



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sonas Nursing Home Belmullet
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Tallagh, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	22 May 2019
Centre ID:	OSV-0005589
Fieldwork ID:	MON-0022423

About the designated centre

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

Sonas Nursing Home Belmullet is registered to provide care to 48 residents over the age of 18 who require long or short term care. Residents with dementia care, physical disability or palliative care needs are accommodated.

The centre is located in a residential area approximately one kilometre outside the town of Belmullet Co. Mayo. It is a single-storey bungalow style building. Bedroom accommodation consists of twenty four single and twelve twin bedrooms. The communal space includes two sitting areas, a visitor's room/office, a dining room, oratory and a smoking room. There is a suitable enclosed garden that is readily accessible to residents. Adequate showers, toilets and bathrooms are available.

The overall objective of the centre is to promote, maintain and maximize the independence of each resident in accordance with his or her wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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How we inspect

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
22 May 2019	13:30hrs to 19:30hrs	Geraldine Jolley	Lead
23 May 2019	08:30hrs to 16:00hrs	Geraldine Jolley	Lead

Views of people who use the service

Residents gave positive feedback to the inspector about their experiences of living in the centre. They said that staff were very good to them, that they felt they had made good decisions when deciding to move to the centre and said they enjoyed a good quality of life. The activities, the regular opportunities to go out and the food served were particular aspects of the service that residents valued.

The staff team were described as friendly, always good humoured and caring. Residents said they responded to their requests for assistance promptly and they did not have to wait long if they rang the calls bells. Residents confirmed they were happy with their accommodation and said they had been encouraged to bring in items to personalise their bedrooms. They enjoyed the range of activities provided and had access to the garden.

Residents said that staff communicated information relevant to their health or other matters promptly and said that relatives were informed if their needs changed or something unexpected happened.

Residents described reading daily newspapers, watching television, discussions, going out and music among the activities they enjoyed. They said they went out to local shops and to the nearby town of Ballina regularly and staff helped them with shopping when they were out. Residents expressed satisfaction with the activities that were organised and confirmed that they had a choice to engage (or not engage) with any activity and this was respected.

Residents knew how to complain and knew who they could go to if they had a concern. Visitors confirmed they received a warm welcome and could access staff when they needed to discuss arrangements or obtain information.

Capacity and capability

The inspector found that this was a well-organised and effectively managed service with good governance arrangements in place. Sufficient resources were available to ensure the effective delivery of care, and the provider and person in charge had addressed the actions plans outlined for attention following the last inspection. Some improvements were required in how information was being transferred to the new computer programme to ensure valuable information was not lost in the transition, and in how training was scheduled ensure that newly recruited staff were familiar with the centres procedures in relation to protection as training records did not confirm that staff were trained or informed of the centre's

procedures as soon as they started work.

Clearly defined governance and management arrangements were in place that reflected the provider, person in charge and persons participating in management roles and levels of accountability. The registered provider has recruited an appropriately qualified person in charge who reports to the quality and governance coordinator and to the provider. Regular supervision is provided to the person in charge and there are regular meetings where persons in charge of the organisation's centres meet and discuss issues relevant to the operation of designated centres. There was evidence of audit and service review being used effectively by the person in charge. Training opportunities to enhance staff skills contributed to ensuring the quality and safety of care for residents was appropriate, and analysis of training needs underpinned the training programme.

Safe recruitment practices were in place. There was effective planning and oversight of the staff team and close monitoring of staff turnover levels. Staffing allocations had been reviewed and an additional shift was added to ensure residents' care needs were met appropriately. Effective care and supports for residents was observed to be in place at the time of this inspection. Relatives and residents confirmed that there was more continuity of care as regular staff were on duty. Unsolicited information relayed to the office of the Chief Inspector conveyed concern about inadequate staffing levels, inadequate supervision of staff and that an incident that took place was not recorded. These issues were examined during the inspection and apart from evidence of staff turnover the concerns were not substantiated.

There was a clear complaints policy in place and complaints were addressed by the person in charge. The procedure was on display in the centre and residents who gave feedback to the inspector confirmed they understood the process, and felt any issues raised would be addressed.

Regulation 14: Persons in charge

The person in charge is appropriately qualified and experienced for this role. He conveyed good knowledge of his responsibilities, regulatory requirements and was well informed about residents' lifestyles and care needs.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the allocation of staff during the day and night was appropriate to address the care needs of residents accommodated. There were three nurses on duty during the day including the person in charge. An extra nurse

was on duty to help with the transfer of information to the new computer programme. The care staff allocation was tailored to meet the needs of residents and times of increased activity. The numbers ranged from six to seven with a short period during the evening when five carers were on duty. At night there was one nurse and two carers on duty from 22.00 hours. Maintenance, laundry, cleaning and activity staff were also on duty daily. There was a physiotherapist available to residents two days a week.

Staff turnover which had been an issue for a time had ceased and staff had been recruited to fill vacancies. Staff were provided with an induction programme and personnel records viewed confirmed that the required documents including vetting disclosures were available for all staff employed.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date with mandatory training except for some newly recruited staff where training records did not confirm they had training on the centre's procedures for safeguarding and adult protection when they commenced work in the centre. It was evident from certificates available that they had attended training in other venues and during courses. Training on a range of topics relevant to practice was scheduled throughout the year and publicised so that staff were aware of upcoming training in advance. Staff were well informed about procedures in relation to fire, protection of residents, personal care and how to provide assistance at meal times.

Training records confirmed that staff attended training on a wide range of topics that included hand hygiene, person centred care, managing responsive behaviours and dementia care.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The format for the directory required review as some of the required information was not available or readily accessible. This was being addressed during the installation of the new computer programme.

Judgment: Substantially compliant

Regulation 21: Records

The required records were maintained and were found to be stored securely.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a governance and management structure in place that ensured the service was delivered to a good standard and was regularly monitored.

An action plan in the last report described that while audit activity took place there was no tracking of actions identified to ensure shortfalls were addressed. This action was completed. The inspector saw that improvements identified during audits were completed. Residents described changes that had enhanced their quality of life. They described how new flooring and decoration had made the centre brighter and more pleasant to live in.

An annual report had been completed for 2018. The information was accessible and the report was available for residents to read. It was reviewed by the inspector and the format would benefit from the inclusion of residents' views and the information established during the varied consultations with residents such as residents' meetings and surveys.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

All residents were issued with a contract of care that outlined the fee to be paid and the services that incurred extra charges.

Judgment: Compliant

Regulation 30: Volunteers

The centre had a regular volunteer who visited the centre every week. There was a role outline that reflected the activity undertaken.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were supplied within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were aware of how to make a complaint and residents interviewed said that when they raised issues they were addressed promptly. No complaints were being investigated at the time of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

An action plan in the last report identified that policies and procedures were not centre specific and could not guide staff effectively. The inspector reviewed policies for restraint, nutrition and protection and found they had been reviewed in October 2018 and now provided appropriate guidance for staff .

Judgment: Compliant

Quality and safety

The inspector was told by residents that they felt they had a good quality of life and that their health needs and conditions were managed well. Assessments and care plans contained a range of information to guide staff interactions. Some

improvements were required to care assessments to ensure the information was recorded consistently and provided effective guidance for staff. The inspector found for example some assessments described residents as having mild confusion but other parts of the record described a higher level of confusion which may prompt an inconsistent approach to care or to how communication problems are addressed. Residents said they received the care they needed and that staff ensured they saw doctors and other allied health professionals promptly if their needs changed. Staff liaised with the local community services and acute hospitals regarding admission and discharge arrangements. Where residents needed additional support personal assistants had been engaged to ensure they could follow the lifestyle they wished and be as involved in the community to their maximum capacity.

There was a multidisciplinary care team approach to providing health care to residents. A physiotherapist and activity coordinator were available to ensure residents had access to appropriate exercise and social care programmes. Residents were consulted about their individual routines and the way they liked their personal care and daily routines to be completed. Their choices were respected and the inspector saw that residents got up at varied times, went to the sitting and dining rooms for meals at different times and choose where they sat during the day.

Residents with communication difficulties were facilitated to communicate and staff contacts were observed to be encouraging, facilitative, person centred and reflective of good practice. Arrangements were in place to assist residents to make decisions and to ensure their maximum communication capacity was achieved. The inspector saw that staff took time to communicate with residents and employed individual approaches to ensure residents understood and could relate to what was being said to them.

Residents had opportunities to participate in meaningful activities in accordance with their interests, abilities and capacities. The social and recreational programme was relevant and meaningful to the residents, and for those who did not wish to participate staff tried to engage them on a one-to-one basis with activities of their choice. These activities promoted their physical and mental health and well-being. Residents had regular opportunities to go out as the centre had access to accessible transport. Residents said they looked forward to their trips out and described going shopping and to local hotels.

Residents meetings were held and residents confirmed that they were consulted with about the day-to-day running of the centre. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives.

Policies and procedures for the protection of residents were available and implemented. There was regular staff training on this topic. Staff could describe how they would report an incident or allegation of abuse and were confident that they would recognise a situation of concern. .

Staff had good knowledge on promoting a restraint-free environment and the inspector saw that restrictions were limited. Some residents displayed behaviours associated with dementia and the inspector saw that residents were appropriately supported and supervised and that care interventions had positive outcomes for residents. For example staff were aware of residents who became restless at times and ensured that they were supervised and distracted to assist their comfort and well being.

There were risk management procedures available to guide staff. The risk associated with the transfer of information from one computer system to another required attention to ensure that valuable and necessary information was not lost.

Regulation 10: Communication difficulties

Communication problems were in general described well and residents were supported to communicate by the staff team who conveyed good knowledge of their communication capacity. Arrangements in the centre also enhanced how residents could communicate. However the inspector found from reviewing care records that dementia care needs were sometimes inconsistently described. For example, an assessment described a resident as having mild confusion but another part of the same record indicated the resident had moderate confusion which could lead to an inconsistent staff approach and problems in how the resident was supported to communicate.

Judgment: Substantially compliant

Regulation 11: Visits

Visiting times were flexible and residents said there was no problem with visitors coming into the centre at any time that suited them.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store their personal belongings. Clothing was noted to be carefully folded and labelled. Residents said their clothes were kept in good condition and there were individual baskets where each resident's clothing was placed in the laundry to prevent loss.

Residents finances were maintained safely and records detailed all transactions and

were signed by two staff. The centre does not have pension agent responsibility for any resident.

Judgment: Compliant

Regulation 13: End of life

Care plans were completed for end of life care where possible and they reflected the contribution of family members and residents. Staff said they tried to ensure they had information on residents' specific wishes to guide them when residents reached end of life and to ensure their care at this time was meaningful and person centred.

Judgment: Compliant

Regulation 17: Premises

The centre is a one storey building and is well laid out with wide hallways and good communal space that accommodates all residents in comfort. It had been refurbished since the last inspection. Flooring had been replaced and paintwork renewed. This had resulted in the centre having a much brighter outlook according to residents and staff. There were several dementia friendly features in evidence to support the care of residents with dementia. A display table in the main reception area had sensory items and features such as large wall murals and pictures were located throughout the centre to prompt residents interest. Signage to guide residents to the main facilities was meaningful and easy to interpret. Varied colours were used to distinguish hallways and handrails were brightly coloured and readily visible from the background colour.

Bedrooms were well decorated and many residents had personal items, photographs and pictures in their rooms. Bedrooms are single or double occupancy and privacy standards could be appropriately maintained in shared rooms.

There was a safe garden area that was accessible to residents however this required further development and seating to prompt residents to spend time outdoors.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents said they enjoyed a wide variety of food and said they had a choice at every meal. They said staff were very accommodating if they changed their mind

about a meal and alternatives were always made available.

The inspector observed that the service of meals was of a high standard and that residents who required help with eating had support that promoted their dignity and independence. Water and juice was freely available in all sitting areas and residents were prompted to drink regularly.

Judgment: Compliant

Regulation 20: Information for residents

The centre had a resident's guide and a brochure that described the facilities and services available.

Judgment: Compliant

Regulation 26: Risk management

The centre had generally good systems for risk assessment and management. Equipment was serviced regularly and was in good condition. There were hoists, wheelchairs and other specialist chairs available for residents' use. Hallways were wide and had handrails on both sides to enable residents to move around. There was good natural light throughout the centre.

There was an ongoing training programme on safeguarding and protection but staff who were recently recruited to the centre did not have training on the centre's systems and procedures for a month after they started work which created a risk,

The transfer of information from one computer system to another required a specific risk assessment as some valuable information that was part of the directory of residents and personal evacuation plans had not been fully transferred leaving gaps in the records.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was clean, tidy and well organised. Staff were observed to wash hands frequently and there were appropriate accessible supplies of personal protective equipment available for staff.

Judgment: Compliant

Regulation 28: Fire precautions

An action plan in the last report required that fire drills included drills when the least number of staff were on duty. This had been addressed. Further improvements in fire training and drills was required to ensure staff knew the dependency of residents in all compartments and could evacuate compartments particularly where highly dependent residents were accommodated in a timely way. The information available in personal evacuation plans required review and improvement as essential information to guide staff in an emergency was not available. The deficit was being addressed during the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The medicine management arrangements were satisfactory. An action plan in the last report was addressed. Medicines to be crushed were prescribed to be given in this way and the times for administration of medicines reflected the prescriptions.

Safe administration systems were observed and there was appropriate secure storage for all medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care records showed that pre-admission assessments were completed, care plans were put in place and reviews were completed every four months or more frequently if required. The care records were descriptive and generally met the requirements of regulations and good practice standards. Some assessments were not consistent and gave conflicting information on residents level of confusion for example which could cause difficulties in communication and in the interventions employed by staff to meet residents' needs. The daily nursing records reflected how residents spent their day and their overall well being.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate medical and health-care was provided and was in line with residents' identified health and social care needs. The person in charge provided leadership and ensured that a high standard of evidence-based nursing care practice was in place.

Screening programmes were available to residents and staff supported residents to attend appointments so they can avail of screening tests. Where screening or other care initiatives were refused this was recorded.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector saw that where residents had responsive behaviours that there were care plans to guide staff and that staff had recorded triggers that could escalate or contribute to behaviour changes. Residents were well supported when responsive behaviours became evident. The inspector saw that residents were supervised well and that they were encouraged to become involved in particular activities or to engage with staff to help eliminate or reduce the behaviour.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse. Training was provided to staff to guide them in recognising and responding to actual, alleged or suspected incidents of abuse. Staff spoken with knew their responsibilities in relation to ensuring residents were safe and protected.

Residents confirmed to the inspector they felt safe in the centre.

Staff interviewed were well informed on the safety and protection of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents said their rights were protected and promoted. They felt that they could exercise their choices freely and had a good range of social activities. They said they had voted in the recent election.

Residents' meetings took place regularly and were well attended. The record did not reflect the range of discussion that took place or views residents expressed and the inspector judged that that this record would be more meaningful if the proceedings reflected the contributions of residents.

Residents had access to televisions and radios. Newspapers were provided daily and some residents told the inspector that they felt well informed and up to date with local and national news.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	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 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant

Compliance Plan for Sonas Nursing Home Belmullet OSV-0005589

Inspection ID: MON-0022423

Date of inspection: 22/05/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All new staff have now received mandatory training. Our Education & Standards department have prepared new induction materials, resources and access for new staff.</p> <p>Complete 28/06/2019</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A software update was applied.</p> <p>Complete 17/06/2019</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>This recommendation has been taken on board and this information will be included in the annual review of 2019.</p> <p>30/11/19</p>	

Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties: This was addressed on the day. Additional resources were also subsequently allocated to check the consistency for all residents records.</p> <p>Complete 28/06/19</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Plants have been purchased to enhance the courtyard area and the garden furniture has been put out from storage.</p> <p>Complete 28/06/19</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Additional resources were allocated to ensure safe transfer of information and a software update has also taken place to provide a comprehensive resident directory. The PEEPS were improved immediately as part of this process.</p> <p>Complete 17/06/19</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: This has been improved through the software update.</p> <p>Complete 17/06/19</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: This was addressed immediately.</p> <p>Complete 24/05/19</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: This recommendation has been taken on board. Minutes from residents meetings now record their views and opinions.</p> <p>Complete 28/06/19</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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	28/06/2019
Regulation 10(3)	The person in charge shall ensure that staff are informed of any specialist needs referred to in paragraph (2).	Substantially Compliant	Yellow	28/06/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/06/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the	Substantially Compliant	Yellow	28/06/2019

	residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	17/06/2019
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/11/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	17/06/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	17/06/2019
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management	Substantially Compliant	Yellow	17/06/2019

	policy set out in Schedule 5 includes the measures and actions in place to control abuse.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	17/06/2019
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	Substantially Compliant	Yellow	17/06/2019

	followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	17/06/2019
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	24/05/2019
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	28/06/2019
Regulation 9(4)	The person in charge shall make staff aware of the matters referred to in paragraph (1) as respects each resident in a designated centre.	Substantially Compliant	Yellow	28/06/2019