



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Gowran Abbey Nursing Home
Name of provider:	Gowran Partners T/A Gowran Abbey Nursing Home
Address of centre:	Gowran Abbey Nursing Home Limited, Abbey Court, Gowran, Kilkenny
Type of inspection:	Announced
Date of inspection:	04 February 2020
Centre ID:	OSV-0000232
Fieldwork ID:	MON-0023120

About the designated centre

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

Gowran Abbey Nursing Home is a purpose-built single-storey building that first opened in 2007. It consists of 51 single ensuite bedrooms. The provider is a Limited company called Gowran Partners. The centre is located on the outskirts of Gowran village, Co Kilkenny situated in a quiet cul-de-sac among 10 retirement houses for independent living. The location is convenient for access to the GP surgery, pharmacy, post office and shop. The centre provides care and support for both female and male adult residents usually aged 50 years and over requiring long-term care with low, medium, high and maximum dependency levels. Persons under the age of 50 years may be accommodated following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual, and that there is no adverse impact on them or other residents. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess a potential resident's needs to ensure the centre can cater for each individuals' needs. The centre currently employs approximately 64 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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
Tuesday 4 February 2020	09:30hrs to 17:40hrs	Liz Foley	Lead
Wednesday 5 February 2020	09:20hrs to 17:20hrs	Liz Foley	Lead

What residents told us and what inspectors observed

This centre promoted a person-centred ethos of care and provided meaningful activities for its residents. The inspector spoke with residents throughout the inspection and family members who were visiting were also consulted with where appropriate.

This is a single story purpose built centre which was warm, bright with lots of natural light in day rooms and communal areas, and was clean to a high standard. Residents had a choice of communal spaces and the environment supported way finding and independence with assistive hand rails and pictorial directional signs. Residents were observed in various communal spaces, some enjoying a late breakfast and others enjoying one-to-one and group activities. The atmosphere was calm and friendly; residents were smiling and engaging well with staff and each other throughout the days of the inspection. The centre was situated in its local community and residents from the locality spoke of the importance of belonging to their community and the convenience for families and friends to visit.

Automatic door closers had been removed from bedroom doors; while this did not impact on the daily experience of the residents it posed a risk to their safety in the event of a fire in the centre. This is further discussed in the compliance section of the report.

A successful activity programme was running in the centre and residents took every opportunity to participate in the many group and individual activities. Residents were excited about the activities and were central to the ongoing development of the programme. In the day room residents were observed in deep concentration playing virtual golf. At the same time in another area of the room residents were watching an old black and white movie. A whiteboard listed the day's activities and residents told the inspector it varied every day and were observed checking the board to ensure they didn't miss any of their favourite activities. One resident in his senior years had mastered virtual golf and told the inspector how much he enjoyed winning. The centre had developed its own currency and this was used as reward or a prize which the residents then had an opportunity to use at a monthly auction. A full time activities coordinator worked in the centre and was supported daily by care staff who were specifically assigned to activity provision for specific periods. This helped to ensure the varied needs of individuals were met. Residents who could not actively participate in groups were included where possible in observing and interacting with staff assistance and also provided with individualised one-to-one activities. The centre had developed a unique method of monitoring activity provision to individuals and this also helped to ensure that all residents were provided with equal opportunities for meaningful recreation.

Residents also spoke about access to daily mass in the centre and appreciated this facility. Two of the centre staff had also become Eucharistic ministers and facilitated religious practices in the centre. Residents of other faiths were also facilitated in the

centre.

Access in and out of the centre was restricted by a key code at the front door however, the code was available to residents and visitors. While staff were aware of the restrictive nature of the doors some felt it was required for security and had not considered the impact on residents' freedom. Use of bed rails was low in the centre and residents were free to use the centres internal courtyards. One area in one of the courtyards housed a resident's raised planting beds. Residents had choice over their daily routine and some told the inspector about their care plans and detailed the centre's procedure for reviewing their care. Residents contributed in the organisation of the centre; this was evident in the meetings and satisfaction survey's viewed.

A Registrar and Garda were visiting the centre to facilitate voting in the upcoming general election for residents who were unable to leave the centre to vote. Residents were assisted and supported to vote if desired.

Many observations were made of positive and meaningful interactions with staff and residents; it was evident that all disciplines of staff were competent in engaging with residents of varying dependencies and needs and were aware of individual's needs.

Residents were very happy living in the centre and felt safe a very well cared for. The centre was described as a 'powerful place' and a 'home from home' where staff were 'wonderful and kind'. Some residents did say that staff were busy but they always attended promptly. The service and staff were highly praised by residents and their visitors throughout the inspection.

Seven questionnaires were returned as part of the inspection preparation and feedback in these reflected the positive feedback above.

Capacity and capability

This was a well-managed centre with systems in place to monitor the quality and safety of care. Improvements were required to the oversight of fire safety, as systems failed to identify and therefore manage active risks associated with the containment of fire and evacuation drills. Overall systems were in place to support the safe and effective delivery of care to residents.

This was an announced inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. Actions and improvements from the previous inspection were found to be completed. Unsolicited information about poor care and poor complaints management was submitted to the Chief Inspector prior to this inspection and was unfounded.

Systems were in place to monitor the quality and safety of care and were generally effective with the exception of fire risks that had were not being managed. The

provider took immediate steps to assess and manage this risk and had undertaken to come into compliance within a specified time frame. Clinical and quality monitoring systems were effective and informed ongoing improvements in care and ensured appropriate and effective care pathways were in place for individuals. Feedback on the service from residents was central to the ongoing organisation of the service. Good records management and communication also supported the effective delivery of the service.

There were sufficient resources to provide care in line with the centre's statement of purpose. Staffing levels were sufficient to meet the assessed need of the residents. Staff were supported by ongoing training and good levels of supervision. All staff were up to date with mandatory training which included fire training, manual handling and safeguarding. Infection control and hand hygiene training will now become annual training in line with best practice guidelines. Staff were supported to undertake additional training to enhance their development and benefit the service, for example, two nurses recently completed level 6 certificates in gerontology. All staff were Garda vetted, however two staff had recently been recruited prior to receiving valid Garda vetting disclosures which was not in line with the centre's policy.

Complaints management was reviewed and found to be effective. Complaints were robustly investigated and recorded. The centre was a pension agent for some residents and improvements were required to ensure these arrangements were in line with the Department of Social Protection guidelines.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff were found to be appropriate to the assessed needs of the residents and the design and layout of the centre. There was a minimum of two registered nurses on duty 24hrs per day.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date with mandatory training which included safeguarding, manual and patient handling, fire safety and medication management for nurses. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were viewed and required additional items; this was completed on inspection. Otherwise all records as set out in schedules 2, 3 & 4 were available to the inspector and these records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the effective delivery of care in line with the centre's statement of purpose. There were clear management structures in place and all staff were aware of their respective roles and responsibilities. The person in charge was an experienced nurse manager who worked full time in the centre and was supported by a senior nursing and care team.

Records of regular centre and provider management meetings supported the centre's systems to monitor and evaluate the effectiveness of the service. Systems in place to monitor fire safety and infection control required review as associated risks had not been identified by the service. Clinical, safety and operational audits

were routinely carried out and informed ongoing quality improvements in the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contract for the provision of services contained all of the items as set out in regulation 24. There were two different templates in use, with the newer template more in line with recent Competition and Consumer Protection Commission guidelines.

Judgment: Compliant

Regulation 3: Statement of purpose

Amendments were made to the centre's statement of purpose during the inspection. The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 30: Volunteers

Volunteer's attended the centre to enhance the quality of life of residents. Volunteers were supervised and had Garda vetting disclosures in place. Their roles and responsibilities were set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found good management of same.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure in the centre. Residents and families were aware of the procedure and would not hesitate in speaking to any member of staff if they had any issues. Complaints were robustly investigated and clear documentation was retained separate to the residents care plan. The complaints procedure contained an appeals process and was displayed in various areas throughout the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life in this centre and their well-being was promoted through evidence based care and an effective activities programme. Improvements were required in fire risk assessment and safety. Further improvements in infection control and care planning would further enhance the quality and safety of care provided.

Fire safety issues found on inspection had not been identified by the service. This impacted on the safety of all persons in the event of a fire situation and an action plan was issued on inspection. The provider acted immediately to assess the risk and subsequently put a plan in place to mitigate it. The maintenance of fire detection systems and emergency lighting was in line with standards and staff were up to date with annual fire training. Further evacuation drills were required following the inspection to provide assurances that all residents could be safely evacuated in the event of a fire.

There was a high standard of evidence based healthcare provided to all residents. Improvements made following the previous inspection in documenting care plan reviews had not been sustained and more detail was required in activities care plans. Validated assessment tools were used and underpinned effective care planning practices overall. Care plans were person-centred and detailed enough to

guide staff to care for residents' individual needs and preferences. Residents were supported to access GP and allied health services they required.

Residents with dementia who were prone to responsive behaviours were supported to live a good quality of life in this centre. The use of restrictive bed rails was low and in line with the national policy. The front door of the centre was restricted and required a code to be opened. While this code was available to residents, the provider undertook to assess its impact on residents' freedom particularly as there were few residents living in the centre that required environmental restrictions to maintain their safety. There were good examples of positive risk taking. Some residents regularly left the centre to participate in occupational activities in the local community; this was very important to their well-being and sense of contribution.

The centre was clean and maintained to a high standard. Improvements to infection control practices and policy would further promote and protect residents from infection risks. The environment was comfortable, bright and met the needs of the residents.

Mealtimes were a pleasant experience and residents' nutritional needs were met through a varied and nutritious menu and routine nutritional screening.

Residents' rights and choice were respected in the centre. Residents were encouraged to contribute in the organisation of the service and it was evident that their views and preferences were respected. A successful activities programme enhanced the quality of life for residents and provided opportunities for some residents to flourish.

Regulation 12: Personal possessions

The centre acted as a pension agent for some residents. There were robust accounting arrangements in place and quarterly statements were furnished. Improvements were required to ensure the banking processes around pensions were in accordance with Department of Social Protection guidelines.

Judgment: Substantially compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents. Improvements were found in the storage of equipment with large items now stored in a designated area and in store rooms. There were adequate communal spaces with comfortable

furnishings and lots of natural light.

Judgment: Compliant

Regulation 18: Food and nutrition

The individual dietary needs of residents was met by an holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met.

Meal times varied according to the needs and preferences of the residents particularly breakfast times. The dining experience was relaxed and there were adequate staff to provide assistance and ensure a pleasant experience for residents at meals.

Judgment: Compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. The following improvements were required;

- The policy required updating to reflect current guidelines and national standards.
- Handrails in some bathrooms were painted and did not allow effective cleaning in these high risk areas.
- The storage of equipment in sluice rooms required review to ensure clean equipment and consumables were removed to a more suitable storage area and that pots and urinals were stored correctly after cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

There was inadequate risk management around fire safety specifically around the containment of fire and evacuation of all persons in the event of a fire.

Bedroom doors in the centre did not have automatic closing devices and this posed

a risk to all persons in the event of a fire. There was no risk assessment of the impact of this on residents or controls to mitigate the risk. Automatic door closers are important as they can delay the spread of fire and allow time to evacuate residents. The inspector observed that some bedroom doors were ajar and residents and staff confirmed that some bedroom doors were left open at night according to residents' preferences. An immediate action plan was issued during the inspection and the provider subsequently undertook a full risk assessment and has a plan in place to address the issue.

There were no reports for fire drills with night time staffing levels in the centre's largest compartment. Records of simulated training drills did not provide assurances that all persons would be evacuated safely in a real fire situation. Improved drill times were submitted by the provider following the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A care plan had been developed for each resident within 48 hours of their admission. Validated nursing assessment tools were used, for example, to assess nutrition, risk of pressure sore development, dependence, cognitive ability and risk of falling. Care plans were person-centred, detailed and reflected best practice. Improvements were required to ensure social care plans were detailed enough to guide staff and that care plan reviews were consistently documented.

Judgment: Substantially compliant

Regulation 6: Health care

A high standard of evidence based nursing care was provided to all residents with a focus on residents' will and preference. Residents were supported to access national screening programmes and other allied health care services as required, for example, dietician, occupational therapy, chiropody, specialist wound care, dentist, audiology and optician services. Additional support from specialist psychiatry and palliative care services was also available in the centre when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviours' (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Behavioural assessments were completed and informed an holistic approach to managing residents' responsive behaviours. This resulted in opportunities to support staff to work therapeutically with residents and improve the quality of life for these residents through a reduction in the number and intensity of episodes of responsive behaviours.

The use of bed rails was low and all physical restrictions were risk assessed and subject to safety checks in line with the national policy on restraint and the centre's policy. The front door of the centre was secured with a key code and this code was made available to residents. The provider had undertaken to review this practice with regard to its impact on residents' freedom as the majority of residents living in the centre did not have any assessed risk associated with leaving the centre.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. All staff had completed up-to-date training in the safeguarding of residents and were familiar with the signs of abuse and with the procedures for reporting suspected abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights were respected in the centre and the ethos of care was person-centred. A successful activities programme was running in the centre which catered for the needs of all residents of all abilities. A system of monitoring activities ensured that the most vulnerable residents were given time for individualised one-to-one activities in accordance with their need and preference.

Privacy and choice were respected, and residents were supported to exercise their civil, political and religious rights. Residents were consulted with and involved in the organisation of the service.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gowran Abbey Nursing Home OSV-0000232

Inspection ID: MON-0023120

Date of inspection: 05/02/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Remedial measures in relation to issues identified in relation to Fire Safety Risk Assessments and Infection Control commenced on day of Inspection and have been addressed, completed and fully implemented. • Detailed Action Plan and correction measures as implemented has been submitted to the Inspectorate. 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Required improvements to ensure the banking processes around pensions are in accordance with Department of Social Protection guidelines have been implemented and an application for a separate 'Interest Bearing' Bank Account for lodging residents monies is currently being processed by Bank. 	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Our Infection Control Policy has been updated to reflect current guidelines and national standards and frequency of staff training changed from bi-annually to annually. The revised Policy has been disseminated to all staff.
- Painted Handrails in bathrooms have been replaced.
- Storage facilities in Sluice Rooms have been changed to reflect advice received during Inspection.

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

- A comprehensive risk assessment has been completed in relation to fire safety and all necessary actions taken to ensure we are in compliance with Fire precautions.
- All staff receive a minimum of annual fire safety training and the training process has been enhanced to reflect implemented changes.
- Action Plan and correction measures as implemented has been submitted to the Inspectorate

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Care plans will continue to be person-centred, detailed and reflective of best practice.
- Nursing staff will work closely with Social Care Co-ordinator to ensure social care plans are detailed enough to guide all staff and all reviews recorded on E-Nursing Programme.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	15/04/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	15/02/2020

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Yellow	27/02/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Yellow	15/02/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/02/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	27/02/2020

	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	27/02/2020