Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area A3
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	17 November 2020
Centre ID:	OSV-0007813
Fieldwork ID:	MON-0030849

About the designated centre

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

This centre was registered as isolation hub during the COVID-19 pandemic. The centre is located on the outskirts of a large town in Co. Offaly and is comprised of one single storey bungalow. There is a large garden to the rear of the premises. When not in use as an isolation hub a day service operates on site. The centre can provide temporary accommodation for the purposes of self isolation for up to two adults, male or female, who are suspected or confirmed to have the COVID-19 virus. The centre is staffed on a 24 hour basis when occupied and staffing levels are determined on admission depending on the needs of the residents admitted. An identified staff team is comprised of nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0

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
Tuesday 17 November 2020	09:30hrs to 14:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

There were no residents occupying the centre on the day of this inspection. One resident had transferred back to their regular designated centre on the day previous to the inspection. This resident had spent two weeks living in the centre to isolate from other residents living in their regular centre following discharge from hospital. This measure was taken as a precaution by the provider during the COVID-19 pandemic and took place with the consent of the resident. The inspector did not have an opportunity to speak with the resident. However, documentation pertaining to their stay in the centre was viewed by the inspector and this indicated that the resident had been contented during their stay and their support needs were well catered for during that time. The day service that operated from this centre was not operational on the day of this inspection.

This inspection took place in the backdrop of Level 5 government restrictions implemented during the COVID-19 pandemic. Communication between the inspector and management present on the day of the inspection took place in adherence with public health guidance.

Capacity and capability

This centre was registered in early May 2020 following an application to register that was made in line with the specific COVID-19 arrangements put in place by the Chief Inspector of Social Services, in response to an anticipated need for isolation facilities for residents living in designated centres during the pandemic.

The provider had registered another larger isolation hub also and this centre was intended for use as an overflow isolation unit if required that could accommodate up to two individuals at any one time. In submitting this application, the provider gave assurances to the Chief Inspector that this centre was fit for purpose and suitable for this intended use. The inspector found that improvements were required to ensure that this centre would provide a service that was safe, appropriate to residents' needs, consistent and effectively monitored. The oversight arrangements in place for this designated centre required improvement to ensure that areas for improvement were identified and addressed. This inspection also found that this centre was not operating at all times as set out in the statement of purpose.

There was a clear governance structure in place in the centre. A person in charge had been appointed to the centre. This person was a registered nurse, had the required experience and qualifications, and told the inspector that they had previous experience in the area of infection control. This individual had oversight over another designated centre. Records viewed showed that this person maintained

good contact with staff members in the centre when the centre was operating as an isolation hub. Correspondence was viewed that showed a record of contact between all staff and a member of management. These records showed that topics discussed with staff members included PPE stocks, arrangements for the care of the resident and access to on-call support. Records also indicated daily contact with staff from the person in charge or another member of the management team, with evidence that concerns and issues were generally addressed in a timely manner. There was evidence of strong contact between the person in charge and staff of this centre and the management of the centre that the resident usually resided in, and all records viewed indicated that the transition of the resident to and from this centre was completed in a planned and person centred manner. Some audits had been completed in respect of the centre.

While it was clear that the person in charge maintained oversight in the centre during the period when it was occupied, there was little evidence to suggest that they maintained a presence in the centre at other times to ensure, for example, that it was maintained to an appropriate standard. There were numerous issues identified during this inspection that provided evidence of poor provider oversight including significant deficits in fire safety measures and premises that had not been appropriately considered or acted upon prior to, or in the time since, the application to register this centre was submitted to the office of the Chief Inspector.

The inspector had an opportunity to meet with an individual that had recently joined the management team of this centre. This person had commenced in the role of area manager in the days previous to the inspection and this was their first visit to the centre. This individual told the inspector of plans the provider had to register a more suitable premises for the purposes of an isolation hub during the pandemic.

A statement of purpose had been submitted to the office of the Chief Inspector in respect of this centre. This document required some amendments to ensure that it accurately reflected the intended use of the centre and the profile of resident that the centre could accommodate. The resident admitted in the two weeks prior to this inspection did not fully meet the criteria as set out in the statement of purpose, in that they were not suspected or confirmed to have the COVID-19 virus. However, the inspector was satisfied that the admission of this resident was a prudent precaution taken by the provider to safeguard against the COVID-19 virus during the pandemic. On the day of the inspection, the person in charge gave a commitment that the statement of purpose would be revised and resubmitted to the office of the Chief Inspector. The inspector was subsequently provided with an updated version of this document.

The statement of purpose also set out the staffing requirements in the centre. This indicated that the centre would be staffed by a minimum of two staff at all times. The inspector viewed the staff roster in place in respect of the previous two weeks when the centre had been occupied by one resident. This indicated that only one staff member had been on duty at all times. The inspector was satisfied that this level of staffing was appropriate to meet the assessed needs of that individual. The person in charge committed to updating the statement of purpose to reflect accurately the minimum staffing requirements in the centre. Garda Síochána (police)

vetting had been carried out for all staff that had worked in the centre.

The inspector viewed training records in respect of the staff that were on the roster and found that staff were appropriately trained. The staffing on the roster viewed comprised of nurses and social care staff familiar to the resident that had been accommodated in the centre and records indicated that management had made specific efforts to ensure that continuity of care was provided to the resident while they were in the centre. Staff had completed mandatory training in areas such as manual handling, safeguarding, fire safety and the safe administration of medication. Staff had also completed training in areas such as the donning and doffing of personal protective equipment (PPE), hand hygiene and infection control.

Regulation 15: Staffing

The registered provider had ensured that there was a sufficient number of staff on duty in the centre to meet the residents assessed needs when this centre was occupied. The number, qualifications and skill mix of staff was appropriate and continuity of care was evident. There was a planned and actual staff rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including specific training in areas such as the donning and doffing of PPE and hand hygiene. Copies of the Act and regulations and guidance issued by public health were available to staff. Although the inspector did not view formal supervision records on the day of this inspection, there was sufficient documentary evidence to confirm that staff were appropriately supervised and supported when working in this centre.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector had sight of the directory of residents for the centre. This document included details of the only past resident of the centre as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The oversight arrangements in place for this designated centre required improvement to ensure that any pertinent issues and areas for improvement were identified and addressed. For example, the provider had submitted an application to register this centre without having the appropriate fire safety systems in place. Important resources such as an appropriate fire safety system and wheelchair accessible bathroom facilities were not present in the centre to ensure the effective delivery of care and support in accordance with the statement of purpose. While it was clear that the person in charge maintained a good level of oversight in the day-to-day running of this centre during the period when it was occupied, there was little evidence to suggest that they maintained a presence in the centre at other times to ensure, for example, that it was maintained to an appropriate standard.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose. While this contained the required information, some of this required review to ensure that it accurately reflected the services provided in the centre.

Judgment: Substantially compliant

Quality and safety

The quality and safety of the service provided in this centre was examined. There was evidence that person centred care was provided in this centre. However, this inspection found significant non-compliance in fire safety in the centre and it was also found that improvements were required in relation to premises, infection control and risk management.

The premises was of a suitable size and layout for its intended purpose. The person in charge showed the inspector how the living areas for two residents could be separated by a perspex screen in the hallway if needed. This would also allow for a clear "clean zone" for staff in the centre. However, there were numerous issues identified with the premises during this inspection. The statement of purpose set out that this premises would be suitable for one wheelchair user if required. While there

were overhead hoists located in one bedroom, the adjoining en-suite was not wheelchair accessible and there were no showering or bathing facilities suitable for a wheelchair user.

The inspector noted that paintwork on the kitchen cupboards was peeling and chipped and there were not suitable laundry facilities to segregate contaminated laundry if two individuals were residing in the centre at one time, as will be discussed in the section of this report pertaining to infection control.

There was a large backyard and garden area to the rear of the premises. The inspector found this area was poorly maintained and overgrown. A boundary structure that separated this premises from a neighbouring property had fallen down and there was free access to a neighbouring property through this gap. Records viewed in the centre showed that a pest-control company had been contracted due to rodents sighted in the garden by staff in the previous week. On the day of the inspection, the inspector noted that there was a large quantity of decomposing apples present on the ground in the garden, and there were also overgrown and poorly maintained areas to the side and rear of the premises. A shed was located on the premises that contained a stock of (PPE) held by the provider. The inspector viewed documentation that indicated that a staff member had highlighted this to management. The inspector viewed the interior of this shed and did not note any presence of rodents at that time. However, there was no evidence that the risks associated with rodent activity near this storage facility had been appropriately risk assessed and there had been no efforts to maintain a significantly overgrown area at the rear of the shed that could harbour rodents.

One resident had occupied this centre for a period of two weeks since it had been registered. Aside from this, this centre had not been occupied as a designated centre and there was a day service operating from the premises when the centre was not in use as an isolation hub. From speaking with the management of this centre and looking at the documentation present, such as a communication folder and handover records, the inspector was able to see that this resident had received good quality, individualised support while living in the centre. There was evidence of strong contact between the person in charge and staff of this centre and the management of the centre that the resident usually resided in, and all records viewed indicated that the transition of the resident to and from this centre was completed in a planned and person centred manner.

This resident was reported to be fully ambulant and had the support of 24-hour staff on duty to assist with evacuation in the event of a fire, and staff were suitably trained in fire safety procedures. This building was not originally intended to be a designated centre and it had been registered in response to a potential need identified at the beginning of the COVID-19 pandemic. Notwithstanding this, the fire safety systems in place in the centre were not adequate and did not meet the required standards for a designated centre. Battery operated smoke detectors were installed but there was not an appropriate fire alarm system in place at the time of this inspection. Fire-fighting equipment such as extinguishers were present, but there were no containment measures such as fire doors, and there was no

emergency lighting in the centre.

There was a risk register in place. This identified a number of risks. Risk assessments relating to the COVID-19 virus had been completed by the provider and the provider had a contingency plan in place around the COVID-19 virus. However, some risks had not been identified or appropriately risk assessed and risks specific to this centre that were inherent in its intended use as an isolation hub had not been appropriately considered. For example, the provider had not adequately recognised or addressed the risks posed by rodent activity near the storage of PPE or the risk posed to potential residents by inadequate fire safety measures. Also, an emergency plan in the centre outlined that in the event of an emergency evacuation of the centre residents could be transferred to local hotels. This did not take into account the suitability of this option for residents who potentially were infected with the COVID-19 virus, and also had not been updated to reflect the closure of some of these establishments during Level Five government restrictions that were in place at the time of this inspection.

Some improvements were required to ensure that the infection control procedures in place were sufficient, particularly given the intended use of this designated centre for the purpose of accommodating individuals suspected or confirmed to have the COVID-19 virus. There was strong documentation in place around infection control and numerous standard operating procedures were in place to guide staff. However, the inspector found that the resources outlined for the management of contaminated laundry as per one of these standard operating procedures were not in place. For example, this document made reference to a 'laundry room' and a 'laundry cart' with a clear protocol in place for the management of contaminated laundry. However, the laundry facilities in this centre were located in the kitchen and there was no laundry cart in situ. The inspector saw that there were not appropriate facilities to allow for the segregation of contaminated laundry in the event that there were two individuals occupying the centre. Also, cleaning records in place indicated that a deep clean had been carried out following the discharge of the resident the previous day. These records indicated that numerous cleaning tasks had been carried out. The inspector observed that some of these tasks had not been completed to a satisfactory standard. For example, the cleaning chart indicated that the kitchen presses had been deep cleaned with detergent and water, prior to being dried with paper towel. The inspector saw that the kitchen presses were visibly soiled and greasy and did not appear to have been cleaned in some time. As mentioned in the previously in this report, some kitchen presses had peeling paintwork and chipping, presenting an infection control risk.

Regulation 17: Premises

The registered provider had not ensured that the premises was kept in a good state of repair externally and internally. A boundary structure that separated this premises from a neighbouring property had fallen down. The back and side yard and garden area were overgrown and poorly maintained. Kitchen presses were chipped and

dirty. This premises did not have appropriate bathroom or laundry facilities to meet the objectives of the service and the needs of potential residents as identified in the statement of purpose in place on the day of the inspection.

Judgment: Not compliant

Regulation 20: Information for residents

The inspector viewed the Residents Guide on the day of the inspection. This was in an accessible format and detailed the prescribed information such as the services provided in the centre and the procedure respecting complaints within the designated centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that the resident received support as they transitioned between residential services. All records viewed indicated that the transition of the resident to and from this centre was completed in a planned and person centred manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The systems in place did not ensure that all risks were appropriately identified, assessed and managed. For example, the provider had not adequately recognised or addressed the risks posed by rodent activity near the storage of PPE or the risk posed to potential residents by inadequate fire safety measures. An emergency plan in the centre did not take into account the profile of residents who would occupy the centre and also had not been updated to reflect changing circumstances.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had in place documentation to provide for infection control

measures that was in line with public health guidance and guidance published by the Health Information and Quality Authority (HIQA). This was not reflected in practice in the centre and some of the resources outlined in the providers own procedures were not present in the centre at the time of the inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety systems in place in the centre were not adequate and did not meet the required standards for a designated centre. Battery operated smoke detectors were installed but there was not an appropriate fire alarm system in place at the time of this inspection. Fire-fighting equipment such as extinguishers were present but there were no containment measures such as fire doors, and there was no emergency lighting in the centre.

Judgment: Not compliant

Regulation 8: Protection

The person in charge had ensured that staff had received appropriate training in relation to the safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

There were no residents living in this centre at the time of the inspection. There was documentary evidence to show that the resident who had spent time in this centre was supported to exercise choice and control over their daily lives and participate in meaningful activities. There was access to a variety of information in an accessible format available to potential residents. There was information about, and arrangements in place for, access to external advocacy services if required.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area A3 OSV-0007813

Inspection ID: MON-0030849

Date of inspection: 17/11/2020

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Two meetings were convened at the premises to review the building/facilities and practice attended by the Provider Representative, Operations Manager, PPIM and PIC. An action plan was agreed to address the issues raised during the inspection. 2. a) The PIC and PPIM will visit the designated centre at least on a weekly basis when the facility is closed to undertake an audit of practices and facilities. 2 b) A template will be devised to include all areas that require auditing.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose and Function will be updated by the PIC to reflect: - changes in capacity from 2 to 1 person and - The designated centre will not be available to persons who are wheelchair users	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. An action plan was agreed to address the issues raised during the inspection: which included the installation of fire doors, emergency lighting and fire alarm system.
INTERNAL:
• Fire doors, emergency lighting and fire alarm system will be installed.
• The kitchen presses will be filled, sanded and painted.
• Bathroom – the inclusion/exclusion criteria of the SOPF will be amended to reflect supports that can be provided appropriately.
• Laundry – a single room in the building is being adapted for use as a laundry facility.
• The protocol for laundering will be amended to reflect the undated practices within the laundry room.

EXTERNAL
• New hedging will be planted in gap of the existing hedge.
• Maintenance – A plan has been agreed for essential maintenance of the grounds to be completed.
• All debris will be removed by the maintenance department.
• The windfall of the apple trees is an annual issue and a plan will be devised and implemented for daily pick up of apples.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• The PPIM and PIC will review all risks including the windfall of apples, presence of rodents and management plans will be implemented.

• The Emergency Evacuation Plans will be reviewed and updated. The 2nd Isolation Unit OSV 0002743 will be used in the event of an evacuation being required in this premises.

• Weekly visits will be completed by the PPIM and the PIC to review and identify new risks if they arise.

• Post Discharge of an individual from this Isolation Site – a risk review meeting will be completed and learning identified which will be included in the risk register

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• A review of this designated centre has been undertaken by the PPIM and PIC and the HIQA Self- Assessment on Infection Control and Prevention has been completed on 17/12/2020
• Cleaning
– the cleaning schedule for each room will be updated and implemented for the period before and during an admission to the designated centre. The PIC will have oversight on the implementation of the cleaning schedule

- following discharge of an individual from this designated centre, contract cleaners will be engaged to undertake a 'deep clean' of the premises.

• Laundry
– A single room in the building is being adapted for use as a laundry facility.

- The protocol for laundering will be amended to reflect the updated practices/procedures within the laundry room.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. An action plan which included:

- the installation of fire doors, emergency lighting and fire alarm system.

- Revised emergency evacuation plans

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	05/01/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	05/01/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	05/01/2021
Regulation 23(1)(a)	The registered provider shall	Not Compliant	Orange	17/12/2020

	ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	17/12/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	17/12/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures	Not Compliant	Orange	31/12/2020

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	05/01/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	05/01/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	05/01/2021
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	05/01/2021
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	17/12/2020