



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

Issued by the Chief Inspector

Name of designated centre:	49 Rathbeale Road
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	15 February 2022
Centre ID:	OSV-0002393
Fieldwork ID:	MON-0027464

About the designated centre

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

49 Rathbeale Road is a designated centre operated by St Michael's House located in North County Dublin. It provides a community residential service for up to five adults with a disability. The designated centre is a detached dormer bungalow which consisted of two sitting rooms, a kitchen, five bedrooms, staff sleepover room, spare room, two shared bathrooms and a utility room. The centre is staffed by the person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 February 2022	10:00hrs to 16:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met and greeted all residents in the centre on the day of inspection. Conversations between the inspector, residents and staff took place with physical distancing and wearing appropriate personal protective equipment (PPE).

One resident greeted the inspector briefly and returned to having their cup of tea, another resident was upstairs in their bedroom preparing for the day. The inspector greeted the resident and they invited the inspector in to their bedroom space for a brief chat with the person in charge also present at the time.

The resident liked to collect things and had a large collection of various items stored in their bedroom space, which impacted somewhat on the space in their bedroom. The resident told the inspector they liked to collect things and staff helped them to discard items on a regular basis to ensure it did not get too cluttered and ensured they had enough space to move around in their room. The resident had identified a goal of sourcing more storage space in their bedroom which would help with managing their large collection of items.

Later on the day of inspection, a resident returned from their day service. They greeted the inspector and spoke with them briefly. They said they were happy to be back in their day service and said they enjoyed being there. A resident, the inspector had met earlier on in the inspection, then came to say good bye to the inspector and told them that they were going out independently for a while. These two examples demonstrated residents were beginning to resume their regular day activity provision and independent skills training again and both residents appeared very happy to be able to do this again.

The inspector also had the opportunity to meet with a resident's family member, during the course of the inspection. They were very complimentary of the service received by their loved one. They felt they could visit at any time and nothing was too much trouble for the staff. They were very happy with the contact and communication they received from the manager and staff of the centre and felt staff couldn't do enough for their loved one. They also told the inspector that they knew who to raise a complaint or concern to if they needed to.

The centre comprises of a two-storey detached house located in North County Dublin. The centre is located within a short walking distance to public transport routes and supermarkets and other shops are located across the road and within walking distance.

The centre was well maintained throughout and some repair and maintenance works identified on the last inspection, had been suitably addressed. For example, new kick boards had been installed in the kitchen area and new flooring in the utility space. New exit doors had also been installed and a rear exit door to the building

had been created to enhance the evacuation options in the centre.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard with residents beginning to return to their daily activities and resume independence skills training again after a long period of time. Residents had been supported to engage in fun and pleasant activities in spite of the ongoing pandemic restrictions. The inspector observed photographs of the residents' recent trip and hotel stay. There were photographs of residents enjoying eating out and having fun.

Overall, a good level of compliance was found on this inspection. This was greatly attributable to the enhanced compatibility arrangements in the centre and an overall reduction in peer-to-peer safeguarding incidents.

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 inspector found that the governance and management arrangements had ensured safe, quality care and support was received by residents, with effective monitoring systems in place to oversee the consistent delivery of quality care.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. The inspector found that the governance arrangements facilitated the person in charge to have sufficient time and resources to ensure effective operational management and administration of the designated centre.

The provider had carried out an annual review of the quality and safety of the service for 2021, 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 visits and noted they were comprehensive in scope and provided a quality improvement action plan for the person in charge to address.

In addition, the person in charge carried out quality audit checks on an ongoing basis in the centre in relation to areas such as medication management, residents' finances, restrictive practices and accidents and incidents.

Overall, 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.

A stable and consistent staff team worked in the centre which afforded residents the opportunity to make good connections with staff that supported them. Observations made throughout the inspection noted kind and helpful interactions between residents and staff. Resident family members spoken with, during the course of the inspection, were very complimentary of the staff and the service provided.

There were arrangements in place to ensure that staff had access to necessary training, including training in a number of areas deemed by the provider as mandatory training; for example, safeguarding and fire safety. The person in charge maintained oversight of staff training requirements, the inspector found that staff had received training in all areas identified as mandatory.

They had also ensured a number of staff working in the centre were trained in emergency first aid. Further training had been scheduled for the remaining staff and was due to be completed by the end of March 2022. This was to meet the changing health care need of a resident living in the centre.

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

The inspector reviewed a sample of incidents occurring in the centre in the previous months. Overall, it was noted there were a low number of incidents occurring in the centre. This was partly attributable to two vacancies in the centre, but also to the more compatible resident group living in the centre. Where required incidents had been notified to the Chief Inspector.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration within the appropriate time-lines.

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

There had been a change of senior manager for the centre after the registration application had been submitted.

The provider had suitably notified the Office of the Chief Inspector of this change of manager and had provided all required information for the purposes of processing the notification.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and was responsible for this designated centre only.

The person in charge was found to be very knowledgeable of the needs of residents and had ensured good oversight and management systems were in place in the centre to ensure residents' assessed needs were monitored and well met.

The person in charge had the required management experience and management qualification to meet the requirements of regulation 14.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster.

The roster clearly demonstrated the full names of staff, their role and the hours rostered and actually worked each week.

The provider had ensured there was a full compliment of staff.

It was demonstrated that staffing arrangements in the centre had been effective during a recent COVID-19 outbreak in the centre. The person in charge had implemented the COVID-19 staffing contingency plan effectively ensuring residents needs were safely met during the period of time when some staff were absent.

Judgment: Compliant

Regulation 16: Training and staff development

There had been positive improvements in staff training in the centre since the previous inspection.

Overall, the inspector observed all staff had received training in mandatory areas such as safeguarding vulnerable adults, fire safety, manual handling and positive behaviour supports.

Staff were also trained in additional areas to meet the assessed needs of residents, for example all staff were trained in the administration of seizure management rescue medication.

The person in charge had ensured a number of staff working in the centre were trained in emergency first aid. Further training had been scheduled for the remaining staff and was due to be completed by the end of March 2022.

This was a considered initiative in order to safely and better support some residents whose epilepsy support needs had increased in recent times.

Judgment: Compliant

Regulation 23: Governance and management

The provider had addressed actions from the previous inspection to a good standard.

There was an annual report completed for 2021. This report met the requirements of Regulation 23 and provided a comprehensive overview of residents' feedback about the service they received. The report also gathered feedback from families and staff and acknowledged achievements over the previous year and goals for the coming year.

The provider had completed six-monthly unannounced audits of the centre. These audits had reviewed the centre's compliance with the regulations and provided an action plan for completion on foot of the audit.

The person in charge carried out ongoing operational management auditing of the centre and a monthly governance meeting between the person in charge and senior manager was also completed. Each of these audits also created an action plan for areas of improvement and it was noted where actions were identified, they had been suitably addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was found to meet the requirements of Schedule 1 and accurately described the services provided in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

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

The inspector reviewed a sample of incidents that had occurred in the previous months and noted all required notifications to the Chief Inspector had been submitted.

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.

The provider and person in charge had ensured appropriate fire safety precautions were in place in the centre. Fire and smoke containment measures were in place, fire doors were located throughout the premises and had been fitted with door closers. Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date.

A number of exit doors in the centre had been installed since the previous inspection. Key holder boxes were located at each door to ensure a key was available for staff to use in the event of an emergency evacuation from the centre. The inspector observed no keys were left in the exit doors and staff sometimes carried the exit key on their person, or the keys were left on a shelf beside the exit door. There was some improvement required in this fire safety system, as there was a risk that the keys could get mislaid.

The provider was required to review the use of keys in some exit doors of the centre, and following a risk assessment, make alternative arrangements, for example, the provision of thumb-turn opening devices on exit doors. This was to ensure the most optimum and efficient evacuation systems were in place and ensure an exit door could always be opened easily, when required.

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 ensured staff were trained in adult safeguarding policies and procedures. There had been a notable reduction in safeguarding incidents in the centre due to recent transitions occurring, the remaining resident group were compatible and overall there was a very low number of incidents occurring in the centre as a result.

Residents had begun to return to their day service provision and engaging in re-engage with their independence skills training goals. This had promoted and enhanced residents' general welfare and provided them with an opportunity to engage in meaningful activities during the day.

One resident had not returned to day service provision, however, their most recent goal setting meeting had identified that they would benefit more from a bespoke day activity plan which was run from their home. At the time of inspection, the provider was putting plans in place to resource this arrangement which would ensure the resident's quality of day activity provision was more meaningful and geared around their interests and preferences.

The inspector reviewed actions from the previous in relation to the premises. The provider had ensured a number of areas identified for repair, on the last inspection, had been addressed. Overall, the premises was well-maintained, spacious, modern and clean throughout. Residents were provided with well proportioned private bedrooms and suitably equipped toilet and bathing facilities.

Residents were supported to achieve their best possible health. Healthcare support plans were in place and provided evidence of review and recommendations by allied health professionals involved in residents' care. Some residents had experienced a change of healthcare need in recent times. The inspector reviewed an associated epilepsy care plan which provided specific emergency guidelines for staff to implement in the event of a seizure. Staff working in the centre knew residents very well and this contributed to the epilepsy and seizure observation measures as part of the residents' health care planning. Staff were trained to administer emergency rescue medication and were undergoing additional training in emergency first aid. Residents were also provided with epilepsy monitoring equipment and a waking night staff had been provided in the centre to support continuous observation and monitoring of residents' with epilepsy related conditions.

Positive behaviour support arrangements were required to meet the assessed needs of some residents. Positive behaviour support plans in place were detailed, comprehensive, developed by an appropriately qualified person and up-to-date.

Overall, there were a low number of restrictive practices utilised in the centre. Where such practices were in use, they were to manage a specific risk and had been referred to the provider's positive approaches monitoring group for approval and ongoing review.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing personal protective equipment (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.

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 and staff presenting with symptoms of COVID-19.

Some enhancement of infection control measures were required. Residents did not use the bath that was provided in the centre. It was not demonstrated that there was a programme in place to ensure regular flushing of the bath tap to prevent Legionella. This required improvement. Counter tops in the kitchen area required repair to ensure a build up of grime or bacteria could not form where there were gaps between the joins of the counter tops

There were arrangements in place to manage risk, including an organisational policy and associated procedures. Risk control measures were found to be proportionate, and supported residents to safely take positive risks. The person in charge maintained a risk register and associated personal risk assessments had also been completed and set out control measures for mitigating and managing risks presenting in the centre.

Regulation 13: General welfare and development

Residents general welfare and development were upheld in this centre and focused and inclusive person centred planning meetings had occurred for residents.

These meetings had resulted in set goals for residents and plans for the coming year with good goal planning documentation maintained in residents' personal plans.

Some residents had returned to day services, while others had resumed their independence travelling skills.

One resident had not returned to day service provision, however, their most recent goal setting meeting had identified that they would benefit more from a bespoke day activity plan which was run from their home.

At the time of inspection, the provider was putting plans in place to resource this arrangement which would ensure the resident's quality of day activity provision was more meaningful and geared around their interests and preferences.

Judgment: Compliant

Regulation 17: Premises

The provider had suitably addressed findings from the previous inspection which related to aspects of the premises which required repair.

Kick boards for kitchen presses had been put in place and the flooring in the utility room had been replaced.

The provider had also upgraded the heating system in the home and carried out insulation work in the attic space. Some residents had noted in the annual report that their home felt warmer and more comfortable.

Residents were provided with comfortable, private bedrooms and a good provision of toilet and bathing facilities.

The premises was well maintained, spacious and pleasantly decorated throughout.

Some residents required additional support around managing their personal possessions in order to encourage them to have an uncluttered bedroom space.

There were psychology support planning arrangements in place in this regard and the inspector noted staff regularly engaged and supported the resident with this process.

Judgment: Compliant

Regulation 26: Risk management procedures

There was evidence of the implementation of the provider's risk management policies in the centre.

The person in charge maintained a risk register for the centre.

Risks managed in the centre had been identified and appropriately risk rated and recorded in the risk register.

Risk assessments clearly outlined control measures in place to manage both environmental and personal risks presenting in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Covid-19 outbreak contingency planning arrangements were in place.

Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day.

Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection which were in line with recent changes to public health guidance.

Some minor areas for improvement were noted.

The person in charge did not have a Legionella prevention flushing programme in place for the centre. Residents in the centre did not use the bath that was provided in the centre. It was not demonstrated that there was a programme in place to ensure regular flushing of the bath tap to prevent Legionella. This required improvement.

Counter tops in the kitchen area required repair to ensure a build up of grime or bacteria could not form where there were gaps between the joins of the counter tops.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had suitably addressed fire safety non-compliances from the previous inspection.

All doors had been fitted with door closers, exit doors had also been replaced and an additional exit door from the rear of the centre had been installed.

All fire safety equipment had been serviced.

Regular fire drills occurred in the centre and there was evidence to demonstrated where issues had arose, these had been recorded and actions taken to address them.

Each resident had an up-to-date personal evacuation plan in place which outlined their personal support needs in the event of a fire evacuation.

The inspector observed no keys were left in exit doors and staff sometimes carried the exit key on their person, or the keys were left on a shelf beside the exit door. There was some improvement required in this fire safety system, as there was a risk that the exit door keys could get mislaid.

The provider was required to review the use of keys in some exit doors of the centre, and following a risk assessment, make alternative arrangements, for example, the provision of thumb-turn opening devices on exit doors. This was to

ensure the most optimum and efficient evacuation systems were in place and ensure an exit door could always be opened easily, when required.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve their best possible health.

Each resident's healthcare need had been determined through an assessment of need and associated care planning was in place to guide staff in the support of that need.

Some residents required considerable observation and oversight arrangements to manage their epilepsy and potential seizures that may occur due to the condition.

Support planning was in place in this regard which reflected the specific supports and emergency management measures required. Staff had received training in the administration of emergency rescue medication and were undergoing training in emergency first aid procedures with half of the staff trained and the remainder of staff due to complete their training by the end of March 2022.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, there had been a significant reduction in behaviours that challenge incidents in the centre. Each resident had an up-to-date behaviour support plan in place with provided an understanding of the cause of the behaviours presenting and recommendations and guidelines on how to best support each resident and de-escalate incidents.

The person in charge maintained a restrictive practice register. Each restriction in place had been referred to the providers restrictive practice oversight committee.

Some observational practices were in place for one resident to manage a personal healthcare risk. These observation practices had been reviewed through the provider's rights committee also.

Judgment: Compliant

Regulation 8: Protection

There was evidence of the implementation of national safeguarding vulnerable adults National policies and procedures in the centre.

There had been a number of changes to the resident group in recent times and this had resulted in a more compatible living arrangement amongst residents resulting in a greatly reduced number of safeguarding incidents.

There were no active safeguarding plans in place at the time.

Intimate care planning arrangements were in place for each resident, describing the supports they required. These plans focused on promoting the resident's independence, privacy and dignity at all times.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for 49 Rathbeale Road OSV-0002393

Inspection ID: MON-0027464

Date of inspection: 15/02/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Regulation 27 The Person in Charge has implemented a risk assessment and programme to ensure regular flushing of the bath tap to prevent Legionella in line with IPC guidance.</p> <p>Currently a new resident has moved into Rathbeale under our emergency admissions policy. Recognised in his intimate care documentation is his preference for baths. This new resident now baths frequently which significantly brings down the risk. This was reflected in the risk assessment that is in place for the centre.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Regulation 28(3)(d) A fire safety plan was put in place within the centre in conjunction with the Fire Safety Officer in relation to access to keys for the safe evacuation of residents from the premises.</p> <p>Works were initiated however due to the presentation of the new resident being under review, it was decided to pause these works as initially it was thought there may be an absconding risk. Over the last few weeks this risk has reduced. Service Manager to discuss implementation of thumb turners on all access doors on Monday the 28th of March with works to be completed by end of April 2022</p>	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	15/02/2022
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	30/04/2022