Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballinasloe Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Creagh Road, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	03 September 2024
Centre ID:	OSV-0005270
Fieldwork ID:	MON-0041916

About the designated centre

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

Ballinasloe community nursing unit (CNU) is a purpose-built designated centre. The centre is situated on the grounds of the St. Brigit's Campus, Creagh in Ballinasloe. The centre consists of fifty beds, located between two care areas called the Clontuskert and Clonfert suites. The centre has four twin rooms and forty two single rooms. the overall objectives of Ballinasloe CNU is to provide a person-centred approach to care, empowering and supporting residents to be as independent as possible and to live meaningful and fulfilling lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 September 2024	09:50hrs to 18:00hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The feedback from residents living in the centre was that they were happy with the care they received and their life in the centre. The standard of care was described by one resident as 'excellent', and other positive comments heard were 'you could not get better'. A small number of residents expressed concern about infrequent religious services in the centre. However, the majority of residents were very complimentary in their feedback and expressed high levels of satisfaction about how well staff had cared for them.

This was an unannounced inspection, carried out over one day. The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked around the centre with the clinical nurse manager, giving an opportunity to meet with residents and staff. The inspector observed many residents relaxing in the communal areas, and some residents were in the process of getting ready for the day. The atmosphere in the centre was relaxed and welcoming.

Ballinasloe Community Nursing Unit is a purpose built facility, located in the town of Ballinasloe, Co. Galway. The designated centre is registered to provide long term and respite care to a maximum of 50 residents. There were 38 residents living in the centre on the day of inspection. Resident bedroom and communal accommodation was spread over two floors, known as the Clontuskert and Clonfert suites. There were a variety of communal spaces for resident use, including sitting rooms, dining rooms and relaxation rooms. The designated centre accommodated the offices of the community mental health services on the ground floor, which also contained a large activity room and a physiotherapy treatment room for resident use.

Resident bedroom accommodation comprised of 42 single bedrooms and four twin bedrooms. The inspector noted that bedrooms were spacious, brightly painted and decorated with residents personal memorabilia, such as photographs and soft furnishings. Call bells and televisions were provided in all resident bedrooms and there was ample storage space for resident personal possessions. The inspector observed that resident bedrooms were fitted with ceiling hoists, to aid mobility if required.

The general environment of the centre was visibly clean on the day of inspection, with the exception of sink surfaces in resident bedroom accommodation and utility rooms. The inspector noted that resident communal areas were clean, warm and well-furnished. There was an ongoing maintenance programme in place and the premises was generally in a good state of repair. However, the inspector observed some fire safety concerns on the walk around of the centre, including visible damage to several cross corridor fire doors.

The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors, to maintain residents'

safety and independent mobility. The inspector noted that corridor walls were painted a variety of different colours and they were informed that this decor was designed to support wayfinding. Residents were observed mobilising freely throughout the centre during the inspection and there was unrestricted access to an enclosed garden area. Some residents were observed using mobility aids and the inspector noted that residents who required assistance were well supported by staff. Call bells were answered promptly and staff responded to resident requests in a supportive and kind manner. The inspector observed pleasant interactions and laughter between residents and staff. It was evident that residents were comfortable and staff were knowledgeable of residents' individual needs and preferences.

A programme of activities was displayed for resident information and the inspector noted that health care staff were assigned to the provision of activities on both floors of the centre. Several residents informed the inspector that they did not wish to attend activities as they preferred to spend time independently in their bedrooms, and it was evident that their routines were respected. The inspector noted that there was a sociable atmosphere in the centre and there was a discreet staff presence in communal rooms.

Residents' who spoke with the inspector were complimentary of the quality of the service provided and they told the inspector they felt safe in the centre. Residents informed the inspector that they could raise concerns to the management team with ease.

Information regarding advocacy services was displayed in the reception area of the centre and the inspector was informed that residents were supported to access this service, if required.

Visitors were observed attending the centre throughout the day of inspection and the inspector noted that arrangements were flexible.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated centre for older people) Regulations 2013, as amended. The inspector followed up on the provider's compliance plan in response to the previous inspection in November 2022, which had identified non-compliances in relation to residents' rights, the directory of residents and fire precautions. This inspection found that the action had been taken to bring residents' rights and the directory of residents into full compliance with the regulations, and the quality of care delivered to residents was at a high standard.

However, the care environment, in relation to fire precautions and infection control did not meet the requirements of the regulations. In addition, a review of notification of incidents and governance and management found that these regulations were not in full compliance with the regulations.

The Health Service Executive (HSE) is the registered provider for Ballinasloe Community Nursing Unit. The person in charge was supported in their role by two clinical nurse managers and a team of nurses, health care assistants, administration, maintenance, domestic and catering staff. A clinical nurse manager deputised in the absence of the person in charge. Additional governance support was provided by an operations manager. The management team were knowledgeable regarding residents individual care needs.

The inspector found that the staffing number and skill mix, on the day of inspection, was appropriate to meet the care needs of the 38 residents who were living in the centre. Records showed that there was a minimum of two registered nurses on duty at all times, to oversee the clinical care of the residents. It was evident from discussion with the person in charge and a review of documentation, that staffing levels were kept under continuous review, and the inspector noted that night time staffing resources had increased since the previous inspection.

Records demonstrated that all staff had completed mandatory training in safeguarding vulnerable adults and manual handling. Additional training was provided in areas including health and safety and dementia care. However, a review of training records demonstrated that not all staff had completed up-to-date fire training. This is detailed under Regulation 28: Fire precautions.

There were communication systems in place, and regular meetings took place with staff and management, in relation to the operation of the service. Meeting records demonstrated that agenda items included the quality and safety of the service, complaints, safe-guarding and health and safety. Meeting records detailed the actions agreed and persons responsible. There was a programme of auditing clinical care and environmental safety, to support the management team to measure the quality of care provided to residents. The inspector viewed a sample of audits in areas including medication management, call bell response times and nutrition. A review of clinical audits found that quality improvement plans were developed following audits completed.

There was a system in place to manage risk. Records demonstrated that operational and clinical risk registers were maintained, however, the inspector noted that some risk management controls were not implemented effectively. For example, the storage of records in an electrical supply room was recorded as a risk within the risk register, and existing control measures were the relocation of records from this area, however, records were observed in the electrical supply room on the day of inspection. Furthermore, the inspector found that a potential safeguarding risk was identified in April and May of 2024, however, records demonstrated that the associated risk assessment had been closed in February 2024. This did not provide assurance that a formal review of effectiveness of the control measures in place to

mitigate the risks was undertaken following adverse incidents, in order to ensure resident safety.

An record of all accidents and incidents involving residents that occurred in the centre was maintained. The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, two potential safeguarding incidents had not been notified to the Chief Inspector in the required time-frame, as required by Regulation 31.

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

The registered provider maintained a directory of residence in the centre which contained all information, as specified under Schedule 3 of the regulations.

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34: Complaints procedures.

An annual report on the quality of the service had been completed for 2023 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 14: Persons in charge

The person in charge was a registered nurse who was employed full-time in the designated centre. They had the required skills and qualifications, as set out in the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the health and social care needs of residents living in the centre, considering the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding vulnerable persons'. Records viewed indicated that 19 staff required up-to-date fire safety training. This is addressed under Regulation 28: Fire precautions.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained by the registered provider which included all of the requirements of Regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in place did not ensure adequate oversight in areas such as fire safety and infection control, to ensure that the service was safe and consistent.

Management systems had failed to identify the regulatory requirement to notify the Office of the Chief Inspector of two notifiable incidents, as set out in Schedule 4.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge did not submit all required notifications to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated.

Judgment: Compliant

Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents, in line with their assessed needs. Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Clinical risks such as nutrition, falls and wounds were well monitored. Residents spoke highly of the quality of the service provided and reported feeling safe living in the centre .However, fire precautions and infection control, did not meet the requirements of the regulations.

The management of fire safety was kept under review and there were arrangements in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The provider had commissioned an external review of fire doors by a competent person in January 2024, which identified deficits in the integrity of multiple fire doors throughout the centre. The inspector noted that works to address the containment risk posed by damaged fire doors had not commenced at the time of inspection. Records viewed by the inspector demonstrated that a programme of works to replace and repair fire doors was scheduled to commence in September 2024. Additional fire safety issues were observed on this inspection and are described under Regulation 28: Fire precautions.

Infection prevention and control measures were in place and monitored by the person in charge. While records demonstrated there were cleaning schedules in place, the inspector observed that some areas of the centre were not clean. Clinical hand wash sinks were visibly unclean in dirty utility rooms and in a nurses treatment room. Sinks in multiple resident bedrooms were not clean. Furthermore, sluice rooms were cluttered and access to sink surfaces was impeded.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Resident's bedroom accommodation was brightly individually personalised and residents had sufficient storage space for their personal possessions.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge, to ensure that the centre could provide appropriate care and services to the person being admitted. A number of validated nursing tools were used to assess residents' care needs. Care plans were informed through the assessment process and developed in consultation with residents. A sample of resident care plans, were noted to be person-centred, and reviewed in line with regulatory requirements.

Records demonstrated that residents were referred to allied health specialists such as tissue viability nurses, and speech and language therapist. Physiotherapy and occupational therapy services were increased since the previous inspection and they attended the centre on a weekly basis. A review of residents' records found that residents had timely access to a medical officer, as requested or required.

The registered provider had put measures in place to safeguard residents from abuse. The provider did not act as pension-agent for any resident, and had a procedure in place for the management of residents' petty cash. There was a policy and a procedure available for safeguarding vulnerable adults and training records identified that staff had participated in training in adult protection.

The centre was actively promoting a restraint-free environment. There was a low number of bed rails in use in the centre at the time of the inspection. Restrictive practices were implemented in accordance with national restraint policy guidelines.

There were arrangements in place for residents to access advocacy services. Records demonstrated that resident's meetings were convened and that there was discussion around various topics including access to services, food, and activities. Residents spoken with were complimentary of the staff and the care they provided. Residents had access to television, radios, books and newspapers. Two members of staff were assigned to provide activities daily. The schedule of activities included exercise programmes, art and music.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was found to contain the information required under Regulation 26: Risk management.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre and posed a risk of cross infection. This was evidenced by:

- Sluice rooms did not facilitate effective infection prevention and control measures. For example, sluice rooms on each floor of the centre were cluttered with equipment and sink surfaces areas did not appear to be clean.
- The areas around the water outlets in multiple sinks used for hand hygiene was visibly stained. This finding did not give assurances that these areas had been thoroughly cleaned and this posed a risk of cross infection
- Crash mattresses in several resident bedrooms were damaged and visibly unclean.
- There were incomplete records of up to a month in legionella flushing records in some areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inadequate fire precautions were observed on this inspection. For example:

- Combustibles materials, such as plastic and paper records, were stored in in close proximity to electrical fuse boxes in two storage rooms. This may increase the risk of fire in this area.

The arrangements for staff of the designated centre to receive suitable training in fire prevention emergency procedures were inadequate. For example:

- A review of the staff training records found that 19 staff had not received up-to-date fire safety training in fire prevention and evacuation procedures.

The arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate.

- There was visible damage to several cross corridor fire doors and gaps visible under several fire doors. This could compromise the effective containment of smoke and fire in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following a comprehensive assessment of need. Care plans were person-centred and reflected residents' needs and they supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals such as physiotherapy, dietitian and speech and language therapy services, as required.

Judgment: Compliant

Regulation 9: Residents' rights

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballinasloe Community Nursing Unit OSV-0005270

Inspection ID: MON-0041916

Date of inspection: 03/09/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Two notifiable incidents were since submitted to Chief Inspector (completed September 2024). A daily walk though and weekly fire checks is completed. These actions are monitored by our CNM 2 and PIC. Audit findings are a standing agenda item at our daily safety pause and at our staff meetings. Re-audit is conducted to ensure that actions are taken to address deficits. There is a monthly environmental audit carried out with the maintenance supervisor with PIC and CNM 2. Concerns are addressed with an action plan in place to see issues brought to completion. Concerns are addressed locally in collaboration with Person Participating in Management to help expedite any issues. With regard to IP&C, our community IP&C team are in regular contact with PIC/CNM 2 to advise and to audit our practice and environment. Feedback from these audits informs our daily safety pause meetings and is also a standing item on our staff meetings agenda. This information is cascaded throughout our unit to all members of staff. Our schedule of audits informs us of deficits in practice and PIC/CNM 2 collaborates widely with the appropriate resources, for example, cleaning contractors who now have weekly hygiene inspections walkthroughs and meeting with PIC/CNM 2 and consequently issues are managed promptly. Risk assessments are reviewed monthly or more frequently and shared with all members of staff at hand over /safety pause. NIMS incidents are checked by CNM 2 and PIC. Analysis of trends is carried out quarterly or sooner and this is reviewed to improve safety issues. The storage of records is currently being removed to an appropriate storage area and is expected to be completed by January 30th 2025 Cleaning supervisor will be on site twice a month to carry out cleaning audits and action plans to oversee issues of infection control	

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Following inspection, Person in charge submitted the appropriate notifications to Chief Inspector and she intends to submit all required notifications within the time frames as stipulated going forward.
Safeguarding concerns will remain open while being monitored.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A proposal to upgrade the sluice room is in place with maintenance (March 30th 2025)
Closer monitoring and audit will be performed by our CNM 2/IPC link practitioner with a robust action plan to be followed to see an improvement which will include sinks and water outlets.
Regular supervision of cleaning operatives was initiated in September 30th 2024.
Window cleaning services have been contacted to clean all glass/windows (completed October 30th 2024)
Crash mattresses will be replaced with wipe-able mattresses.
Community IP&C clinical nurse specialist will support infection prevention and control within the Unit. (October 30th 2024)

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
There is a daily walk through to visually check the environment, any deficits are actioned immediately or reported to nurse in charge/CNM 2 who reports to maintenance for immediate attention.
There is a daily safety pause where all issues regarding fire safety is carried out.
A monthly fire evacuation drill is carried out and CNM 2 and H&S officer oversees this and actions any issues arising from this
PIC and CNM 2 carry out maintenance audits for example PEEPS, and care plans, to ensure that issues arising are being monitored and progressed to completion.
Combustible materials such as plastic were removed from Store area. Panel doors remain

closed in front of electrical fuse boxes.
The fire door upgrade and replacement work commenced on the 16th of September and is to be completed (December 30th).
Two new fire extinguishers were place in closer proximity to smoking room as advised.
Two training dates have been scheduled in September and October 2024. All staff will have completed their mandatory fire training (November 30th 2024).

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/01/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/03/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Substantially Compliant	Yellow	30/12/2024

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/11/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give	Not Compliant	Orange	30/10/2024

	the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			