



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

Issued by the Chief Inspector

Name of designated centre:	Seirbhis Radharc an Chlair
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	22 November 2021
Centre ID:	OSV-0005026
Fieldwork ID:	MON-0026891

About the designated centre

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

Seirbhís Radharc an Chláir provides a full-time residential service for up to eleven individuals of mixed gender who are over 18 years of age and have an intellectual disability and or autism. Residents may also present with complex needs such as physical, medical, mental health, mobility and or sensory needs and may require assistance with communication. Residents have the choice of a home based day service which includes linking with their local community, or attending day programmes in the area. Residents are supported by a staff team that includes social care leaders, social care workers and care assistants. Staff are based in the centre when residents are present. At night there is a staff member on waking duty in one house, and a staff member sleeps in the other house to support residents. Seirbhís Radharc an Chláir is made up of two houses in a rural area close to the coast. Both houses are spacious with large gardens, and in each house there is also self-contained accommodation for one person. All residents have their own bedrooms. The centre has transport available at each house, to facilitate residents to access the community in line with their wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 - 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
Monday 22 November 2021	9:00 am to 5:00 pm	Cora McCarthy	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On arrival the inspector had the opportunity to meet with 5 residents in the first house. In the second house the inspector met with a further five residents. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

The residents were all up and about on the morning of inspection, some going out for the day with staff as part of an integrated day service and others going to day service. The residents were in and out during the day and interacted with the inspector at various times. The residents were very pleasant and welcoming and they seemed very proud of their home. Several residents showed the inspector their bedroom and they were decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home. The inspector noted that while the premises were warm and clean there was defective flooring in the hallway and large damp patches on the wall in the hallway. This was a result of a leak in one of the bathrooms.

The residents in the second house in the designated centre were returning from day service when the inspector visited and showed the inspector around their home and bedrooms. One resident in a self contained annexe was very proud of their home and engaged a little with the inspector indicating that they were happy. Another resident was relaxing in their bedroom and invited the inspector to have a look around their room. Their room was personalised with photos and throws and personal items that the resident had chosen and enjoyed. Again this resident gave a positive response when asked if they felt safe and happy in their home.

Residents had regular contact with family members and during the health pandemic were supported to keep in contact with their family on a regular basis, this was primarily through video and telephone calls. Residents were supported to buy new technology in order to keep in touch with families and friends. A lot of people learned to zoom and video call for chats, concerts and parties. The person in charge advised that family contact has been very good for the residents and residents who have family contact have received phone calls and used video call applications to maintain contact with parents or siblings. When restrictions eased, face to face visits were supported for families and residents. The residents birthdays and every special occasion was marked in both houses with dress up and virtual parties too.

Many of the residents engaged in fitness classes and linked into physiotherapy programmes, live online fitness classes and lots of walks locally. Residents also

concentrated on healthy eating and increasing their cooking and baking skills. One of the houses hosted their Annual Summer Party, unfortunately they didn't invite family, friends and neighbours, yet still enjoyed the BBQ, music and fun.

One of the houses had a chalet which was renovated last year and was a huge benefit for supporting people that would have previously attended their day services, it allowed people to have 1:1 supports and to engage in skills building activities of preference. The second house was intending to renovate a garage for the same purpose of providing an integrated day service which would be very beneficial as this resident group would not have to use the chalet in the other house which had at times posed difficulties.

The inspector observed the residents on the day of inspection and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. The residents told the inspector that they felt safe in their home and that the staff were very good to them. The staff present were very knowledgeable about the residents' needs and preferences and were observed chatting and laughing with the residents. One resident went out with staff and on return said they had enjoyed a walk. Residents went to concerts, meals out and holidays. Residents enjoyed TV, having meals together, and also enjoyed listening to music.

Residents were encouraged and supported around active decision-making. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. The residents said that they were happy in their home.

In summary, the inspector found that each residents well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

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

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe and appropriate to their assessed needs. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The person in charge demonstrated the relevant experience in management and was effective in the role. The provider had ensured that the staff skill mix and numbers at the centre were in line with the assessed needs of the residents, the actual and planned rota, statement of purpose and the size of the designated centre. However when the inspector reviewed the fire evacuation drills they indicated that additional staff were required at night to ensure all residents and staff could be evacuated safely in the event of a fire. The person in charge addressed this immediately.

The person in charge had a training matrix for review and the inspector noted that all mandatory training was up to date including fire safety training, safeguarding of vulnerable adults and medication management training. There was also significant training completed by staff in relation to protection against infection such as Breaking the chain of infection, Hand Hygiene Training and Infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in other areas such as manual handling and positive behaviour management.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in May and November and a review of the quality and safety of service was also carried out in December 2020. Families were sent questionnaires to complete with their feedback on how they feel their family members are being supported by the service. One family responded and thanked the staff team for keeping their family member safe during the pandemic. One family responded and thanked staff for the updates and photographs they received to show what their family member was doing during Covid when visiting was restricted. All of the families that responded stated that they were happy with the services, that they felt that their family member was respected and that they were comfortable raising issues if they had any. One family stated that they had raised an issue and it was taken on board and dealt with.

The unannounced inspection reviewed staffing, quality and safety, safeguarding and also completed a review of accidents and incidents. The actions identified the need for a review of people's day service provision after the pandemic ends. They also highlighted the need for additional space in the second house visited that would

support further integrated day programmes in the future and give people more space of their own. Also while current staffing levels were good the need for a locum relief panel was highlighted to avoid staff shortages in the future. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or are actively being addressed.

The provider had an accessible, effective complaints system in place. It was noted that there were no open complaints at the time of inspection. The provider had written policies and procedures in place, two required review and update but this was noted to be in process.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number and staff skill mix at the centre was in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received all mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. An annual review and 2 six monthly unannounced audits had also been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was

accessible.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had written policies and procedures in place, two required review and update but this was noted to be in process.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

All individuals have an up to date care plan in place and health concerns are monitored closely by the person in charge. All residents also have a communication plan and hospital passport in place which are very informative and based on assessed need as well as knowledge of the residents.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. The assessment of need included support plans in areas of mental health and diagnosis such as acquired brain injury and osteopenia. These plans were noted by the inspector to clearly identify the issues experienced by the resident and how they may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plan for the resident who presented with mental health issues was very comprehensive and staff spoken with acknowledged that support plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by residents. There was evidence that residents had regular health care reviews, access to GP and other clinical professionals such as occupational therapists, speech and language therapists and opticians.

A comprehensive behaviour support plan was noted to be in place by the inspector. This included an in depth functional analysis of the residents behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions. The residents relationships and contact with peers was through regular video calls.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs. There was evidence that the residents had meaningful activities in their community. The residents were active in their community, had a day service and the chalet for activities, went for meals out, shopping and holidays. The residents were also active on zoom during the pandemic.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Personal protective equipment in the form of face masks were introduced as mandatory for all staff to wear. However given the defective flooring and the damp patch on the wall, (as described under Regulation 17: Premises) these areas could not be effectively cleaned and decontaminated and as such good infection prevention and control could not be maintained. All training in enhanced hand hygiene and Infection Prevention Control were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national Infection Prevention Control guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19. The residents families were communicated with in relation to the new visiting protocols and were kept updated in line with government guidance. A contingency plan was developed across the organisation in line with government guidelines to ensure continuity of care to residents in the event of a staff member or resident being confirmed as having COVID-19.

The person in charge had ensured that there was a fire management system in place. All fire equipment was maintained and there was emergency lighting and an L1 fire alarm system in place. Personal egress plans were in place for the residents and there were fire doors throughout the house and automatic magnetic closers were on doors. However when the inspector reviewed evacuation drills which were carried out regularly they found that the time frame for evacuation was very high, on one drill it was 14 minutes and another was 6 minutes. The person in charge

committed to addressing this immediately and put in additional staffing at night time to allow for two staff on site to complete evacuation, thereby reducing evacuation times. However this should have been identified as a risk at prior to the inspection and addressed. Following the inspection the person in charge completed an initial assessment of individual residents to see where the greatest delays were and to explore options for reducing this. A competent person's report was completed the day after the inspection to assess the building and look at alternatives for evacuation. A review of the behaviour support plan for one resident who may not want to evacuate was completed. The person in charge also had the fire trainer come to the house to complete specific training with staff and review of evacuation and practice of evacuations with staff team. They also increased the number of fire drills to ensure staff were confident in completing day and night evacuations.

The provider had ensured that the premises were laid out to meet the needs of the resident and overall the centre was clean and warm. However the hallway flooring required repair as the timber was rising, this had been taped down and the insulating tape was lifting and posed a falls risk. There was large areas in the hallway and in the bathroom where there was damp evident on the wall and the paint was peeling, this was as a result of a leak from the bathroom shower. The centre was decorated to the residents personal taste and there were photographs and personal items around the house. Residents had adequate supplies of food in the centre including fresh fruit and vegetables and were offered choice around mealtimes.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge and staff members regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for the COVID - 19 and flu vaccine. There was evidence of regular house meetings where residents decided on activities for the week and discussed topics such as safeguarding and advocacy and how to make a complaint.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs. The residents had access to TV, Internet and had an electronic tablet for the purpose of video calls with family and friends.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the residents received appropriate care and support in accordance with assessed needs, having regard to the resident's assessed needs and their wishes. The residents had access to facilities for occupation and recreation and engaged in meaningful activities.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the residents. However the hallway flooring required repair as the timber was rising, this had been taped down and the insulating tape was lifting and posed a falls risk. There was large areas in the hallway and in the bathroom where there was damp evident on the wall and the paint was peeling.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The issues identified in relation to the risk of fire are dealt with under Regulation 28.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. However given the defective flooring and the damp patch on the wall it, (as described under Regulation 17: Premises) these areas could not be effectively cleaned and decontaminated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not have adequate arrangements in relation to evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safety.

The person in charge subsequently put in measures including additional staffing to mitigate against the risk associated with not being able to evacuate the residents in a safe time frame.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well-being of the residents were promoted in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

A comprehensive behaviour support plan was noted to be in place by the inspectors. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons and were very familiar with the two active safeguarding plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Seirbhis Radharc an Chlair OSV-0005026

Inspection ID: MON-0026891

Date of inspection: 22/11/2021

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In accordance with Regulation 17 (1)(b) in order to ensure that the premises are kept in a good state of repair, works have commenced to repair the source of the damp which is causing the timber in the hallway to rise. Following these repairs all of the flooring in the hallway is being replaced.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: In accordance with Regulation 27, in order to ensure that residents are protected by procedures and standards for the prevention and control of healthcare associated infections, works have commenced to repair the source of the damp and following these repairs, all of the flooring in the hallway is being replaced.	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In accordance with Regulation 28, measures have been put in place to ensure that effective fire safety management systems are in place. Adequate arrangements for evacuating all persons in the Designated Centre in the event of a fire are now in place. Additional staffing at night time is now in place to facilitate safe evacuations. Other environmental measures are being reviewed to support the reduction of fire evacuation times. Staff have received suitable fire training with a competent person on 02/12/2021, who has also carried out an assessment of evacuations and the building to support the reduction of fire evacuation times. Fire evacuation drills have been increased in the designated centre to ensure that staff and residents are aware of the procedure to be followed in the event of a fire. All current measures in place are being reviewed regularly to assess the most safe and effective measures. Planned environmental changes to the premises which will support safer evacuation times for residents will commence in January 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 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	31/01/2022
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	31/01/2022
Regulation 28(1)	The registered	Not Compliant	Orange	23/11/2021

	provider shall ensure that effective fire safety management systems are in place.			
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.	Not Compliant	Orange	23/11/2021
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Orange	02/12/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Not Compliant	Orange	02/12/2021

	aware of the procedure to be followed in the case of fire.			
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