



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Marian House Alzheimer Unit
Name of provider:	Marian House Alzheimer Unit
Address of centre:	Ballindine, Claremorris, Mayo
Type of inspection:	Announced
Date of inspection:	22 June 2018
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0024344

## About the designated centre

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

Marian House Alzheimer Unit is a purpose built facility located in the village of Ballindine, Co. Mayo. It is a specialist dementia care service that provides 24-hour respite care for 11 male and female residents. Care is provided for people with a range of needs and in the statement of purpose, the provider states that they are committed to providing quality health and social care that is focused on ensuring residents maintain their independence during their stay. Residents' rooms are single or double occupancy. The communal areas consist of a sitting room, a dining room, conservatory and visitors' room. There is a safe, secure garden area that is readily accessible to residents and this has been cultivated with plants and shrubs.

**The following information outlines some additional data on this centre.**

Current registration end date:	23/08/2021
Number of residents on the date of inspection:	11

## 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
22 June 2018	09:00hrs to 18:30hrs	Geraldine Jolley	Lead
22 June 2018	09:00hrs to 18:30hrs	Una Fitzgerald	Support

## Views of people who use the service

The inspectors spoke with six residents who could communicate . Their comments about the way their care needs were met and the social activities available were positive. Residents said they were pleased with the service as staff made them welcome and made them feel at home. Some said that they enjoyed meeting other people and others said that their stay gave them a break from their usual routine as there were different things to do every day. All residents have a dementia diagnosis.

Inspectors spent time observing staff and resident engagement. Residents were observed to be comfortable and content in the environment. The communal room and dining room at the front of the center was a hub of activity throughout the day. Inspectors spoke with residents about what their daily lives were like in the center. Overall the feedback was positive. Inspectors met residents who had been in the center for multiple admissions. The residents said the staff were kind. The feedback on the food served was positive. Residents were satisfied with the laundry service. The residents spoken with were aware of who to make a complaint to and said they would not hesitate to make a complaint.

Food choices were described as good and varied and residents on specialist diets said that they were provided with meals that suited their needs.

Family members said that the staff team were caring, took time to get to know residents and ensured that they were fully informed about residents' preferences in relation to food, routines and general care before admission. The staff team were also valued for their good humour, patience and dedication to ensuring residents had a good experience during their stay.

## Capacity and capability

The governance and management of the centre needed to be strengthened and improved to ensure that there was sufficient monitoring and oversight of the service and care provided. While inspectors found that care was delivered to a good standard, supervision of staff required improvement. Clinical and environmental audits were not consistently carried out to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The monitoring arrangements did not ensure that legislative requirements were met and staff were not adequately supervised to ensure work was completed in accordance with the centre's policies and procedures. Planned admissions and discharges took place on Fridays each week. This arrangement did not change even when a significant number of new residents who staff were unfamiliar with were scheduled for admission. On the day

of the inspection four new residents were admitted. There was good access to local doctors who contacted the service at the end of admission days to assess if any medical input was needed. During evenings and weekends the on-call service was accessible for support. There was an arrangement with local doctors to review residents following admission if needed. The person in charge was actively involved in all aspects of the centre's operation and in direct care to residents. However, adequate time was not devoted to ensuring she could meet her legislative responsibilities including the submission of notifications.

This was an announced inspection by the Health Information and Quality Authority (HIQA). The focus of the inspection was to register the center and ensure that additional rooms built since the last inspection met with regulatory requirements. Inspectors could inspect the newly built rooms; however, the building was not completed to the stage that residents could occupy the rooms. No residents can be admitted until the rooms are fully complete and the surrounding environment is safe for residents.

There were adequate staff resources to meet residents' needs. Inspectors found that there was adequate staff in a varied skill-mix available day and night. Mandatory training in moving and handling practices and the prevention, detection and response to abuse had been completed by all staff. Additionally, staff were supported to complete other training such as dementia care, care planning and infection control. Staff meetings were held regularly and minutes of these were available for review. The person in charge undertook annual staff appraisals and evidence of these were available in personnel records. Staff spoken with said that they felt supported by nursing management and that a good team spirit had been developed in the centre.

The staff rota conveyed that the person in charge worked full-time. She was usually supported by two nurses and this increased to three on Fridays when admissions were scheduled. The nurses were found to be knowledgeable in relation to the regulations and standards that govern designated centres; however, notifications that should be made to HIQA in relation to protection for example had not been submitted. The provider representative visited the centre regularly and met with the person in charge and staff team; however, recently these meetings had focused on matters related to the new extension and not on the day-to-day operation of the service.

Residents and staff said they could raise any concerns regarding the quality and safety of care delivered and felt their views were listened to and considered. Complaints made were investigated by the person in charge and the records conveyed that regulatory requirements were met.

In the feedback meeting, the management team acknowledged and accepted the findings and inspectors observed a willingness to ensure that issues would be addressed to bring the centre into full compliance with the regulations.

## Regulation 19: Directory of residents

The directory of residents was up to date and contained all the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

## Regulation 22: Insurance

There was confirmation that valid insurance until May 2019 was in place.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Each resident had a contract for care that outlined the fees to be charged for their respite care stay.

Judgment: Compliant

## Quality and safety

The inspectors found that residents' care needs were assessed appropriately, that care practice was person centred and that a varied social care programme that was accessible and meaningful to residents was available. The building is undergoing refurbishment as the present layout and standard of fixtures and fittings do not meet the needs of residents and a condition applied to the registration requires that the works are completed by 31 July 2018.

All residents had a comprehensive assessment of their health and social care needs completed on admission to the centre. The assessment included relevant clinical risks such as medical conditions, weight loss, dementia and risk of falls. Nursing staff engaged with residents and families to develop care plans that described the care interventions required to meet their identified needs, lifestyle choices and maintain their independence. The inspectors reviewed a sample of care plans and found that they reflected the resident's current needs and their preferences for personal care and daily routines. Staff were found to have been diligent in ensuring that information on residents' abilities and daily patterns, such as when they usually

got up and went to bed, were recorded so that these routines were continued during their respite stay. Staff knew the residents well and were knowledgeable about the levels of support they needed and how to engage with them to ensure they could communicate as effectively as possible.

Staff were observed to be readily accessible to residents when they required care and interactions were noted to be friendly, positive and engaged. Relatives told the inspectors that they had confidence in the staff team who they said informed them promptly of any changes, gave them regular updates and provided a full overview on their relative's stay on the day of discharge.

Residents told the inspectors that they enjoyed their meals and that there was plenty of choice on the menus.

The centre's activity programme enabled residents to take part in activities and social interactions of interest to them. The programme included group activities in communal areas and one-to-one activities for those residents who needed a higher level of supervision and support.

The building is homelike and domestic in layout and has several features that reflect good dementia care practice. There was signage to guide residents to the main communal areas. Signage to identify bedrooms was noted to have personal meaning for residents to support them in recognising their own rooms. Residents told the inspectors that they were comfortable in the centre and that it met their needs. They said they liked being near the village as they could sometimes go out with family. However, several aspects of the layout compromised privacy. There are two double bedrooms that have internal windows onto the hallway and while privacy blinds are in place residents have to have the blinds down at all times to protect their privacy which restricts light. The premises deficits are being addressed through the current refurbishment that is underway. Five new single rooms with full, accessible ensembles have been added but are not fully ready to be occupied. The bedrooms in the original building are scheduled for updating in the next phase of refurbishment.

The inspectors found standards of hygiene and cleanliness were not adequate. Cupboards required more effective cleaning as spillages were noted under sinks. Shower outlets, skirting boards and floors were dusty and not cleaned effectively. Bed linen in some rooms required replacement as it was excessively worn. The provider and person in charge said they would address these matters immediately.

There was a call-bell system to enable residents to request help and several residents said they were able to use the call-bell system. However, call-bells were not clearly identified in bedrooms, and in some rooms there were bells from both an old and current system which could cause confusion for residents. The garden area had a flat surface and walkways that were unobstructed; however, the area was not entirely safe as gas cylinders were not protected.

There were fire safety procedures in place and the majority of staff working in the centre had attended fire safety training and fire drills. However, all staff working

part-time hours who were scheduled for night duty and could be in charge had not attended training in the past two years. There were regular checks of fire safety equipment and means of escape. The record of fire drills did not indicate what activity had taken place and fire exit arrangements required review to ensure that evacuation of the centre was not hindered.

The fixtures and fittings were noted to show significant signs of wear and tear and required replacement. Residents had appropriate wardrobe and cupboard space; however, many had surface damage and could not be effectively cleaned. Beds were also noted to have surface damage. In the communal areas several chairs showed signs of wear as fabric was discoloured and foam exposed.

Residents said their rights and views were respected. There was access to religious services and residents' faith choices were recorded. The capacity of staff to promote high standards of privacy and dignity was hindered by the room layouts and lack of space in bedrooms. This is due to be addressed when the rooms are upgraded. Privacy was also compromised by the absence of locks on many toilet and bathroom doors.

Aspects of risk management required review. The inspectors found for example that review or risk assessment of some activities that included high numbers of admission and discharges and changes caused by the building work had not been considered to ensure the safety and wellbeing of residents, day care clients, staff and visitors.

### Regulation 10: Communication difficulties

The communication needs of residents were described clearly in care documentation and staff were observed to take time ensuring that residents understood what was said to them. Pictures and sensory items were used to prompt communication with good outcomes for residents who were observed to respond well when these were used by staff.

Judgment: Compliant

### Regulation 11: Visits

There were no restrictions on visits and family members said that staff were welcoming and approachable to suggestions they made about suitable times to visit.

Judgment: Compliant

## Regulation 18: Food and nutrition

The dining room was light and airy and leads onto the garden area. Residents were observed to have breakfast at varied times during the morning. Staff said they adhered to the times residents preferred to have meals and that reflected their routine at home. There was sufficient staff available at mealtimes to support and encourage residents to enjoy their meals and to ensure that they were able to take adequate food and fluids.

Drinks and snacks were served throughout the day.

Judgment: Compliant

## Regulation 20: Information for residents

Family members and residents said that they were provided with a range of information about the service that helped them when residents had their respite care stays. They said staff sent letters and reminded them about medications and changes to be advised prior to admission to ensure that care could be delivered appropriately.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

There were accountable systems in place for the admission and discharge of residents. Staff were observed to spend time talking to family members and residents during admissions and discharges and plenty of time was devoted to the exchange of information.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Residents took their own prescriptions and medicine supplies to the centre at each admission. Medicine routines were confirmed with residents and family members on arrival. Nurses checked that prescriptions were up to date and that the supply matched the items on the prescription.

Secure storage arrangements were in place.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were found to be of a good standard and described residents' abilities, care needs, orientation and communication capacity. They were updated at each admission and changes that took place between admissions were recorded.

Judgment: Compliant

### Regulation 6: Health care

There was good emphasis on ensuring that residents' health and social care needs were met. Staff recorded details of medical conditions and areas of potential risk were described to ensure they received appropriate attention. For example, inspectors noted that where weight loss was evident between admissions this was discussed with relatives and measures put in place to prevent deterioration in health. This had had a good outcome for the resident.

The activity programme aimed to meet the individual interests and pastimes of residents that had been recorded in care plans. Relatives confirmed that activities were meaningful and appropriately tailored to residents' needs. The inspectors saw some residents engaged in activities such as painting and knitting which had been life long hobbies.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents said that they were able to make choices and that their views were respected by staff.

There were good opportunities for social interaction made available and an extensive supply of activity equipment was in use. All activities took into account the varied and changing needs of residents. When first admitted residents were given time to settle in and inspectors saw that adequate staff were available to meet residents and their families and to help residents settle in. Interactions between staff and residents were observed to be effective and conveyed that staff had been

made aware of some of the personal choices and preferences of residents.

Religious and spiritual care needs were outlined in care records.

Privacy was compromised by the layout of some bedrooms and by the absence of locks on toilet and shower room doors.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Marian House Alzheimer Unit OSV-0000358

Inspection ID: MON-0024344

Date of inspection: 22/06/2018

## 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 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> <ul style="list-style-type: none"> <li>• Revised cleaning schedule in place in addition to an updated cleaning policy</li> <li>• Infection control training has commenced with 23 staff having already completed the training. The remaining staff will undertake the training by the 20<sup>th</sup> July 2018</li> <li>• The Person in Charge will undertake weekly checks to ensure cleaning tasks are undertaken in a competent manner as per the Cleaning Policy.</li> <li>• Time ring fenced for Maintenance official to ensure fire checks are completed weekly. Training to be provided to a deputy by the 16<sup>th</sup> July 2018 who will then undertake fire checks in the absence of the Maintenance Official to ensure that mandatory checks are undertaken weekly.</li> <li>• Audit Schedule has been updated</li> <li>• Management time has now been ring fenced for the Assistant Director of Nursing to ensure staff are appropriately supervised.</li> <li>• Checks will also be undertaken by the Person in Charge to ensure compliance.</li> <li>• Provider checks will also be undertaken monthly to ensure compliance.</li> </ul>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• Training schedule updated to reflect all training completed</li> <li>• Schedule will be updated at time of training going forward to ensure accuracy.</li> </ul>	
Regulation 23: Governance and management	Not Compliant

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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The five damaged beds have all been replaced.  
 All linen has been replaced.  
 New chairs have been ordered and the supplier estimates that they will be delivered by the 20<sup>th</sup> August 2018.

- Process in place for admission of residents on Fridays to minimize risk:
  - No daycare on a Friday
  - Discharges completed before 12 pm
  - Admissions in afternoon only
  - Residents pre-assessed by liaising with family and multidisciplinary team in week leading up to admission
  - 3 Nurses rostered on Fridays
- Risk assessment had been undertaken on behalf of Western Alzheimers in relation to building works taking the environment in to account.
- Management time has been ring fenced for audits and checks to ensure staff are undertaking roles in a competent manner to ensure that the service provided is safe, appropriate, consistent and effectively monitored.
- Audits will be undertaken as per the schedule going forward with checks being carried out by the Provider monthly to ensure compliance.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Resulted from a misunderstanding as a previous incident with the same resident had been reported to HIQA. We have re-familiarised ourselves with our obligations to ensure that notification of incidents are sent in writing to the Chief Inspector within 3 working days of its occurrence.

Regulation 4: Written policies and procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- Discrepancy between risk matrix and policy rectified.
- Infection control policy reviewed and updated and training ongoing (will be completed by the 20<sup>th</sup> July 2018) to ensure compliance. Weekly checks will be

<p>undertaken by PIC to ensure ongoing compliance.</p> <ul style="list-style-type: none"> <li>• Schedule 5 policies will be reviewed and updated by the 20<sup>th</sup> July 2018 to make them center specific.</li> <li>• All remaining policies will be reviewed by the 30<sup>th</sup> October 2018</li> </ul>	
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"> <li>• Signs now in place to clearly identify call bell in use – on completion of works there will only be one call bell system (new) in place with all obsolete bells removed.</li> <li>• Window cleaned and covered with opaque privacy screen</li> <li>• New chairs have been ordered to replace damaged chairs – they will be in place by the 20<sup>th</sup> August 2018.</li> <li>• New bed linen in place in all bedrooms</li> <li>• New beds have been obtained and damaged beds removed.</li> </ul> <p>A review of premises has been undertaken with any shortcomings identified being remedied to meet the needs of the residents as detailed in the Statement of Purpose and to ensure conformity with Schedule 6.  </p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> <li>• Process in place for admission of residents on Fridays to control the risks identified in line with Schedule 5: <ul style="list-style-type: none"> <li>➤ No daycare on a Friday</li> <li>➤ Discharges completed before 12 pm</li> <li>➤ Admissions in afternoon only</li> <li>➤ Residents pre-assessed by liaising with family and multidisciplinary team in week leading up to admission</li> <li>➤ 3 Nurses rostered on Fridays to deal with discharges in the morning and admissions in the afternoon.</li> </ul> </li> <li>• Window cleaned and covered with opaque privacy screen – this ensures privacy while at the same time allowing natural light to enter the room.</li> <li>• Risk assessment had been undertaken by Taylor Architects on behalf of Western Alzheimers prior to commencement of works and actions identified to minimize / eliminate risks.</li> <li>• Risk management policy has been reviewed to ensure that it includes the measures and actions in place to control the risks identified as set out in Schedule 5.</li> <li>• A review of all risks within the home has been undertaken and the risk register updated to include any identified new risks and actions taken to</li> </ul>	

minimize/eliminate.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	
<ul style="list-style-type: none"> <li>• Infection control – beds replaced – cupboards and other furniture ordered and will be replaced by the 30<sup>th</sup> August 2018.</li> <li>• Cleaning staff have been provided with training</li> <li>• Revised cleaning schedule in place in addition to an updated cleaning policy.</li> <li>• New pedal bins in place.</li> <li>• Management time has been ring fenced weekly to ensure staff are appropriately supervised and standards for the prevention and control of healthcare associated infections are complied with.</li> <li>• Provider checks will also be undertaken monthly to ensure compliance</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
<ul style="list-style-type: none"> <li>• All staff have completed fire training including training for the new extension</li> <li>• Fire drill undertaken during night shift (least number of staff in attendance) with learnings recorded and shared and a new fire drill template put in place to ensure detailed information is captured accurately and to ensure that all staff and residents, where possible, are aware of the procedure to be followed in the case of fire.</li> <li>• Time ring fenced for maintenance official to ensure fire checks are completed weekly and training to be provided to a deputy (by 16<sup>th</sup> July 18) to ensure fire checks are undertaken in his absence. Management time ring fenced to undertake checks to ensure compliance.</li> <li>• Keys are available for all fire doors.</li> <li>• Updated floor plan to include the new extension is displayed in a prominent place identifying the building layout, escape routes, location of fire alarm call points, first aid and fire fighting equipment.</li> <li>• Certificate of Compliance has been received from Fire Department, Mayo Co Co dated 3<sup>rd</sup> July 2018 confirming compliance of extension.</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	
<ul style="list-style-type: none"> <li>• Reconfiguration works will correct issue relating to bedrooms with same to be completed by the 30<sup>th</sup> October 2018.</li> <li>• Locks have been repaired on toilet and shower room doors to ensure that residents may undertake personal activities in private.</li> </ul>	

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	16 July 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	30 Aug 2018
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Red	13 July 2018

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	03 July 2018
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	03 July 2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	3 July 2018
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.	Not Compliant	Orange	13 July 2018
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the	Not Compliant	Orange	13 July 2018

	risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.			
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.	Not Compliant	Red	13 July 2018
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	Orange	30 Aug 2018
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	5 July 2018
Regulation 28(1)(b)	The registered provider shall provide adequate	Not Compliant	Orange	3 July 2018

	means of escape, including emergency lighting.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	3 July 2018
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	Orange	3 July 2018
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	Not Compliant	Red	13 July 2018

	control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	3 July 2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30 Oct 2018
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	03 Jul 2018