



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

Issued by the Chief Inspector

Name of designated centre:	Curam Care Home, Navan Road
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	25 May 2023
Centre ID:	OSV-0008033
Fieldwork ID:	MON-0040241

About the designated centre

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

Curam Care Home, Navan Road can accommodate a maximum of 106 male and female residents in single en-suite rooms. The registered provider of Curam Care Home Navan Road is Knockrobin Nursing Home Ltd. The person in charge is supported by the assistant director of nursing, clinical nurse managers, nursing staff and healthcare assistants.

The centre can accommodate residents of low, medium or high dependency and provides long-term residential care, respite, convalescence, dementia and palliative care. The home is adjacent to the Deaf Village and Primary Care Centre with the Botanic Gardens and the beautiful landscape of the Phoenix Park within a 5km radius.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	104
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 May 2023	08:20hrs to 17:30hrs	Margo O'Neill	Lead
Thursday 25 May 2023	08:20hrs to 17:30hrs	Frank Barrett	Support
Thursday 25 May 2023	08:20hrs to 17:30hrs	Karen McMahon	Support

What residents told us and what inspectors observed

This inspection took place in Curam Care Home Navan Road over the course of a day during which time inspectors spend time observing and speaking to residents, their visitors and staff. Based on inspectors' observations and what residents reported, it was clear that the residents received a good standard of personalised care. Feedback from residents and visitors was that the staff were gentle and caring, and that residents' choices on their care and feedback on the centre was sought and was respected.

Inspectors spoke in detail to residents in order to establish their experiences of living in Curam Care Nursing Home. One resident told inspectors how they had looked at various nursing homes but knew when viewing the centre that it was where they wanted to come to live out their remaining years. A visitor of another resident also echoed this experience during their search for long term care. Another resident said "there is nowhere like home, but I like it here regardless. I have people to talk to."

The centre is comprised of a four storey building with 106 registered beds. All bedrooms are single occupancy with full en-suite facilities. The centre was found to be clean and well maintained. There were many large windows throughout the centre providing ample natural light and various views of the surrounding city and close amenities such as the Phoenix Park.

Inspectors observed that residents' bedrooms were clean, comfortable and contained appropriate furniture and fittings to promote residents' independence. For example all bedrooms contained profiling beds, appropriate armchairs and en-suite fittings. Residents who spoke to inspectors reported they were satisfied with their bedrooms and many residents had personalised their rooms with photos and other personal items. All en suite and communal bathrooms were found to have sufficient space to allow residents to undertake their personal care activities independently or comfortably with assistance.

Each floor contained a large sitting room and a small kitchenette area where residents could make tea and coffee throughout the day. Each kitchenette also had a fridge containing a choice of snacks and refreshments for residents to avail of and a large bowl of fresh fruit and a plate of fresh scones were displayed on tables and available for residents in these areas. Staff were present to supervise residents when availing of these refreshments, providing assistance to those who required it. There were also two smaller sitting rooms on each floor to provide residents with quieter areas to sit in and to enjoy visits with visitors. All communal areas were tasteful and appropriately decorated, providing warm and comfortable social environments.

There were dining rooms on each floor for residents to enjoy their meals in if they so choose. Food menus were available to inform residents of the food on offer on a daily basis. Meal times were seen to be a social occasion and residents were

observed conversing and enjoying each others company and with staff. Inspectors observed that there was sufficient care staff available in the dining room to provide support to residents who required it; this support was provided in a discreet and patient manner. Inspectors observed however that dining rooms at times appeared to be crowded and busy with little space to move past tables and chairs when occupied with residents and staff. Overall most residents reported that they were satisfied with the food on offer, however one resident reported that the fish was not cooked to their liking.

Residents had access to a large well maintained enclosed garden through the ground floor. The garden was accessible for wheelchair users with wide paths throughout. There was plenty of garden furniture for residents to sit and enjoy the flower beds and weather.

The atmosphere in the centre was relaxed and calm and it was evident that staff knew the residents' needs and particular behaviours well. Inspectors observed gentle, patient and courteous resident and staff interactions throughout the day. Staff were observed to communicate with residents in a kind manner that took account of the residents' capabilities. All residents who spoke to inspectors praised the staff and the care that they receive living in the centre.

Throughout the inspection inspectors observed that residents choices regarding how they spend their time were supported. For example; some residents were observed to be up and mobilising around the centre while others were taking their breakfast in communal areas. Other residents were seen to remain in their rooms until later in the morning. Many residents' told inspectors about their participation in the residents committee and how the management team is proactive in addressing issues that they bring to their attention. They all reported feeling that their voices were heard and well respected within the centre.

Residents were observed to receive visitors throughout the day of inspection. Visitors who spoke with inspectors were positive regarding all aspects of the service and said the communication with the centre was good.

There was an activity programme in place which included outings, exercise classes and music sessions. Inspectors observed however that there was lengthy periods of time where some residents were observed sitting in communal areas watching television without other meaningful activation. This is discussed further under the quality and safety section of the report.

There was a dedicated well equipped hair salon for residents to attend and a hairdresser attended the centre every week to facilitate residents having their hair cut or styled.

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 the quality and safety of the service being delivered.

Capacity and capability

Inspectors found that overall there were robust management systems in place to ensure that residents received safe and effective care. An annual review of the quality and safety of the service for 2022 had been prepared and was provided to inspectors.

This inspection was carried out to monitor compliance with the regulations and to inform the decision on an application to vary conditions of the centre's registration. A completed application applying for an increase in the number of registered beds in Curam Care Home Navan Road had been received by the Chief Inspector prior to the inspection and was under review. During the inspection there was also an emphasis on Regulation 28, Fire Precautions.

During the inspection inspectors followed up on concerns received by the Chief inspector since the last inspection related to visiting, staffing levels, recreational and occupational opportunities for residents, dining experience and food and safeguarding of residents. Inspectors identified that further action was required to ensure that there was sufficient provision of activities to meet residents' recreational and occupational needs. Outstanding actions identified on the last inspection in January 2021 were also followed up by inspectors and found that improvements had been made in individual assessment and care planning and staffing. Further action was required to come into compliance in the following areas however; fire precautions, premises, protection and residents' rights.

The registered provider for Curam Care Home Navan Road is the Knockrobin Nursing Home Limited. The nursing home is part of a larger nursing home group and there is a senior management team in place to provide management support at group level. The local management team is led by the person in charge, who is responsible for the day to day operations in the centre.

Inspectors observed on the day of inspection that there were appropriate numbers of staff in place to meet the needs of the 104 residents living in Curam Care Home Navan Road. At least one clinical nurse manager worked Monday to Sunday providing clinical oversight and management support to staff. There was a minimum of four registered nurse on duty Monday to Sunday from 8:00hrs to 20:00hrs. A minimum of 16 health care assistants worked Monday to Sunday from 8:00hrs to 20:00hrs, with additional morning and twilight healthcare staff available to support residents at busier times.

At the time of the inspection there were a small number of senior nursing staff vacancies however inspectors were informed that the provider was at an advanced stage of the recruitment stage to fill these vacancies. Inspectors were informed that all staff working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place prior to commencing employment in Curam Care Home, Navan Road.

Inspectors were provided with all Schedule 5 policies and procedures and found that these had been updated at intervals as required by the regulations. There was a current and valid contract of insurance against injury to residents in place. Furthermore no volunteers were attending the centre at the time of inspection. The management team were aware of their responsibilities under the regulations should this change.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 1 and 3 of the centre's registration was received by the Chief Inspector. This was to open the top floor of the centre and increase the number of registered beds from 106 to 144 registered beds. This was under review by inspectors at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 104 residents living in Curam Care Home Navan Road designated centre for older persons at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of insurance against injury to residents in place which was found to be in date. Written information was available to inform residents of the additional insurance cover applicable to them.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there were strong governance arrangements in place which ensured that residents received good quality and safe care. There was sufficient resources available to ensure the effective delivery of care in accordance with the

statement of purpose. Robust management systems were effective to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 30: Volunteers

At the time of inspection no volunteers were attending the centre. The registered provider was aware of their responsibilities under the regulations should this change.

Judgment: Compliant

Regulation 4: Written policies and procedures

All required policies and procedures as set out in Schedule 5 had been prepared by the registered provider. Policies were available to staff and maintained in line with the regulations.

Judgment: Compliant

Quality and safety

Inspectors found that the care and support residents received in Curam Care Home Navan Road was of a high quality. Residents reported feeling safe and well-supported. Inspectors found that actions outstanding from the last inspection overall had been addressed. Further action was required under Regulation 28; Fire Precautions, Regulation 9; Residents' rights, Regulation 8; Protection and Regulation 17; Premises.

Residents' needs were assessed prior to admission to the centre and again on admission. The assessment process used validated tools to assess each residents' dependency level and their clinical risk area, for example the risk of malnutrition, falls risk and identifying any behaviours that challenge. The information was used to develop person-centred care plans that reflected residents individual care needs and preferences. Care plans were reviewed in line with regulations or as residents' care needs changed.

Residents had access to a general practitioner who attended the nursing home weekly or more often if required. Residents had access to a range of specialists such

as physiotherapist, dietitian, Speech and language therapy and the tissue viability nurse. There were also links between the centre and a consultant geriatrician based in a local acute hospital, psychiatry of later life and community palliative care services. Records indicated that residents were referred promptly when required and recommendations from health and social care professionals were included in the residents' care plans.

There was a low level of restrictive practice (the intentional restriction of a person's voluntary movement or behaviour) in place throughout the centre. Residents were facilitated to mobilise freely and safely around their surroundings. Care plans reflected alternative ways to de-escalate episodes of responsive behaviours and care plans were found to be individualised to residents' needs. The majority of staff had received training about dementia and how to support residents with responsive behaviour. Staff who spoke with inspectors on the day of inspection demonstrated a good level of knowledge in these areas.

All residents were assessed for their hydration and nutritional needs on admission and every four months or as required thereafter. Inspectors looked at a sample of nutritional care plans and found that they contained person centred information and reflected the assessed needs of the residents. There were arrangements in place for residents to access speech and language therapists and dietitians as required and a system was in place to ensure that residents' needs were communicated to catering staff as they evolved and changed.

The centre was well maintained. There was a system in place for staff at the centre to raise any maintenance concerns. No outstanding works were noted on the day of inspection. The management at the centre utilised both internal maintenance for day to day issues, and external contractors for larger or specialised works. Inspectors noted issues relating to storage in some rooms, and drying racks in the sluice rooms. These are detailed further under Regulation 17, Premises.

There was a focus on ensuring that resident's rights were promoted and respected in Curam Care Home Navan Road. There was access to advocacy services for residents and information leaflets were seen to be available on each floor. There was established links with a nearby Deaf centre to advocate and support residents with hearing impairment living in the centre to make decisions regarding their care and access to communication aids. Cultural and religious preferences were respected and facilitated in the centre. Minutes of residents' committee meetings showed clear evidence of consultation with residents and changes around the centre reflected that the views expressed by residents were heard and acted upon. Residents had access to television, papers and telephones to ensure they were informed regarding current affairs and connected to their community.

There was a foundation plan for activities provided in the centre which included zumba classes, ice-cream van visits in the garden, bingo and an interactive table. However inspectors observed that overall there was a lack of options being offered to residents who did not wish to participate in particular activities and insufficient activity staff to provide sufficient activities across the three floors of the centre. This

is discussed further under Regulation 9, Residents' Rights.

A safeguarding policy and procedure provided guidance as to the appropriate steps for staff to take should any allegations, suspicions or concern of abuse arise. During the inspection inspectors became aware of one situation however that had not been recognised as a safeguarding concern. This is detailed further under Regulation 8, Protection.

Staff training in relation to fire safety was up to date for most staff. Seven staff were booked in to a fire safety training course, and additional new staff were being accommodated in upcoming fire safety training. Staff were knowledgeable on the steps that should be taken to safely evacuate residents in the event of a fire. Further information was available to guide staff through detailed personal emergency evacuation plans (PEEPs) for residents and a detailed evacuation procedure, however, the PEEPs were available at the nurses station only, and this would require staff to retrieve the folder in order to find the relevant information. This could cause a delay to evacuation in the event of a fire. Fire drill records were reviewed. This is detailed further under regulation 28 Fire precautions.

Regulation 11: Visits

A high level of visiting was seen over the course of the inspection. There was sufficient available rooms and spaces for residents to meet visitors in private. Visitors who spoke with inspectors were complimentary of the care provided to their loved ones.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable for the needs of the residents living there however improvements was required in some areas to ensure that the premises conformed to the matters set out in schedule 6 Health Act Regulations 2013 for example:

- There was a lack of drying racks in the sluice rooms with appropriate drip trays. This could impact on the quality of cleaning of these items.
- A basement storage room contained a working WC within. This WC was adjacent to stored items for the centre such as PPE.
- A bathroom had signs of damage on the wall, and the skirting board had been removed. It was noted that maintenance staff were working on this at the time, and were awaiting a suitable product to finish the remedial work.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. Inspectors observed that there were adequate staff to meet the needs of residents at meal times and residents had access to a safe supply of fresh drinking water and other beverages of their choice at all times.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to ensure that adequate arrangements were in place for containing fires for example:

- Some fire doors in the centre were found with gaps around the perimeter. This would result in a lack of containment of fire and smoke at these doors contrary to the fire rating required.
- Service penetration were found in some areas which did not appear to have any fire seals around them for example: services penetrating a compartment wall, and the ceiling in a boiler room,

Improvement was required by the registered provider to take adequate precautions against the risk of fire, and to provide suitable fire-fighting equipment for example:

- Inappropriate storage and excessive amounts of combustible materials in storage rooms such as the basement storage area adjacent to the plant room. This room was overfilled with combustible materials such as furniture, tools, paint and aerosols.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The sample of care plans reviewed by inspectors were found to be individualised and to reflect an appropriate pre-admission assessment. Care plans were updated in accordance with the requirements of the regulations and reflect appropriate changes in care needs. Consultation with residents, and where appropriate their family was

evident.
Judgment: Compliant
Regulation 6: Health care
Residents had access to a general practitioner and a range of specialists such as physiotherapist, dietitian and so forth. Care records indicated that residents were referred promptly when required and recommendations from specialists were included in residents' care plans.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
Care plans were in place to guide staff when supporting residents who displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These were found to reflect appropriate and individualised management plans for these residents. Staff had up-to date training and demonstrated a good level of knowledge of how to deal with responsive behaviours. There was a low level of restrictive practice utilised at the time of inspection.
Judgment: Compliant
Regulation 8: Protection
During the inspection inspectors became aware of one situation that had not been recognised as a safeguarding concern. Inspectors found that although the incident had not been recognised as a safeguarding incident or reported to the Chief Inspector as a safeguarding concern, it had been managed appropriately and measures implemented to ensure residents' safety.
Judgment: Substantially compliant
Regulation 9: Residents' rights

At the time of inspection, there was a small team of activity staff employed to provide activation for 104 residents across the three floors of the centre. On the day of inspection two activity staff were working across the three floors. Although management informed inspectors that there was a plan to increase the number of activity staff to three and a half full time staff when the new floor with the additional 38 new beds was opened, inspectors observed that there was insufficient opportunities for activation for residents at the time of inspection. For example; in one sitting area inspectors observed that there was greater than ten residents sitting for an extended period of time in the morning in front of a television without other opportunities for communication and activities. Outdoor bingo took place in the garden in the afternoon, however there was no alternative activities provided inside for those residents who did not wish to participate in the outdoor bingo. Inspectors looked at a sample of activity records and found that for some residents there was insufficient opportunities for recreational and occupation provided. For example, records indicated that many residents had one to one conversations logged as the predominant activity and for one resident 'a hug' was recorded as an activity.

Judgment: Substantially 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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Curam Care Home, Navan Road OSV-0008033

Inspection ID: MON-0040241

Date of inspection: 25/05/2023

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 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Drying racks have been relocated in the sluice rooms. The WC has been removed from the basement storage room. The bathroom referred to in the report was a work in progress on the day of the inspection and has since been completed.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The annual audit of fire doors in the centre will be completed this month and any areas that require adjustment will be identified and corrected. Fire seals will be fitted to the two areas identified during the inspection. The basement storage room has been cleared of combustible materials.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	

Each resident shall be protected from all forms of abuse. Where abuse is suspected, Curam Care Navan Road shall follow a standardised process to determine if abuse could have occurred and take appropriate action (including disciplinary action) dependent on the outcome.

All residents, families/representatives and staff shall be encouraged to report any suspected abuse. Our philosophy is to engender a culture of mutual respect in all aspects of interpersonal relationships involving all residents, staff, and visitors to the home. It is the policy of Curam Care Navan Road that robust systems will be in place to safeguard our residents from abuse. Suspicions and allegations to residents will be managed in accordance with best practice and in a manner that puts the welfare, protection and needs of the resident central to all decision making. Our policy responding to allegations of abuse covers the response to an assault on a resident, including assault by one resident of another resident.

This policy also used as a reference document when considering suspected self-harm or self-neglect by a resident in Curam Home Navan Road

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Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Currently an Activity Supervisor has been redeployed from our Sister Nursing Home to support the activity team.

The role of Supervisor is advertised, and we hope to fill it by the end of the month.

Curam Care Home Navan Road uses Family Altra to provide meaningful engagement and keep families, residents and the care team connected.

The weekly activities schedule is planned to provide alternative activities on separate floors providing sufficient opportunities for all residents to join in.

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(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	12/07/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2023
Regulation 8(3)	The person in	Substantially	Yellow	12/07/2023

	charge shall investigate any incident or allegation of abuse.	Compliant		
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/07/2023