



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Aras Mhuire Nursing Facility
Name of provider:	Aras Mhuire Limited
Address of centre:	Beechgrove, Drogheda, Louth
Type of inspection:	Announced
Date of inspection:	08 January 2020
Centre ID:	OSV-0000114
Fieldwork ID:	MON-0022722

About the designated centre

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

The designated centre mainly provides care and support to meet the needs of residents of the Medical Missionaries of Mary congregation. It also provides care services to lay people and can accommodate both male and female residents. Aras Mhuire Nursing Facility provides twenty-four hour nursing care to 30 residents for long-term (continuing, palliative and dementia care) and short-term services (assessment, rehabilitation, convalescence, post-operative and respite care). Residents are generally over 65 years of age but people over 18 years of age may be accommodated.

The centre is a single storey building located in an urban area on an elevated site. All bedrooms are spacious and for single occupancy. Each bedroom and its full en-suite facility is wheelchair accessible. The centre is decorated and furnished to a high standard and a variety of sitting rooms and seated areas, a large spacious dining room, oratory/chapel, meeting room and hair salon is available for residents' use. A well-manicured central secure and accessible garden courtyard is available and a number of other surrounding outdoor areas and herb gardens are available.

The philosophy of care is to provide a homely and relaxed atmosphere of support and encouragement, sensitivity and compassion, hospitality, loyalty and respect for all in times of sickness, convalescence, ageing, suffering and death. The ethos of the centre promotes health, independence, dignity and choice. A person-centred approach to care supported by a multidisciplinary team is central to delivering this service. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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
Wednesday 8 January 2020	08:30hrs to 16:45hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

All residents who spoke with the inspector on the day confirmed that they were satisfied with the care and services they were receiving in the designated centre. They all mentioned how kind and respectful staff were and that the care they provided was excellent. Some mentioned the welcoming environment, the hospitality extended to visitors and the spirit that pervaded the home, which was in itself 'healing'.

The inspector also reviewed 11 questionnaires completed prior to inspection by the residents, their relatives or their representatives. They were unanimous in their views that the food and the activities available to them were of high quality, their rights were respected and that if they had any complaints they would be quickly and appropriately addressed.

Residents stated that they felt safe living in the centre and that they valued the location and accessibility of the centre, which allowed them to maintain close links with the community.

Capacity and capability

This was a well run centre, which provided a valuable service for the residents living there and in the nearby community. The inspector followed up on the action plans from the previous inspection and found that they all had been satisfactorily completed. There were no complaints at the time of inspection.

Good leadership, governance and management arrangements were in place which contributed to residents experiencing a good service. The registered provider representative maintained good oversight of the service by regular communications with the person in charge and daily visits to the centre. There was evidence that any issues identified were followed up in a timely manner. The systems in place were found to be of a good standard and provided good oversight and assurance to the provider that the service was being delivered safely and effectively.

The management team was experienced, well-established and ensured that the service provided met residents' needs, it was appropriate, consistent and effectively monitored. The person in charge together with the clinical nurse manager (CNM) carried out regular audits in a number of areas including infection control, medication management, use of restraints, falls audits, wounds, care plans and environmental audits. An action plan was created to follow up on any identified areas for improvement, which were then tracked and discussed at the monthly management meetings. Any risks identified were entered in the risk register, which

was updated on a monthly basis and escalated to the register provider representative where required. The management team also collated monthly quality reports and statistics on residents' occupancy, resources, staffing, catering, finance and maintenance, which were submitted to the executive board and discussed at the monthly governance meetings.

There was evidence of good consultation with the residents and their wishes informed the service and the annual review.

Based on observation, a review of rosters, discussion with residents, staff and visitors, the inspector was satisfied that there were sufficient numbers of staff available to meet residents' needs on a daily basis. There were no staffing vacancies at the time of inspection. The configuration of staff was reviewed regularly by the person in charge, and changes were made as required.

Staff had completed all the mandatory training and had access to a range of relevant courses including dementia care, the use of restraints, palliative care, nutrition and infection control. A learning culture was evident at the heart of the organisation with mandatory study days scheduled for nurses for the completion of additional professional development courses. This ensured that residents were provided with a high standard of evidence-based nursing care. As part of the quality improvement agenda a new computerised system for medication management was being introduced in the centre by the end of the month, and additional time had been allocated to ensure staff received training prior to its implementation.

There were good systems in place to ensure the information was effectively communicated to all staff. The inspector saw minutes of regular meetings with staff from various departments where relevant operational information was communicated and discussed with staff.

Documents such as the statement of purpose and the contracts of care were all in place and overall met the regulatory requirements. Some improvement was required to ensure all notifications, including the six-monthly notification were appropriately notified to the Chief Inspector of Social Services, in line with regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

An application to register the designated centre had been completed and submitted within the required time frames.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who had the authority to manage the team and was accountable and responsible for the provision of the service.

The person in charge worked full-time in the centre. She had a management qualification and had worked in this role in services for older people for more than 10 years.

The person in charge demonstrated good attitude to regulation, good knowledge of legislation and a commitment to provide a good quality service and enhance the quality of life for the residents living in the centre. She was well-known to residents and relatives, who reported that management were approachable and always available to them.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate numbers of staff with the right knowledge and skills to meet the assessed needs of the residents, taking into account the size and layout of the designated centre. There were no volunteers working in the designated centre.

There was at least one registered nurse on duty at all times as confirmed by the person in charge, the statement of purpose and the staff roster. A sample of staff files were reviewed and all were found to include the information required by Schedule 2 of the regulations. All staff had been vetted by An Garda Síochána (police) and all nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 16: Training and staff development

Staff had good access to mandatory and other relevant training and they were sufficiently knowledgeable regarding operational policies and residents' individual needs. All staff had their mandatory training completed and up to date.

There were clear processes in place to support and supervise staff in their work. New staff availed of induction and completed a probation period. The inspector saw evidence of regular staff performance appraisals and probation reviews. Staff were aware of the reporting structures in the centre and informed the inspector that their views were valued and taken into account by the management.

Judgment: Compliant

Regulation 23: Governance and management

The centre was adequately resourced and the person in charge had the authority and autonomy to manage the service.

There was a clear management structure setting out the roles of people involved in running the centre. Staff spoken with during the inspection were clear of who they reported to and those who were responsible for the running of the centre.

The inspector was satisfied that there was good oversight and good systems in place to ensure the service was effective, safe, consistent and appropriately monitored for the benefit of the residents accommodated in the centre.

The inspector saw evidence of the 2018 qualitative report in the form of annual review. There was evidence to show that consultation with the residents and relatives occurred and informed the service.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents had a contract of care in place, which was signed on admission and included the terms and condition of residence in the centre and detailed the fees and services to be provided. All accommodation was provided in single rooms and confirmation was received following inspection that all contracts of care specified the rooms numbers in accordance with updated regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided in the centre. It had been reviewed in the past year and was available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents were brought to the attention of the Chief Inspector in a timely manner. The number of reportable incidents was low and all quarterly reportable events had been appropriately notified.

The six-monthly notifications for the previous year had not been timely submitted as per regulatory requirements. They were submitted retrospectively immediately following the inspection.

Judgment: Substantially compliant

Quality and safety

Overall the quality of care and support provided to the residents was found to be of a good standard. The atmosphere in the centre was relaxed, friendly and welcoming. Based on observation, conversations with residents, visitors and staff and a review of the documentation available, the inspector was assured that the residents living in this centre experienced a good quality of life and had access to a range of health and social care services to meet their ongoing needs.

However, further improvement was required in the areas of care planning, fire safety and premises. These will be briefly addressed below and further expanded under their respective regulations.

Residents' care plans required full review to ensure the residents were protected by consistent and safe nursing practices. The arrangements to meet each residents' needs as set out in the care plans viewed by the inspector, were inconsistent. While some good examples of person-centred care plans were seen, others were generic in nature and did not describe the current assessed needs of the residents.

In addition, a number of residents did not have a care plan commenced for more than one week following admission to the centre, which was not in accordance with local policy or regulatory requirements. Despite carrying out audits of residents' care plans, this area for improvement had not been identified and addressed by the person in charge. However, the inspector was satisfied that once initiated, the care plans were reviewed and evaluated on a four-monthly basis, and were largely informed by various validated tools and nursing assessments.

While the care planning records required improvement, the inspector was assured that residents received a good standard of nursing care as evidenced by other quality indicators such as the low levels of restraints, low incidence of falls, no pressure ulcers and residents' nutrition status and as confirmed by the feedback

received from residents and relatives.

The inspector observed a number of positive connections and person-centred interactions between staff and residents throughout the day and was assured that residents' individual needs were well-known to staff. Interactions were dignified, personalised, respectful and promoted residents' autonomy. Staff used a positive approach to responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Where required, residents had access to and were also referred for assessment by mental health or later life services.

A restraint-free environment was promoted and a register of restraint usage was maintained and subject to regular reviews. The restraints levels was low and there was an ongoing commitment to reducing the number of bedrails in use in order to promote the safety of the residents.

Policies and procedures that ensured the residents were protected from abuse were implemented. Residents felt safe in the centre and staff had the required knowledge and skills to identify and act on potential concerns or allegations of abuse.

Overall, the design and layout of the centre was suitable for its designated purpose however the storage of assistive equipment required review. The centre was clean and suitably decorated and efforts to enrich the environment and create a homely atmosphere for the residents were evident. Infection control practices observed were good and in line with best practice.

Some improvements were also required in relation to the fire safety arrangements to ensure residents' safety was maximised, specifically in respect of the requirement for self-closing devices to be fitted for each fire door, including residents' bedrooms. This is further discussed under Regulation 28.

Overall, risk was well-managed. Where hazards and risks were identified, appropriate contingency measures were put in place to mitigate it.

Regulation 17: Premises

The designated centre was a single storey building, which provided residential accommodation in 30 single bedrooms all with full en-suite facilities. All rooms were bright and spacious, fully fitted, furnished to a high standard and their layout and design promoted residents' rights for privacy and dignity. Rooms were noted to be personalised with ornaments and photographs belonging to the residents, who were encouraged to retain their own possessions. Each resident had access to a lockable press in their rooms, a television set and a telephone.

A number of communal assisted bathrooms were also available to the residents, including three large bath facilities for residents who preferred baths instead of

showers.

However, the storage areas in the designated centre required review to ensure the assistive equipment was safely and appropriately stored. There was a wide range of resources and suitable equipment available to meet residents' assessed needs. The inspector noted two hoists and one wheelchair inappropriately stored in one corridor. While they did not obstruct a fire exit, they were a tripping hazard for the residents with sensory or cognitive impairments.

Communal areas were safe, inviting and comfortably furnished and there was good natural light and signage throughout. The dining area was large, spacious and tastefully decorated and could accommodate all residents in one sitting. Several other communal areas were available for residents' use. These included a large oratory, a visitors' room, a busy hairdresser's saloon, sitting areas, a therapy room, and a library. The variety of communal rooms throughout the building offered residents choice in relation to socialising, while also providing access to quiet spaces. In addition, there was a large activity room fitted with French doors that fully opened up into a safe and well-maintained internal garden.

The internal garden was wheelchair-friendly and accessible from various points throughout the building. The garden had safe pathways to promote residents' independence while maintaining their safety. At the back of the building there was another external area appropriately furnished with benches and raised flower-beds available to the residents

The premises were well-maintained throughout. Appropriate handrails were available in bathrooms and along the corridors. The sluice facilities had workable bedpan washers and there was adequate cleaning equipment in place.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight for risks associated with the centre. Health and safety audits were carried out and any identified risks were addressed and followed up. The risk register was maintained up to date with good control measures in place for all identified risks.

With the exception of the inappropriate storing of assistive equipment on the corridor (which could pose a risk of trips and falls to the residents), the centre was free from hazards. This is addressed under Regulation 17.

The systems in place ensured that the health and safety of residents, staff and visitors was promoted and protected. Service records showed that equipment had been regularly serviced. The centre had an up to date safety statement in place.

The risk policy had been reviewed in the past three years and included the

management of specified risks such as abuse, absconsion, self-harm, aggression and violence, and accidental injury to residents, visitors and staff.

Judgment: Compliant

Regulation 27: Infection control

Infection control practices were safe. There were adequate hand-washing facilities and good cleaning systems in place. The inspector observed good infection control practices and hygiene standards implemented by staff during the course of inspection. The designated centre was very clean, hygienic, free from odours and there were sufficient sanitary facilities for the number of residents. Alcohol gel was available throughout the centre and staff were observed using it.

There was a comprehensive policy in place and staff were knowledgeable of the standards for the prevention and control of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

While the registered provider had good arrangements in place to contain the spread of fire, some further improvement was required. All bedroom doors were fire safety doors. However, while the bedroom doors were fitted with the mechanism for automatic self-closure in the event of fire, they were not operational to ensure that doors would close when the fire alarm was triggered and therefore prevent the spread of smoke and fire within the zone. The centre was compartmentalised in a number of zones and used progressive horizontal evacuation to evacuate the residents to a nearby area of safety.

All staff had the mandatory fire training up to date. Staff spoken with were knowledgeable and confident in what to do in the event of fire. Fire drills were carried out regularly and overall they provided good detail of the evacuation process. No recent fire drill had been carried out using night staffing levels and since the size of some compartments was very large (accommodating up to 12 residents) the inspector requested further assurances that staff could safely evacuate a full compartment in a safe and timely manner. Satisfactory assurances were received following inspection, which included the learning outcomes and embedded changes to the local policy and fire evacuation procedure.

Records showed that the fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly. The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were

maintained and updated for each resident. Fire exits were free from obstruction and were regularly checked to ensure the evacuation of residents, staff and visitors was not hindered in the event of emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' records were held in both paper and electronic format. Residents' care plans were maintained on a password-protected computerised system. A comprehensive pre-admission assessment was completed by the person in charge, or the CNM, prior to admission to the centre to ensure that the centre could meet residents' needs. However, from a sample of care plans reviewed on this inspection, the following areas for improvement were identified:

- Each residents' care plans was not initiated within 48 hours from admission.
- Not all residents' care plans contained sufficient information to guide care. For example some care plans did not contain any information on residents' mobility, communication, cognition, activities and well-being.
- Not all care plans contained up to date information about residents' current needs and health status.
- Improvements were required to ensure each care plan was personalised to reflect the residents' needs, interests, wishes and preferences.
- There was inconsistent evidence of residents' involvement or consultation in their care planning arrangements.

The inspector found that residents' assessments were reviewed at four-monthly intervals or sooner, if required. There was a range of risk factors assessed and reviewed regularly. This included falls risks, pain, vulnerability to pressure area problems and inadequate nutrition. Where risks were identified they were appropriately mitigated and there were care plans that described prevention measures to guide staff action and avoid deterioration in health or incidents.

There were no residents with pressure sores in the centre and chronic wounds were managed well. Pressure relieving equipment was available to residents when required. Falls were proactively managed, trended and monitored and in most cases, fall prevention measures were incorporated in residents' mobility care plans. As a result, the number of falls sustained by the residents had halved in a three-year period.

Judgment: Not compliant

Regulation 6: Health care

Overall, residents' healthcare was being maintained by a good standard of evidence-based nursing care with appropriate medical and allied health care support available via a referral process.

Residents could retain their own general practitioner (GP) and had access treatment and expertise as required. The GP visited the centre twice weekly and out of hours doctor services were also available if required. Access to national screening programmes was facilitated for those residents who met the required criteria.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who presented with responsive behaviours were provided with appropriate positive behavioural supports to meet their needs. Behavioural care plans were comprehensive and provided detailed and person-centred information on diversionary strategies that staff could use to reassure the individual residents.

A restraint-free environment was promoted in line with national guidance and best practice and there was a consistent drive to reduce the number of restraints in the centre. A variety of alternatives to bed rails were available and trialed. These included low-low beds, sensor alarms, bed levers, half bed rails and floor mats. One resident had been provided with an electric double bed to support their needs. Bed rails were only fitted following a rigorous assessment and were subject to regular reviews. Where residents requested the use of restraint, there was evidence of informed consent.

Audit records demonstrated that bed rail usage was decreasing in line with the centre's stated aim to work towards a restraint-free environment.

Judgment: Compliant

Regulation 8: Protection

All staff had completed the mandatory training in safeguarding vulnerable adults and understood how to recognise instances of abusive situations. Staff spoken with were aware of the appropriate reporting systems in place and the steps to be taken if they suspected, witnessed or had abuse reported to them, as per policy. Residents who spoke with inspectors said they felt safe in the centre and that staff were respectful of their health and social care needs.

The provider acted as a pension-agent for a number of residents living in the centre. The management team understood their responsibilities in relation to the welfare

and protection of residents' finances and provided written assurances and confirmation that their systems aligned with the regulatory requirements as set out by the Department of Social Protection. The inspector reviewed individual transactions and the management of petty cash and was assured that there were good processes and systems in place to keep residents' personal monies safe and to enable residents to access their money outside office hours, if required. The inspector found that residents' personal possessions and property were adequately safeguarded and that all their needs were adequately addressed and effectively met by the registered provider.

Residents had access to advocacy services where required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	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 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Aras Mhuire Nursing Facility OSV-0000114

Inspection ID: MON-0022722

Date of inspection: 08/01/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The six monthly NF40 where no report is required I amended this</p> <p>Immediately.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have removed the hoists to a storage area.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>We have at present three quotes for electromagnetic devices to be fitted to all bedroom doors that release when the fire alarm operates allowing the door to close the installation of this system</p>	

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All Nurses attended an Epicare review meeting where individual Residents were assigned to Nurse,s and education and responsibility for care plans was defined. And will be audited at regular intervals.</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(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	24/02/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2020
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.	Not Compliant	Yellow	24/02/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Not Compliant	Orange	24/02/2020

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	24/02/2020