



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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 30
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	05 March 2021
Centre ID:	OSV-0007784
Fieldwork ID:	MON-0032081

## About the designated centre

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

DC30 is a designated centre operated by Stewarts Care Limited and provides full-time residential services for up to two residents. This designated centre is currently registered as a mixed designated centre as it provides support to two male residents, one who is over the age of 18 years, and one who is below the age of 18 years. Residents have lived together for a long period of time and the centre's registration conditions allow for this specific living arrangement to continue to occur. The centre is staffed with both social care workers and care staff to support both residents, with oversight from a person in charge and senior manager. Residents have access to the following clinical services while living in the designated centre; physiotherapy, occupational therapy, psychology, speech and language therapy, mental health supports, social work support and paediatrics/medical review. This designated centre comprises of a four bedroom detached house located in Co. Kildare. Each resident has their own bedroom, downstairs accommodation comprises of a kitchen, living/dining room, utility room, staff office and a separate staff sleepover bedroom. Upstairs accommodation has three bedrooms, a television room and a bathroom. One of the bedrooms is en suite. An enclosed garden space is located to the rear of the centre.

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

Number of residents on the date of inspection:	2
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## How we inspect

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 - 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
Friday 5 March 2021	11:30hrs to 18:00hrs	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

This inspection found residents received care and support which was tailored to their individual needs. Residents' needs had been comprehensively assessed and there were detailed personal plans in place. Staff were familiar with residents' likes and dislikes and their daily activities reflected their choices and preferences.

The inspector met with both residents that lived in this centre. Conversations between the inspector, residents and staff took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance. Residents were unable to provide verbal feedback about the service they received. The inspector engaged in brief interactions with residents, on their terms.

The centre is one detached house, located in a housing estate near a town in Co. Kildare. Residents living in this centre have lived together for a considerable period of time and get on well with each other.

The inspector observed one resident returning from their tidy towns volunteering job. They were observed wearing a high-visibility vest and smiling as they returned to the centre. The inspector reviewed information in relation to the resident and on speaking with the staff it was noted that this job was very suited and in keeping with the resident's interests and abilities. They enjoyed tidying, cleaning and engaging in activities that required lots of physical movement and activities. Engaging in this social role provided the resident with the opportunity to make friendships and connections with their wider local community and had continued to be something they engaged with throughout COVID-19 pandemic restrictions.

The inspector observed the second resident return from school. They were greeted warmly by staff and offered a snack and drink on their return to the centre. The resident appeared happy and relaxed in their home. The inspector spoke with them for a short period of time as they relaxed watching a movie that they really liked. Staff explained the resident was able to choose the TV programmes or movies they liked to watch and were able to independently choose these and operate the TV and controls. On review of the resident's personal plan it was evident that they really enjoyed school also.

The house appeared clean, homely, warm and comfortable. It was decorated with photographs of the residents and each resident's bedroom was decorated to reflect their personality and specific interests they had. However, it was noted the premises required refurbishment throughout. For example, the carpet on the stairs was frayed and worn in some areas, most areas of the premises required repainting, some tiles on the floor of the communal bathroom area were cracked and areas in the kitchen required repair, including parts of the kitchen ceiling and kitchen units.

Staff were observed interacting with residents in a kind and pleasant manner, they

afforded residents the opportunity to spend time alone in their bedrooms as they wished and were also observed spending time with them outside in the garden to the rear of the centre playing with a football and talking to residents. There was a stable and consistent staff team that worked in the centre who knew the residents for many years.

Overall, it was evident there were systems in place to ensure residents were safe and in receipt of good quality care and support. In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. While there were some deficits in relation to staff refresher training and the premises, it was not demonstrated this negatively impacted on residents' quality of life.

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

## Capacity and capability

The governance and management arrangements within the centre were ensuring a good quality service was delivered to residents.

The provider had made enhancements to their governance and management systems, including their monitoring and quality assurance systems. In addition, they had also appointed a person in charge for the centre in a timely manner to ensure effective oversight arrangements were in place and in adherence to the regulations.

The person in charge was found to be knowledgeable of the needs of residents. They were responsible for this designated centre and one other designated centre within the organisation. They described the manner in which they provided oversight to both designated centres ensuring adequate and effective oversight arrangements were in place. While the provider was able to demonstrate they had appointed a person in charge to meet the requirements of most parts of Regulation 14, the person in charge did not meet the requirement in relation to a management qualification. The provider was required to address this to ensure the matters of Regulation 14: Person in Charge was met in its entirety.

The provider had carried out an annual review of the quality and safety of the service for 2020, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. The inspector reviewed the most recent six-monthly provider visit and noted it had identified a number of key areas that the inspector also found on this inspection. While this was evidence of the provider's capability to identify areas that required improvement, it was not demonstrated the provider had the capability to address

these issues in a timely manner to meet the regulations and standards.

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. A planned and maintained roster, that accurately reflected the staffing arrangements in the centre, was in place. Staffing roles were clearly identified in the rosters and hours planned and actually worked were also recorded. A stable and consistent staff team worked in the centre which afforded residents the opportunity to make good connections with staff that supported them.

Staff training was provided in line with the needs of the residents. Training was provided in areas including fire safety, children first, safeguarding vulnerable adults, management of behaviours that challenge, hand hygiene and infection control.

While there were arrangements in place to provide refresher training, some training was out of date on the day of inspection. This was in part due to restrictions placed on the provider with regard to the delivery of training during the COVID-19 pandemic. However, there remained areas for improvement to ensure all staff had received training in key areas that met the assessed needs of residents and to ensure staff knowledge and skills were maintained to a good standard.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge within the timeframe as set out in the provider's supervision policy.

Overall, a low number of incidents had been notified to the Chief Inspector for this designated centre. The inspector reviewed the incident recording system, which demonstrated a low frequency of incidents occurred in this centre. Incidents that did require notification had been submitted in line with the regulations.

#### Regulation 14: Persons in charge

The provider had appointed a full-time person in charge for this designated centre. They were also responsible for another designated centre.

The person in charge was found to have the required management experience however, they did not meet the regulatory requirement in relation to a management qualification.

Judgment: Substantially compliant

#### Regulation 15: Staffing

A planned and actual roster was maintained. It clearly specified the role of the staff member and the hours worked in the designated centre. The staffing whole time equivalents (WTE) were in line with those as set out in the statement of purpose.

Schedule 2 files were not reviewed on this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured staff received supervision meetings on a regular basis. Documented supervision meetings were maintained in the centre.

The person in charge had ensured staff were supported to attend training to maintain their skills and knowledge to support residents' assessed needs.

It was noted, however, that there were some small gaps in staff training in the areas of epilepsy and dysphagia management.

Refresher training in the area of behaviours that challenge and breakaway techniques was also required for some staff.

All other mandatory training for staff was found to be up to date.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had created an annual report for the centre for 2020.

The person in charge engaged in operational audits within the centre.

A social care leader formed part of the management oversight arrangements and provided supervision in the centre during times when the person in charge was not on site.

The provider had ensured six-monthly reviews of the service had been carried out.

While these identified some key findings in relation to aspects of the premises, the provider had not made arrangements to address the findings from their own audits in a timely and effective manner.



Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Overall, there were a low number of incidents occurring in this designated centre.

All required notifications had been submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

### Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents. Good levels of compliance were found on this inspection overall. However, further improvements were required in relation to the premises with some improvement also required to aspects of fire safety procedures.

Each resident living in the designated centre required positive behaviour supports. The inspector reviewed the arrangements in place to manage this assessed need for residents. From a sample of plans reviewed it was demonstrated residents had received up-to-date behaviour support reviews from appropriately qualified allied professionals.

While it was identified residents could engage in behaviours that challenge, overall there was a low frequency of these incidents occurring. This was in part due to the compatible living arrangements meeting the assessed needs of residents and the ongoing review of positive behaviours supports by appropriately qualified allied professionals.

A register of restrictive practices was maintained. Where restrictive practices were in place the personal risk was clearly identified and risk assessed. Restrictions had also been reviewed by the provider's Human Rights Committee as part of an additional quality assurance mechanism.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing PPE correctly during the course of the inspection. Centre specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre, with the

most recent versions of public health guidance maintained in this folder.

Personal protective equipment (PPE) was in good supply and hand-washing facilities were available in the centre. Alcohol hand gel was present at key locations in the centre for staff and residents to use. Each staff member and resident had their temperature checked daily as a further precaution. Appropriate access to general practitioners (GPs) and public health testing services was also available for the purposes of reviewing and testing residents presenting with symptoms of COVID-19.

The inspector reviewed the centre-specific COVID-19 outbreak contingency plan with the person in charge. While a plan had been drafted that encompassed a number of key strategies to guide and support staff, the inspector identified that further review was required to ensure it was comprehensive and included all key areas that would need to be considered in the event of an outbreak.

The person in charge undertook a review of the plan during the course of the inspection and revised the plan to incorporate more information with regards to staffing contingency arrangements and specific planning for each resident.

The provider and person in charge had ensured appropriate fire safety precautions were in place in the centre. All staff had received up-to-date training in fire safety. Fire and smoke containment measures were in place with fire doors and hold open devices or magnetic door holders in place. It was noted, however, that the magnetic hold open device for the staff office was not working and required repair.

Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date. Each resident had a personal evacuation procedure in place. Residents had participated in fire safety drills during the day time. It was not demonstrated, however, if the provider had assessed if staffing resources at night time were effective for the safe and timely evacuation of residents. This required improvement.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of national safeguarding policies and procedures in the centre. The provider had also ensured staff were trained in adult and child safeguarding policies and procedures. Contact details of designated persons for adult and child safety were on display in the centre. There were no active safeguarding risks at the time of inspection.

Documented records demonstrated social work allied professionals were in frequent contact with the centre and regularly reviewed the care and welfare of residents. Required statutory placement information and documentation were also maintained in residents' personal plans, as required.

Residents' personal care needs had been assessed and there were care plans in place that guided the provision of intimate care that was respectful of residents' individual preferences.

Each resident had an up-to-date personal plan in place. A comprehensive assessment of need had been completed for each resident which also included an allied professional framework and recommendations for residents' assessed needs.

Daily recording notes were maintained and personal plans were updated following review by allied professionals.

Residents also had up-to-date social and educational plans in place, as required. There was information documented to evidence ongoing review of residents' goals and activities in the context of COVID-19 restrictions. Residents continued to experience opportunities to engage in activities in their local community and use local amenities available to them within the current COVID-19 restrictions.

Residents' healthcare needs were managed well in this centre and residents were afforded regular reviews with their GP and allied health professional in relation to specific assessed healthcare needs. Documented healthcare plans were in place and reviewed regularly and each resident had received an up-to-date annual health check to ensure residents were supported to achieve their best possible health.

While the provider had ensured the centre was a clean and comfortable home for residents, a large suite of refurbishment and decorative works were required to ensure the premises was in its most optimum condition.

The inspector identified a number of areas that required improvement. For example, the flooring in the living/dining area required replacing, the carpet on the stairs was worn and fraying in some parts, areas of the kitchen required repair and/or replacement, a window in a resident's bedroom required replacement and some tiles on the floor in the communal bathroom required repair.

## Regulation 17: Premises

While the premises was clean, warm, comfortable and homely throughout, a suite of refurbishment and decorative works were required to ensure the premises was maintained to its most optimum standard.

- Throughout the premises required repainting, marks and chipped paintwork were observed on most walls.
- A window in a resident's bedroom required repair/replacing. A collection of condensation had built up between the double glazed window panes which meant the resident could not see out their bedroom window.
- Some tiles on the bathroom floor were cracked.
- The carpet on the stairs was worn and frayed in some areas.
- The flooring in the living room/dining area was marked and scuffed from wear.
- A panel on a wooden radiator cover in the living room was broken.
- Some parts of the kitchen required repairing for example the kitchen ceiling and

the kitchen units.

- Some remedial works were required to the utility space.

Judgment: Not compliant

### Regulation 27: Protection against infection

Staff had received training in relation to infection prevention and control and hand hygiene.

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate personal protective equipment (PPE) available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, there were good fire safety containment measures in the centre.

Fire safety equipment servicing records were up to date, regular recorded fire safety drills took place. Staff had received up-to-date fire safety training.

It was noted a magnetic hold open device on the staff office door was not working and required repair.

While it was evident that there were adequate numbers of staff and arrangements in place to support residents to safely evacuate during the daytime, it was not demonstrated that the provider had assessed the arrangements for evacuation with night time staffing resources.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had received a comprehensive assessment of need which was reviewed and updated regularly. Support planning was in place for any assessed need identified.

Social care goals had also been created for residents and reviewed in light of COVID-19 restrictions.

Where required, individual education plans were also in place and there was evidence of good communication between the designated centre and school in relation to the planning and ongoing educational supports for some residents.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were assessed on at least an annual basis and there were care plans in place for any identified healthcare need.

Healthcare plans, where required, were in place and reviewed regularly.

Residents had access to a GP and a wide range of allied healthcare services.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had up-to-date positive behaviour support plans in place which detailed their assessed needs and supports in this regard. Plans provided staff with guidance on proactive and reactive strategies and overall while residents could display behaviours that challenge, incidents did not occur frequently as the environment and compatibility of both residents suited their assessed needs.

Where restrictive practices were required, they were to manage specific personal risks and had been referred to a human rights oversight committee for review.

Judgment: Compliant

### Regulation 8: Protection

All staff had received up-to-date training in safeguarding vulnerable adults and

children's first.

Contact information for designated officers and designated liaison persons were displayed in the centre.

Residents were supported by allied social workers who maintained regular contact with the resident and the staff supporting them.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 30 OSV-0007784

Inspection ID: MON-0032081

Date of inspection: 05/03/2021

## 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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: 1. Person in Charge has attended QQI Level 6 People Management Course on 28th 29th and 30th April 2021.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. 5 out of 6 staff have completed Epilepsy Awareness Training October 2020, Records have been forwarded to inspector. Final staff is booked into training for 20th May 2021. 2. 3 out of 6 staff have completed FEDS training, remaining 3 staff will have training completed before 30/5/21. 3. All MAPA training (Behaviours that challenge and breakaway techniques) now in date) 4. All other mandatory training is currently in date. Monthly training audits are now being completed by HR and forwarded to PIC. 5. Training will be reviewed by PIC and discussed with all staff at quarterly supervision. 6. Area specific training requirements to be reviewed by PIC and Learning and Development department to ensure all area specific training requirements are met by	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. 6 monthly scheduled reviews will continue as part of planned 2021 provider audits.</li> <li>2. The Person In Charge and Programme Manager will be responsible to ensure the action plans from Register Provider audit are completed.</li> <li>3. A standardized auditing system will be put in place for the Person In Charge and to complete to ensure consistent review of key quality indicators by 31/07/2021.</li> </ol>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. Kitchen ceiling repairs completed.</li> <li>2. New press in utility room installed. Upgrade works to this room commenced on 26/4/2021 with new freezer and are ongoing. Will be completed before 31/5/21.</li> <li>3. New carpet on stairs and landing has been approved. Awaiting installation – to be completed by 31/7/2021.</li> <li>4. Painting of house will be completed as soon as Level 5 Covid restrictions permit.</li> <li>5. Radiator cover repair has been approved, awaiting installation. Will be completed by 31/05/2021.</li> <li>6. Replacement of flooring in bathroom has been approved to be completed by 31/7/2021</li> <li>7. Monthly environmental audit to be completed. All issues of concern to be forwarded to Technical services department and reviewed monthly with Programme Manager.</li> </ol>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. Magnetic door lock on office installed on 15th April 2021</li> <li>2. Dedicated night time fire evacuation drill with minimum staffing numbers completed in 6th March 2021.</li> </ol>	

## 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 14(3)(b)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have an appropriate qualification in health or social care management at an appropriate level.	Substantially Compliant	Yellow	04/06/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/05/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Not Compliant	Orange	31/07/2021

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/07/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/04/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/04/2021