



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Maypark House Nursing Home
Name of provider:	Maypark Lane Limited
Address of centre:	Maypark Lane, Waterford
Type of inspection:	Unannounced
Date of inspection:	10 & 11 July 2018
Centre ID:	OSV-0000249
Fieldwork ID:	MON-0022217

About the designated centre

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

Maypark House Nursing Home is located in the south east side of Waterford city close to shops and local amenities. The premises was originally opened as Maypark House and was built in 1780's. The house was converted to a private hospital in the early 19th century and then to a nursing home. While there had been significant extensions and renovations since then, the overall design and layout of the premises is largely reflective of a large house from this period. The centre is registered to provide care to 38 residents.

Residents' private accommodation is laid out over two floors and is provided in a mixture of single, twin and one three bedded room. Communal accommodation including a large sitting, dining and conservatory area is located on the ground floor. There is an activities room, physiotherapy room and hairdressing room for residents use also on the ground floor along with a parlour on the first floor. There is also a beautiful church where Mass is held weekly attended by residents and their families. Residents have access to an external enclosed garden to the rear of the building plus a secure decking area to the front of the building. There are extensive gardens around the centre.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents and the centre provides in house physiotherapy services a number of days per week.

The following information outlines some additional data on this centre.

Current registration end date:	15/08/2020
Number of residents on the date of inspection:	26

How we inspect

To prepare for this inspection the inspector or 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
10 July 2018	09:50hrs to 17:20hrs	Caroline Connelly	Lead
11 July 2018	09:35hrs to 15:45hrs	Caroline Connelly	Lead

Views of people who use the service

The inspector spoke with the majority of the residents throughout the inspection. Residents said they felt safe and well cared for and knew the names of the person in charge and staff whom they considered to be very approachable and helpful.

Residents reported satisfaction with the food and said choices were offered at meal times. They were particularly complimentary about the deserts which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals.

Residents who the inspector spoke with were very happy with the activities and said they particularly enjoyed the music sessions, exercises and bingo. Other residents said they liked to go out to the garden and looked forward to trips out. Residents and relatives were very complimentary about staff, saying staff were very caring and helpful. However a number of relatives felt there needed to be more staff particularly at the weekends. A number said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from on the previous inspection had generally been addressed and rectified. However improvements were required in the provision of mandatory training and in the supervision of staff and residents at the weekends.

The centre was operated by Maypark Lane Ltd who was the registered provider. There was a clearly defined management structure in place, the provider representative is supported in his role by an operational team which includes an operations manager, a general manager and a human resource manager. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by a Senior Nurse Manager (SNM) and a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were

facilitated to communicate regularly with management. The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key performance indicators, staff appraisals and provision of staff training.

The inspector reviewed audits completed by the person in charge and staff in areas such as infection control, medication management, falls prevention, health and safety, care planning, wound care and end of life. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge and SNM regularly received feedback from residents and relatives via the residents forum. The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2017. Improvements were brought about as a result of the learning from this monitoring review. For example: the centre has implemented further risk assessments and new policies and procedures.

Areas of concern identified in the last inspection had been addressed or were in the process of being addressed. There was a system of regular checking of residents in place particularly to monitor residents who were unable to use the call bell. The arrangements for the review of incidents within the centre had been revised. Inspectors noted that changes had been made to ensure robust arrangements were available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. There was suitable recruitment practices including the verification of written references and the on-going staff appraisal and supervision to ensure good quality care provision and improve practice and accountability. The provider confirmed that all staff working in the centre had been Garda vetted.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of the 26 residents. The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. However relatives and some residents continued to report a lack of staff particularly at the weekend. The person in charge and activity co-ordinator were generally off duty at this time but the person in charge was putting systems in place so that there is managerial and activity cover at the weekends. The location of the nurses office on the first floor does not facilitate easy supervision of staff and residents who spend most of the day downstairs and this required review. Staff reported it to be a good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. However there were gaps identified in the provision of mandatory training for staff.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations

were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained.

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a minimum of one nurse on duty during the day and night and the person in charge and SNM were additional to the nursing compliment during the week. There was a regular pattern of rostered care staff. Cleaning, catering and laundry staff were also on duty on a daily basis. However staffing levels at the weekends continued to require review to ensure there was full supervision of care and sufficient staff to meet all the needs of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. However the inspector saw that there continued to be gaps in mandatory training for a number of staff and a number of staff required refresher training in safeguarding responsive behaviours and moving and handling training. The person in charge was booked to undertake specialist dementia training to ensure the team were providing care in

line with contemporary evidenced based practice.
Judgment: Not compliant
Regulation 19: Directory of residents
The directory of residents had been updated since the previous inspection and was found to contain all the required information.
Judgment: Compliant
Regulation 21: Records
All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.
Judgment: Compliant
Regulation 24: Contract for the provision of services
The inspector viewed a number of contracts of care and, although they did contain details of the service to be provided and the fee to be paid, they did not detail the room occupied by the resident as required by the regulations. Details re additional

charges also required to be updated on older contracts of care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises however due to recent renovation work and the change of some twin rooms to single en-suite rooms an updated statement of purpose is required once the rooms are operational.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to HIQA in accordance with the requirements of legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met

through very good access to healthcare services and opportunities for social engagement. Improvements were required with the premises to ensure it met the needs of the residents in a homely and comfortable manner.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared for and residents and relatives generally gave very positive feedback regarding all aspects of life and care in the centre.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available including specialist medical services when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The centre provided in-house physiotherapy where every resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre two days per week and provided exercise classes for residents. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met. Improvements were seen in all aspects of medication management

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Resident surveys had been undertaken. There was evidence of consultation with residents and relatives through regular residents committee meetings.

A varied and interesting social programme was seen and residents' photos and art work was displayed throughout the centre. The inspector saw some different activities taking place during the inspection, from small group activities to a music session in the garden where residents enjoyed ice cream. Residents and staff spoke about outings they had enjoyed and were planning a garden party for August. Advocacy services were available to residents as required and the inspector saw that residents had been referred to advocacy services particularly in relation to financial issues.

The physical environment had been substantially renovated since the previous inspection in particular one wing where twin rooms had been changed to single en-suite rooms. Bedrooms were seen to be decorated and furnished to a high standard with plenty of storage space for personal belongings. Another wing of the centre was due to undergo the same renovation, but this work had not commenced to date due to an issue with drainage. The provider assured the inspector that this work was to commence shortly to ensure the centre complied with the needs of all the residents in the centre. The dining room had been decorated and was seen to be large and bright and tables were attractively set. This opened out to a secure

enclosed garden which residents were seen to enjoy. Improvements were also seen in the cleanliness of the centre and the person in charge and household staff confirmed they had increased cleaning hours and audits were conducted on the cleanliness on a very regular basis.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Improvements were identified with the need for quarterly servicing of the emergency lighting. An emergency plan had been developed an appropriate response was in place for all emergency situations.

Regulation 10: Communication difficulties

Since the previous inspection, improvements were seen in the monitoring of residents who had communication difficulties who would be unable to use the call bell to summon staff. There was increased monitoring of these residents and inspectors saw that this was recorded on a specific template which was monitored by the management team to ensure staff were compliant with same.

Judgment: Compliant

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area's and in the parlor. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

Regulation 13: End of life

The inspector saw that care practices at end of life met residents needs in a dignified and person centered manner. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 17: Premises

The premises and external gardens had undergone a substantial programme of refurbishment at the time of the inspection. C wing had been completely renovated and now provided seven en-suite bedrooms. Work had not commenced on A wing despite the action plan on the previous report stating this work would be completed by 30 March 2018. Issues were identified with the premises that did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre including the following:

- that all resident's bedrooms are adequate in size, design and layout to meet all residents' needs
- that the size, location and design of showers and toilets are adequate to meet all residents needs
- that all sluice rooms are suitable in design and layout
- that the design and layout of the cleaner's room is suitable
- main bathroom – bath surface was worn and so cleaning ability was compromised
- that floor covering is safe and suitable in resident's bedrooms

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and

good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape and emergency lighting. The inspector saw that fire fighting equipment and the fire alarm was serviced in accordance with legislative requirements. However although emergency lighting was serviced annually and checked regularly by the maintenance person there was not evidence of a quarterly emergency lighting system report for Inspection as required.

Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and regular detailed fire drills were undertaken at different times of the day and night.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, chiropody and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the overall measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Although there was a very clear system in place in the management of residents' finances and in the invoicing for extra items as outlined in the contract of care. Residents monies handed in for safekeeping were securely stored and regularly audited by the person in charge. However there were a number of transactions that did not have a verifying signature to protect the resident and staff member.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant

issues were discussed and actioned. A new activities coordinator had been recently appointed who was providing a programme of appropriate activities for the residents. In response to residents and relatives stating weekends were very quiet the activities co-ordinator was going to work a day at the weekend to provide social opportunities for residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maypark House Nursing Home OSV-0000249

Inspection ID: MON-0022217

Date of inspection: 10 & 11/07/2018

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>In response to some resident and relative concerns regarding staffing at weekends the following will be implemented:</p> <ul style="list-style-type: none"> • To improve supervision of staff and residents an additional workspace has been created for staff nurses downstairs. This will be situated near the main day room. • The Activities Coordinator now works alternate weekends. • Senior Management cover will be rotated onto weekends week commencing 3-9-2018. • This will be reviewed by the DON in 1/12 to ensure that this will adequately improve the level of supervision. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff training has been reviewed, one staff member is outstanding for manual handling this will be provided by an external trainer.</p> <p>NHI Adult Protection Webinar has been completed by all staff. As there are limited training sessions provided in Waterford for Safeguarding Training it has been difficult for staff to attend, the PIC has reached out to the NHI and numerous facilitators to provide training in house. Two sessions in the locality are to be arranged for October of this year and both facilitators have been contacted so that we can reserve places for Maypark staff.</p> <p>A one day course providing comprehensive training for staff in the areas of dementia, communication and responsive behavior is currently underway. </p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts issued following update in regulations detail the room occupied by the resident, this is also identified in most cases when the relatives and/or resident view the home prior to admission.</p> <p>Clause 3.3 outlines that fees may be reviewed and revised by the proprietor on an annual basis upon service of ten days written notice. Thirty days written notice was provided in relation to additional charges for all residents with existing contracts.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Safe and suitable flooring will be provided for the two residents bedrooms identified on inspection. • Bath covering will be refinished to ensure adequate cleaning. • In relation to size, design and layout of residents bedrooms, toilets, showers, sluice and design and layout of cleaner's room these areas will addressed with the refurbishment of A wing. The refurbishment of C wing took approximately twelve months to complete, it is envisaged that the ground floor will take approximately 15 months due to the requirement of additional groundworks. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Commencing September 2018, a quarterly emergency lighting report will be completed, and evidence will be provided.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Standard Operating Procedure for Residents Personal Property and Possessions has been updated, a flow chart has been put in place with the resident pocket money to ensure correct procedures are followed. All staff nurses will be informed in a staff nurse meeting regarding the update in procedure. Two staff nurses and if possible, the resident/representative will sign for all deposits and withdrawals. This will be audited by the DON/SNM at the end of each week.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	10/9/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/11/2018
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.	Not Compliant	Orange	01/12/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on	Substantially Compliant	Yellow	21/09/2018

	which that resident shall reside in that centre.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	28/9/2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	21/08/2018