loud alarm may be the result of a fire and completed the correct steps in this scenario. The alarm was deactivated and all residents returned to their daily routine.

Residents engaged in lots of different conversations with the inspector. They spoke about family occasions and visits, day trips, holidays and activities planned in their day service, shopping for items they liked. All residents seemed very comfortable in their home and were seen to freely access all parts of the house and garden. Staff were kind, caring and supportive in their interactions. They respected residents right to independence while offering support as required.

The inspector completed the walk around of the home with a staff member. Some premises and maintenance works had been completed which included installing new kitchen presses, new flooring, painting bedrooms and communal areas, new furniture purchased and reconfiguration of communal spaces to ensure residents had sufficient access to spaces to relax. For example, the dining room had a newly purchased six seater dining table, there was a matching dresser for the tv. In addition, a small couch and arm chair had been added to this room. These were located near the window. The room had been redecorated with new wall paper present and it was freshly painted. This was a very welcoming space.

Although a number of very positive changes had occurred within the premises to ensure it was well maintained a number of bathrooms in the home were in very poor condition. The provider had decommissioned the use of some of these rooms as they were not fit for purpose. In the home in total there were five bathrooms and two of these were no longer in use. The provider had identified the need for works to be completed and had assessed the priority of each space accordingly. There were plans in place to address the identified issues and also future proof the home by making the bathrooms more accessible.

The next two sections of this report will 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 provided.

## Capacity and capability

The previous inspection had identified that a number of changes had occurred within the governance and management systems within this centre. The purpose of this inspection was to ascertain the sustainability of these changes and determine if the changes were impacting on the lived experience of residents. It was found that the provider had implemented a number of measures to ensure effective oversight. This included increased staffing, completion of regular audits and reviews, implementing clear lines of communication with staff and comprehensively reviewing the service needs. This resulted in a service that was actively identifying areas of improvement and therefore having a positive impact on residents quality of care.

The inspection was facilitated by the person participating in management of the service. This person was a key in implementing service changes and improvements over the last six months. They had extensive knowledge, experience and skills to ensure that the service was meeting the requirements of the regulations. There had been recent change in the appointed person in charge. They were on annual leave on the day of inspection. There were clear lines of authority and accountability with staff knowing who to report to if any issues occurred within the service.

Resources in terms of staffing had recently been increased. Both the number of staff and the number of hours staff were present had been increased. This was significant in ensuring residents needs were being met and that all duties associated with the running a designated centre could be completed in an effective manner. The staff team had the right skills with sufficient training and supervision in place to ensure care was delivered in line with evidence based practice. Some new staff had commenced within the centre and expressed that they had felt supported during the induction process. There was a clear system in place to ensure new staff were inducted and supported to complete their role effectively.

A suite of new policies had been introduced as well as detailed standard operating procedures to help staff complete their practice in an effective manner. Audits and reviews were being completed in a timely and comprehensive manner. Oversight was robust, with the majority of areas identified on inspection already known to the provider with active quality improvement plans in place.

## Regulation 15: Staffing

The provider had previously committed to complete detailed assessment of needs to inform resourcing in terms of staffing within the centre. This had been completed and staffing resources had been increased. The number of staff present to support residents had increased. Two staff were present for the majority of time residents were up and about for the day. When staff were attending day service, one staff member remained on shift to support residents with appointments and complete core work within the centre. For example, on the second day of inspection a staff member remained in the home when residents had gone to day service. There were

observed to clean the home and get ready for an upcoming medical appointment for a resident. They were assigned to collect the resident from the day service, assist the resident appropriately and complete relevant reporting on the appointment and associated recommendations.

In addition to the number of staff present, the centre had also a waking night staff in each of the residents' home. This increased the hours available to staff to complete core work and also ensured that residents were sufficiently supported at night. Detailed work plans were in place to ensure staff were aware of their core duties during this time.

There were planned and actual rosters in place and they were well maintained.

Judgment: Compliant

### Regulation 16: Training and staff development

The training needs of the staff team had been reviewed in detail. A staff training matrix was in place. Staff had up-to-date trainings in a number of key areas including safeguarding, fire safety and manual handling. A training plan was in place that identified additional training areas that needed to be completed by staff to ensure their skill set was in line with best practice. The majority of staff had completed trainings in all identified areas, which included feeding, eating, drinking and swallowing training and first aid responding. Any outstanding training was scheduled for the coming weeks.

A new supervision policy had been adopted by the organisation. Supervision was to take place every three months. The newly appointed person in charge had ensured that all the staff team had received an initial supervision with them. Staff spoken with felt well supported in their role.

Judgment: Compliant

### Regulation 23: Governance and management

A number of improvements had occurred in the centre in relation to the governance and management arrangements. Improvement initiatives had occurred and were in the process of being completed in a number of key areas of care and support. This included IPC, premises condition, medication management, resident finances, care planning and fire safety. Staffing supports had increased to ensure the designated centre was resourced effectively.

Robust systems were in place to identify areas of improvement, this included regular audits and reviews by both the person in charge and person participating in

management. Following reviews and audits comprehensive quality improvement plans were developed and monitored to ensure actions were completed in a timely and effective manner. Staff meetings and staff supervision were occurring on a regular basis.

A new suite of policies and procedures and standard operation procedures were in place to guide staff practice. This were guiding staff practice to ensure residents were in receipt of consistent care. For example, a new standard operation procedure in relation to medical appointments was in place. Staff were observed to following this guide and spoke about their responsibilities in relation to this task on the day of inspection.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Each resident had received an updated contract of care to reflect the changes within the organisation. Keyworking sessions had been completed with residents to ensure the information was explained to them in a meaningful manner. Residents had signed their contracts of care where appropriate.

Judgment: Compliant

### Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place. This outlined the required information as set out in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found, for the most part, that the Chief Inspector was notified of the required incidents in line with the requirement of the Regulations. The person participating in management had identified that this was an area that had required improvement and had implemented a number of measures to ensure notifications were sent in, in a timely manner. These measures included weekly reviews of incident and accidents and daily logs.

Judgment: Compliant

## Quality and safety

The inspector spoke with residents, completed observations of care and support, spoke with staff and reviewed key areas of documentation to ascertain the level of safe quality care being delivered in the designated centre. The findings of the inspection indicated that due to a number of quality improvement initiatives residents were in receipt of care that met their assessed needs. Residents for the most part lived in clean, comfortable homes. Residents stated they were happy with the level of care and support being provided. Continued improvements were required in premises conditions, IPC requirements and fire safety.

Since the last inspection, costing of identified premises works had been completed, the majority of funding had been secured and contractors had been identified and start dates of work commencing had been agreed with the provider. Works were required in a number of areas such as fire safety, replacement/renovation of bathrooms, and painting. Works had to be completed in a sequential manner and this had been agreed with relevant contractors. Completion of identified works was required to bring the designated centre into compliance with relevant regulations.

The provider had implemented effective risk management procedures. These included policies and procedures to guide staff practice. There was a risk register which accounted for general and individual risks. Incidents and accidents were reported as required and this information was regularly trended to inform risk assessments and associated control measures.

For the most part, the residents were protected by the fire precautions in place in the centre. Suitable fire equipment was available and there was evidence it had been regularly serviced. Regular fire drills were occurring in the centre and the residents had a personal emergency evacuation plans in place which was guiding staff on how to support them to safely evacuate the centre. Residents took part in an unplanned fire drill on the day of inspection and residents were effectively evacuated. Some areas of improvement had been identified were ongoing in this area on the day of inspection. This consisted of the replacement of fire doors, replacement of automatic holders for doors, compartmentalising parts of the building and replacing fire alarms. This would ensure a very high standard of fire safety was in place in the centre. The provider had committed to completing this work and it was due to start in the coming weeks. Risk assessments had been developed to ensure fire safety was optimised until the required works had been completed.

## Regulation 17: Premises

As previously stated two homes were inspected. Each resident had their own bedroom, access to bathrooms, either en-suite or shared bathrooms and communal spaces to relax in. Reconfiguration of communal spaces was occurring to ensure residents could best enjoy these spaces.

In the first home visited, areas of the home required painting and improvement works were required in bathrooms. The bathrooms presented with general wear and tear and were not in good condition. For example, grouting was stained, casing on bathroom walls was ripped, and the ventilation of these bathrooms required review. Garden works were required to ensure it remained accessible to all residents.

In the second home visited all five bathrooms required renovation and or maintenance works to ensure they were fit for purpose and accessible. One bathroom was not in use due to the ongoing presence of mould, and other bathrooms presented with general wear and tear due to age.

The majority of the premises works had been previously identified and the provider had submitted a compliance plan indicating that this work would be completed by August 2023. This compliance plan had been accepted by the Chief Inspector. As the inspection occurred prior to this date the inspector reviewed relevant documentation to ascertain the providers plans in relation to the relevant works. It was found that funding was in place with contractors scheduled to start. In terms of the bathrooms, the provider had identified that the majority of bathrooms in the homes required some level of work. They had prioritised each bathroom relevant to the condition they were in, in terms of when the works would be completed. This would ensure minimal disruption to residents.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The residents were protected by the systems which were in place to identify, assess, manage and review risk in the centre.

There was a risk register which was reviewed and updated regularly. It was found to be reflective of the actual risks in the centre at the time of this inspection. General and individual risk assessments were developed and reviewed as required.

Incidents and adverse events were being regularly reviewed were informing the review of the risk register and the development and review of risk assessments. For example, a recent emergence of a risk around potential self-neglect was identified. Control measures were identified and put in place along with a comprehensive care plan. Risks around this occurring were being mitigated and the resident in question was more receptive to assistance in this area.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was visibly very clean on the day of inspection. Staff were observed to be engaging in cleaning duties and there was guidance in place to ensure the centre was cleaned in an effective manner. IPC risk assessments had been developed and implemented.

However, due to the condition of some areas of the home, effective cleaning in line with best practice in IPC could not be adhered too. For example, torn cladding in bathrooms, mould in bathroom (closed for use) and outstanding maintenance works. Planned and ongoing maintenance remained required in some areas of the home as outlined above was therefore also directly linked to IPC.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider was in the process of making a number of continued improvements in this area. There were clear measures in place to keep residents safe. Although containment measures were present, it had been identified that improvements were needed in this area, fire alarms (although working) required replacement to ensure they were in line with relevant and up to date fire safety standards and some electrical works were required in both homes. Risk assessments had been developed to ensure that control measures were in place and reflective of actual risks present.

The addition of a waking night staff also provided assurances that residents could be safely evacuated in a timely manner. Regular fire drills had been completed and staff members were aware of what to do in the event of a fire. There were systems in place to ensure fire equipment was serviced, tested and maintained and the evacuation plan was on display.

Judgment: Substantially compliant

### Regulation 6: Health care

The residents were being being supported to enjoy best possible health. All residents had their healthcare needs assessed and care plans were developed and reviewed as required.

Residents had access to health and social care professionals in line with their assessed needs and were found to be accessing national screening programmes in line with their wishes, their age profile and their assessed needs. On the day of inspection one resident had an appointment with the national screening process. Staff had explained the measures that had been put in place to ensure this visit was successful.

Judgment: Compliant

### Regulation 8: Protection

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. Safeguarding plans were developed when required and reviewed on a regular basis. All relevant incidents were reported as required. Staff had good knowledge around safeguarding practices and had received relevant training in this area.

All residents personal plans were detailed in relation to any support they may require with their personal and intimate care. These documents were person centred and identified residents specific preferences in this area including supports that made the resident feel safe and secure when staff were assisting. For example, in one resident's plan it detailed the songs they like to hear during this process. This was an important aspect to ensure care practices were effective.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cumas New Ross OSV-0004739

Inspection ID: MON-0039922

Date of inspection: 12/06/2023 and 13/06/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            All work has been assessed and costed. A schedule of work is in place with identified contractors. Works are progressing on a prioritised basis. There is a dependency on the completion of some works, e.g., fire door upgrades before others commence e.g., painting. The completion of the works is subject to the availability of materials and contractors and the ability to move residents to alternative accommodation within the designated centre while works are being completed</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:            Bathroom upgrades have commenced on a prioritised basis, there is a schedule of works in place using a single contractor for all bathrooms. The completion of the works is subject to the availability of materials and contractors.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

All work has been assessed by a qualified expert. These works have been costed and preferred contractors identified. The work will involve multiple contractors and has commenced. All electrical works and upgrades have been completed; the upgrading of fire doors expected to be completed by 31st August 2023.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(1)	The registered	Substantially	Yellow	30/09/2023

	provider shall ensure that effective fire safety management systems are in place.	Compliant		
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2023