

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

Issued by the Chief Inspector

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| Name of designated centre: | Rosshaven Services |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 15 November 2021 |
| Centre ID: | OSV-0005276 |
| Fieldwork ID: | MON-0028841 |

About the designated centre

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

Rosshaven Services is a residential and respite centre for people with moderate to severe intellectual disabilities, and who may also have autism, and or mental health, communication, and behaviour support needs. The service can accommodate up to five male and female residents, aged from 18 years to end of life. There are normally five full-time residential placements in the centre. The centre is a large comfortable two-storey house, which incorporates one self-contained apartment with separate secure gardens to the rear. It is located in a residential area close to both a city and a busy rural village. Residents are supported by a staff team which includes nursing and social care staff. Staff are based in the centre during the day, and remain on duty at night to support residents.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 5 |
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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 15 November 2021 | 09:00hrs to 15:30hrs | Mary Costelloe | Lead |

What residents told us and what inspectors observed

The inspector arrived unannounced to the centre and staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check.

From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The inspector met with four residents during this inspection. The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. There was an atmosphere of friendliness in the house visited. Staff were observed to interact with residents in a caring and respectful manner. The inspector did not meet with one of the residents as he was attending a local day care programme.

Staff were aware of the individual communication supports required by residents. Some staff had received specific training to assist them in communicating more effectively with residents. The inspector observed effective communication between staff and residents including the use of the Lámh key word signing system.

Throughout the day of this inspection, residents were observed to have unrestricted access to their bedrooms and the communal areas of the house, coming and going as they wished from their bedrooms and following their own routines. They were observed relaxing in a variety of communal sitting areas, having their meals in the dining room, having cups of tea and snacks and spending time in their bedrooms listening to their preferred music. During the day, residents were supported to go outside for walks and go for drives in the centres own mini bus. Staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes. Observations and related documentation showed that residents' preferences were being met.

Residents were observed being supported by staff to select their preferred meal options. There was colourful pictorial menu options and food choices displayed so that residents could easily see and select their preferred options. Residents were also encouraged and had the choice to select healthier food options including fresh fruit and vegetables, low fat foods and foods high in fiber.

Residents were supported to engage in meaningful activities in the centre. Each resident had their preferred daily activity schedule documented in picture format. Activities included massage therapy, swimming, baking, going for walks in the local parks and woods, cycling, meeting with family members, visits to family graves, going to local shops, going for coffee and getting takeaway meals. The centre had a

good sized garden for residents use which included suitable outdoor seating and dining area, swings, trampoline and poly tunnel. Some of the residents enjoyed growing flowers, vegetables and fruit with staff support. There were two vehicles available for use by residents living in the centre. One of the residents had recently got his his own tricycle and cycled daily in the local vicinity.

There were measures in place to ensure that residents' rights were being upheld. Residents likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning. One of the residents eagerly showed the inspector his personal plan and pointed to photographs of his family and home which were of great importance to him. He also showed the inspector the colourful menu options available from his favourite restaurant and his preferred meal option which he was supported to get on a weekly basis.

The centre was a comfortable two-storey house with a well-maintained garden, located in a quiet residential rural area on the outskirts of a city. It was centrally located and close to amenities such as public transport, shops and restaurants. The centre was warm, visibly clean, spacious, furnished and decorated in a homely style, however, some parts of the centre particularly the floor and wall surfaces were worn, damaged and defective in parts and were in need of upgrading. There was adequate communal and private space for residents, a well equipped kitchen and sufficient bathrooms. Residents had their own bedrooms which were spacious, comfortably decorated, suitably furnished and personalised. Residents had been involved in choosing their preferred paint colours for walls and shopping for their bedroom furniture.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre had now resumed and was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Residents were supported to regularly visit family members at home while some residents regularly met with family members for walks or coffee.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured that residents had interesting things to do based on each person's individual abilities and preferences

The next two sections of the report outline 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 residents lives.

Capacity and capability

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre.

This centre had a good history of compliance with the regulations. Improvements required in relation to issues raised at the last inspection had been addressed.

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to.

There was a suitably qualified and experienced person in charge. He visited the centre regularly and was up-to-date regarding the support and care needs of residents. He was knowledgeable regarding the requirements of the regulations and his statutory responsibilities. He was positive in attitude and demonstrated a willingness to comply with the regulations. There were suitable on-call arrangements in place to ensure that staff were adequately supported out of hours and at weekends.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review for 2020 had been completed in consultation with residents and their families. Unannounced audits were being carried out twice each year on behalf of the provider. Regular reviews of accidents and incidents, behaviours that challenge, medication errors and complaints were completed. Records reviewed indicated a high level of compliance in audits and that issues identified had been addressed. The management team met regularly and had continued to evaluate its compliance with relevant standards and regulations and bring about improvements.

On the day of inspection, there were sufficient, suitably trained staff on duty to support residents' assessed needs in line with the statement of purpose. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. The person in charge confirmed that staffing levels were kept under constant review having regards to the needs of residents to ensure appropriate and suitable staffing levels were provided.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had completed mandatory training and further training was scheduled. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative and generally up-to-date. However, there were some policies due for review during 2021 which had not yet been updated.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The complaints procedure was displayed in a prominent location in the building. There were no open complaints at the time of inspection.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters reviewed showed that this was the regular staffing pattern.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role and to improve outcomes for the residents including digital accessible technology training and Lámh key word signing systems.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in place ensured that that the service provided was appropriate to meet the needs of residents and was effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect changes to the management team and to accurately reflect the numbers of residents accommodated in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in an accessible and appropriate format in the main hallway.

There were no open complaints at the time of inspection. The person in charge advised that no complaints had been received to date during 2021.

Judgment: Compliant

Regulation 4: Written policies and procedures

Some policies had not been updated in line with their review date during 2021.

Judgment: Substantially compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Some improvements were required to the repair and upgrading of parts on the building and to some aspects of fire safety management.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences through the personal planning process, house meetings, and ongoing communication with residents and their representatives.

Residents' health, personal and social care needs were assessed and care plans were developed where required. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences, and which provided detailed information about how residents communicate their likes, dislikes and how they should be offered choice.

Residents were supported to identify and achieve personal goals and these were kept under review. Regular meetings were held to review progress of the goals. An example of goals identified included; a mini break and staying in a hotel, resuming overnight stays at home, organising a birthday celebration and losing weight. In addition, residents were supported to be as independent as possible through the identification of skill building goals, such as learning to complete various household tasks.

The inspector was satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations.

The inspector found that that residents who required support with behaviours of concern had plans in place detailing proactive and reactive strategies to support them. Staff had received training in managing behaviours of concern. Restrictive practices that were in place in the centre were kept under regular review by the

person in charge and through reviews at the organisation's human rights committee.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities. During the inspection residents spent time going places that they enjoyed. For example, going out for drives in the vehicle and going for walks in the locality. Residents were supported to visit local businesses including shops, restaurants, clothes shops, coffee shops and hair dressers.

The centre was comfortable, visibly clean, spacious, furnished and decorated in a homely style, however, some parts of the centre particularly the floor and wall surfaces were worn, damaged and defective in parts and were in need of upgrading. The person in charge advised that works to address these issues were scheduled and due to take place later in November and early December.

There were systems in place to control the spread of infection in the centre. There was clear guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' for signs and symptoms of COVID-19. There was a housekeeper on duty each day who carried out cleaning duties. The building was found to be visibly clean. A detailed cleaning plan had been developed and was being implemented in the centre. However, defective floor surfaces and raw wooden surfaces could not be effectively cleaned and was a barrier to effective infection prevention and control.

Overall, there were good arrangements in place to manage risk in the centre, however, some improvements were required to some aspects of fire safety management. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, emergency plan and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated.

While the staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents, improvements were required to ensure that all fire doors were closing properly and fitted with brush smoke seals to prevent the risk of uncontrolled fire and smoke spreading throughout the premises. This was brought to the attention of the person in charge on the day of inspection who immediately arranged for a member of the maintenance team to attend with a view to addressing the issues. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. Regular fire drills had been completed simulating both day and night time scenarios which provided assurances that residents could be evacuated

safely and in a timely manner.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs. Suitable arrangements had been made to support residents to continue to take part in activities that they enjoyed within the requirements of public health restrictions.

Judgment: Compliant

Regulation 17: Premises

Some parts of the premises were not maintained in a good state of repair, for example

- The wooden floor surfaces throughout the communal areas of the building were damaged and defective in many areas
- The wooden flooring to the ground floor kitchen apartment was severely damaged and defective.
- The linoleum floor covering in the ground floor shower room surrounding the toilet area was defective and ill fitting.
- The plasterwork to some walls was defective and damaged following a previous water leak from the ground floor shower room.
- The paintwork to some walls was flaking, marked and stained and required repainting.
- The doors to the wardrobes in the first floor bedroom were missing and required replacing.
- Defective wooden cupboards to the main kitchen required repair.
- Defective and ill fitting wooden architraves surrounding some doors required repair.

- The defective and loose emergency call strip fitted to the lower walls of the ground floor shower room required repair.

Judgment: Not compliant

Regulation 27: Protection against infection

A number of barriers to effective infection prevention and control were identified on the day of inspection

- Some worn, damaged and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.
- Raw wooden surfaces used to cover toilet cisterns were porous, not readily cleanable and therefore, could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some improvements were required to fire safety management to prevent the risk of uncontrolled fire and smoke spreading throughout the premises.

- Some fire doors were not closing properly
- Brush smoke seals were missing from some doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range

of healthcare services, such as GPs, healthcare professionals and consultants. There was evidence of referral and access to services such as speech and language therapy (SALT), dietitian, psychiatry, psychology and dentist. Residents were supported to access vaccination programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. The plans were informative and identified proactive and reactive strategies to support with identified behaviours. Staff had received training in managing behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff.

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 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Not 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 Rosshaven Services OSV-0005276

Inspection ID: MON-0028841

Date of inspection: 15/11/2021

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 3: Statement of purpose | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Designated Centre's Statement of Purpose was amended to fully reflect recent changes in management structures and forwarded to the authority on the 16/11/21. | |
| Regulation 4: Written policies and procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The National Policies of the Organization that are noted to have 2021 review dates have been reviewed by the National Policy Review Group and are expected to be signed off by the National Leadership Team at their December 2021 meeting, and will be circulated to all teams following this. The PIC has made this group aware of the potential difficulties that this will cause, and the need for this action to happen as a matter of urgency. | |
| Regulation 17: Premises | Not Compliant |

Outline how you are going to come into compliance with Regulation 17: Premises:

- The wood floors throughout the designated Centre were professionally sanded and re-sealed.
- The damaged area to the kitchen floor in the individual's apt., has been removed and replaced with suitable floor tiles.
- Damaged marmoleum flooring in the downstairs shower-room was replaced.
- The Designated Centre is being painted throughout, with damaged paint surfaces being repaired and will be completed by the 17th of December.
- We continue to look at a more suitable solution to the issue regarding the wardrobe doors in the upstairs bedroom as the individual continues to prefer to see his items.
- A new kitchen has been ordered at time or writing which is scheduled for installation in the New Year. Drawers and kitchen presses in the main kitchen that were ill fitting have been repaired.
- Architraving that was ill fitting has been replaced.
- The emergency call strip in the bathroom has been removed as it was not felt to be required.

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| Regulation 27: Protection against infection | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

As outlined under Regulation 17 the damaged and defective surfaces in the designated centre have been replaced to facilitate effective cleaning and decontamination.

The timber piece that was used to cover the cistern has been removed and replaced with a non-porous alternative that facilitates effective cleaning and decontamination.

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| Regulation 28: Fire precautions | Not Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The identified fire doors were replaced and new smoke seals have been installed throughout the Designated Centre.

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 | 17/12/2021 |
| Regulation | The registered | Not Compliant | | 25/11/2021 |

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|------------------|--|-------------------------|--------|------------|
| 28(3)(a) | provider shall make adequate arrangements for detecting, containing and extinguishing fires. | | Orange | |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 16/11/2021 |
| Regulation 04(3) | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 10/12/2021 |