Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Carysfort Nursing Home
Name of provider:	Breda Pakenham & Edward Pakenham Partnership, trading as Carysfort Nursing Home
Address of centre:	7 Arkendale Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	20 May 2019
Centre ID:	OSV-0000022
Fieldwork ID:	MON-0025480

About the designated centre

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

This designated centre provides 24 hour nursing care to 50 residents, male and female who require long-term and short-term care. Residents assessed as having dementia are also accommodated. The centre is a period house with three floors and a bungalow. The ground floor contains the main communal rooms (two sitting rooms one of which is a combined sitting and dining room), and household facilities including the kitchen, laundry and sluice room. The first floor has a small sitting/dining room at one end of the corridor and a nurse's station on the opposite end. Bedroom accommodation located on all floors consists of a mixture of single, twin and multi-occupied bedrooms. In accordance with the conditions of registration four bedrooms have been identified which can only be occupied by independently mobile residents who have undergone a professional assessment in relation to their safe use of steps/stairs. This condition is subject to ongoing professional assessment as part of the care planning process as required by the residents changing needs or circumstances, and no less frequently than at four monthly intervals. There are sanitary facilities on all floors. The philosophy of care is to meet residents' individual needs in a homely environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50

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
20 May 2019	10:30hrs to 18:00hrs	Sonia McCague	Lead
20 May 2019	10:30hrs to 18:00hrs	Brid McGoldrick	Support
20 May 2019	10:30hrs to 18:00hrs	Niall Whelton	Support

Views of people who use the service

Residents who communicated with the inspectors were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told inspectors about their health, daily routines, activity plans and interactions with staff. All residents who spoke with inspectors expressed satisfaction regarding the food and mealtimes. Residents said they felt safe and were happy with the support and assistance provided by staff. Residents were able to identify a staff member with whom they would speak if they were unhappy with something in the centre.

Capacity and capability

This designated centre was homely, had a calm atmosphere, and residents and staff interacted well.

The Breda Pakenham & Edward Pakenham Partnership is the Registered Provider of this designated centre.

Governance and senior management arrangements were unchanged since the last inspection. The person in charge was on planned leave and the registered provider representatives, staff and the recently nominated person in place for the absence of the person in charge facilitated this inspection process.

The registered provider representatives were actively involved in the day-to-day running of the centre and were involved in ensuring that there were sufficient resources for the effective delivery of care and appropriate services. Residents and relatives spoken with were familiar with the registered provider and staff team.

Inspectors were informed that the recruitment of staff was on-going. An examination of staff files showed that some information required by Regulation 21 and Schedule 2 was not available in the centre. A record of a Garda vetting disclosure for one rostered staff member was not available. The registered provider representatives assured inspectors on the day, and later in writing, that staff would not work in the centre in the absence of a Garda vetting disclosure record due to residents' dependency and activity levels. This was a repeated action from the last inspection.

There were sufficient staff on duty during the inspection to meet the needs of residents. However, the rostered staffing levels after 6pm and morning practices or routines at 7:30am required review. Feedback from staff and residents was

that staffing levels were leading to practices such as residents getting up early.

Staff had access to education and training, appropriate to their role and responsibilities. Staff induction and appraisal formed part of the supervision and development systems.

A complaints policy and procedure was in place which residents and relatives were familiar with. The complaints record showed that complaints were logged and managed appropriately.

Appropriate notifications were received by the Chief Inspector. These were reviewed and it was found that appropriate measures were taken to safeguard and protect residents.

The registered provider has applied to renew their registration certificate under Section 48(1) of the Health Act 2007 and the registration of this designated centre will remain in effect until a decision has been made under Section 50 of the Health Act 2007. The application to renew the registration of the centre was discussed with the registered provider representatives during the inspection. Following this inspection, the application was completed. A revised statement of purpose and floor plans that reflected each other were submitted with other information agreed during the inspection.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider has applied to renew their registration certificate under Section 48(1) of the Health Act 2007 and the registration of this designated centre will remain in effect until a decision has been made under Section 50 of the Health Act 2007.

A complete application to renew the centre's registration was completed following this inspection. The registered provider has provided an application form, statement of purpose and floor plan that reflect the findings of the inspection. The registered provider has confirmed with inspectors that the maximum number of residents accommodated is 50 and this number would reduce to a maximum of 49 residents on completion of a reduction in resident numbers from three to two occupying bedroom 6. The registered provider accepted this proposal being included as a prescriptive registration condition in the decision-making and renewal process.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was adequate during the time of the inspection,

but the registered provider was required to review the reduced staffing levels after 6pm and medication management practices described from 7:30am to ensure that the number and skill of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre. Feedback from staff and residents was that staffing levels were leading to practices such as residents getting up early.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From the training records available and in discussions with staff, inspectors confirmed that access to appropriate and relevant staff training was provided.

Staff supervision and development arrangements were in place to support and oversee staff performance.

Judgment: Compliant

Regulation 21: Records

Records were maintained in both hard and soft copy formats. A Sample of schedule 2, 3, and 4 records were reviewed on this inspection.

Recruitment procedures were in place and a sample of staff records was reviewed against the requirements of Schedule 2. One staff member's file did not have recorded evidence that they had completed Garda vetting. The registered provider gave assurances that all staff on duty and rostered had a declaration of Garda vetting completed. Written assurance was later submitted stating that the staff member would remain off duty until the Garda Vetting disclosure record was available in the centre. This was a repeated action from the last inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose described the services provided.

The registered provider had reviewed and revised the statement of purpose following changes made to the layout of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were submitted to the Chief inspector, as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place for the management of complaints. Information on making a complaint was displayed in the centre, feedback forms were available and a log was maintained of complaints received.

Judgment: Compliant

Quality and safety

The residents in this centre had a good quality of life, were content and told inspectors that they were receiving a good standard of care.

The registered provider was taking adequate precautions against the risk of fire. Some areas for improvements were identified in relation to the premises, risk management, fire safety precautions and care planning arrangements.

Residents had good access to nursing, medical and allied health care. Residents' assessed needs and arrangements to meet these assessed needs were in the main set out in individual plans. Some improvement was required to ensure each resident's care plan, was based on the on-going assessment of their needs to ensure interventions were implemented, evaluated and reviewed in accordance with their wishes and changing needs. For example, one residents care plan did not reflect their falls risk assessment and another resident's weight had not been recorded for weekly monitoring as outlined within their care plan.

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. An effective social programme with a variety of meaningful activities for occupation and engagement was being implemented and co-ordinated by activity staff members. Some residents complimented the availability of internet and

the provision of additional TV channels to meet their individual preferences.

Arrangements and measures to safeguard and protect residents from harm and abuse were evident and demonstrated.

The provisions in place relating to health and safety and risk management had improved from previous inspections. Further improvement was required to demonstrate learning following significant clinical incidents. Risk assessments for residents that smoked formed part of the risk management process but in one of the assessment records examined, inspectors found that the resident concerned had not been involved in the risk assessment and a record of control measures had not been agreed.

Consultation and feedback from residents was sought, but the formation of the residents' committee and provision of information in relation to advocacy services was discussed and identified as an area to be further developed to ensure residents had an opportunity to access independent advocacy services.

The nursing home is laid out over three floors. It was homely, and decorated and furnished to a good standard. Since the previous inspection the registered provider had reconfigured parts of the premises. This included a reduction in the total number of bedrooms from 30 to 29 and a reduction in the number of residents to 50. Plans to further reduce the overall resident capacity to 49 was planned by reducing the number of beds in bedroom 6 from three to two and installing a full en-suite shower facility. While this formed part of the registered provider's previous action plan response to be completed by 31 May 2019, this plan was not yet commenced and not completed.

On the day of this inspection, 21 residents accommodated on the ground floor had access to two existing bathrooms, 24 residents on the first floor had two existing bathrooms and five (independently mobile) residents on the second floor had an existing bathroom on that floor.

The provision of an additional communal bathroom on the first floor in addition to the proposed en-suite bathroom in bedroom 6 formed part of the previous action plan response. This was not yet commenced or completed. The failure to progress this action was discussed with the registered provider during this inspection. On completion of both proposed bathrooms, a total of six communal bathrooms for 47 of the proposed 49 residents would be available.

A chair lift serviced each floor and a condition of this centre's registration is that it only accommodates independently mobile residents on the second floor and in bedroom 6 where additional steps to the chair lift exist.This inspection found that the registered provider was complying with this condition.

Other previous action plans in relation to the centre and the premises were followed up. Additional or alternative storage provisions were in place, floor covering in parts was replaced, a portable ramp was now available to facilitate wheelchair accessible entry and exit to the centre to avoid the use of residents' personal bedrooms as

entry points, and grab rails or surrounds were in place where required.

During this inspection some areas of the premises were identified as in need of repair and maintenance. These were immediately responded to by the registered provider representatives. Some were being addressed during the inspection while others were to be completed following the inspection. For example, one of the two ground floor-bathrooms (I) required significant upgrading to ensure privacy and dignity, and its floor tiles required repair to ensure the safety of users.

Inspectors were informed that residents were consulted with in relation to bedroom availability and choices. Residents conveyed their satisfaction with their accommodation and many residents had availed of the option to personalise their bedroom with colours, furniture, refrigerators and memorabilia of their choosing.

There was a rear garden and patio area that was accessible from the ground floor day rooms and seen to be used.

The nursing home was clean throughout with suitable infection prevention and control practices in place supported by staff training, hand washing and sanitiser equipment at various locations.

Regulation 17: Premises

The designated centre consisted of the main building and a bungalow. The centre was homely and residents said they found it comfortable.

The matters arising from previous inspections were followed up. The registered provider had completed some of the actions required following the previous inspection. Further actions were required to ensure the premises were appropriate to the number and needs of the residents in accordance with the statement of purpose prepared under Regulation 3.

The previous action plan response included a time frame of 31 May 2019 to complete the proposed additional communal bathroom in addition to a full en-suite shower facility in bedroom 6. These plans and enhancements to the premises were yet to be completed at the time of inspection.The registered provider assured inspectors that these actions would be complete and attributed the delay in additional facilities to outstanding fire safety information.

An existing bathroom (I) on the ground floor required significant upgrading and repair to ensure the privacy, dignity and safety of users and a privacy screen in twin bedroom 30 was to be put in place following its reconfiguration.

The registered provider assured inspectors and confirmed that all deficiencies noted previously and on the day of this inspection would be complete to ensure a minimum of one communal bathroom to eight residents will exist. The option of a bath facility was to be included in the additional bathroom proposed on the first

floor.

Judgment: Substantially compliant

Regulation 26: Risk management

The matters arising from the previous inspection had been partially addressed as the accessibility to the outdoor shed storing chemicals had not been adequately controlled. The shed was unoccupied with the door open during this inspection.

While there was a risk register in place, some areas for improvement were identified and discussed with the registered provider and staff during the inspection. For example, while a review was conducted following a clinical incident, no learning was identified to inform practice and quality improvements.

Judgment: Substantially compliant

Regulation 27: Infection control

Systems, procedures and equipment were in place for the prevention and control of health care-associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider was taking adequate precautions against the risk of fire. The revised escape corridor on the first floor, together with the completed work to subdivide the building into fire compartments had further improved the means of escape from the building.

Adequate escape routes were in place. In the main, escape routes were kept clear and free of obstruction. The inspectors noted one instance where a hoist was placed across the external pathway. This was immediately removed and the registered provider representatives gave assurances that escape routes would be kept clear.

Fire safety equipment, including fire detection and alarm system, emergency lighting and fire fighting equipment were being inspected and tested at the appropriate intervals. Records were available to demonstrate that daily and weekly in-house fire safety checks were carried out on escape routes and fire equipment.

The registered provider had made adequate arrangements for staff in the designated centre to receive suitable training in fire safety and records were available to demonstrate this. At the time of the inspection, there was a programme of training sessions undertaken over a number of weeks to ensure all staff had up-to-date appropriate fire safety training.

Staff spoken with were knowledgeable on the procedures to follow in the event of a fire and confirmed they had been trained in the use of fire- fighting equipment and specific evacuation aids required to assist residents to evacuate where required.

Drills were taking place in the centre, however, there was no record of a drill to simulate the evacuation of a compartment with fifteen residents at the first-floor level, with night time staffing levels. Subsequent to the inspection, the registered provider arranged for the aforementioned scenario to be simulated and a record of this was submitted to the Chief Inspector. This demonstrated an efficient evacuation of the compartment.

The registered provider had assessed the needs of residents in terms of the requirements for evacuation. Personal Emergency Evacaution Plans (PEEPs) were prepared for each resident. They included pertinent information including methods of evacuation and information on the capabilities of residents to evacuate and what supports would be required. Of the sample of PEEPs reviewed, some required review as they did not reflect the altered layout of the first floor.

The building was adequately subdivided with construction which would contain the spread of fire through the building and facilitate progressive horizontal evacuation where required. However, inspectors noted a fire door to a bedroom which was not adequately sealed to prevent the spread of smoke. This was brought to the attention of the registered provider.

In some areas of the building, alternative escape routes from bedroom corridors were provided through a bedroom. Sufficient emergency exit signage was not provided to identify these escape routes from the bedroom corridors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Detailed assessments were undertaken prior to and following admission. Inspectors found that the assessment process included the use of validated tools to assess varied aspects of residents' health condition and included nutrition, level of cognitive impairment, vulnerability to pressure area problems and skin integrity. While care plans based on the completed assessments were prepared within 48 hours of admission, some areas for improvement were identified.

Gaps in the care plan recording and in the review process was evident as subsequent assessments carried out by staff and other health care professionals

had not been referenced, updated or reflected within each care plan to ensure an agreed or consistent practice was delivered in consultation with residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical and allied health care professionals as required to meet any identified health-care needs. A range of professional services was available on referral that included dietetic, physiotherapy, audiology, optician and dental services.

Judgment: Compliant

Regulation 8: Protection

Arrangements and measures were in place and taken to protect residents from harm and abuse.

Judgment: Compliant

Regulation 9: Residents' rights

A residents' committee that meet regularly was referenced within the statement of purpose section on making a complaint. While this committee had not recently met to facilitate residents to be consulted with in relation to the overall organisation of the centre,there was evidence that residents were consulted with and had opportunities to participate in their daily routine and give feedback that was seen recorded within a diary.

The formation of a residents' committee and provision of information in relation to advocacy services was discussed and identified as an area for further development.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carysfort Nursing Home OSV-0000022

Inspection ID: MON-0025480

Date of inspection: 20/05/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have reviewed the staffing levels after 6pm and now there is an extra staff member from 6pm to 8.30pm. We have changed the rostering of the nurses to accommodate the morning medication rounds. One staff nurse starts at 7.30am and the second nurse starts at 8am.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Provider assures the Chief Inspector that Garda vetting was conducted on all staff members within the Centre. Unfortunately, due to an administrative challenge on the day of the inspection, the Registered Provider was unable to lay hands on the written record of confirmation of Garda vetting for one individual staff member. The Provider has ensured that a new record of Garda Vetting for the individual staff member has been obtained, and as previously assured on the day of the Inspection, the Provider ensured that the individual staff member did not work in the Centre until such new record confirming Garda vetting was in place.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
We have forwarded to the Chief Inspector a true copy of the regularization fire safety certificate issued by the County Council on 5 June 2019, in respect of the premises, as received on 26 June 2019 by the owners of the Property in which the Provider operates the Centre.

The tiles in bathroom I which were identified as damaged on the day of the Inspection were repaired immediately on the day of the Inspection. The new partition will be erected in Bathroom I by 10 July 2019.

A new privacy screen in Bedroom 30 has been put in place.

The Provider proposes to proceed, by reference to the action plan provided to the Chief Inspector on 6 July 2018, to arrange the reconfiguration of Bedroom 6 with the objective of reducing the bedroom from a three-bedded room to a two-bed bedded room with en suite facilities to include a WC, wash hand basin and shower by 15 September 2019.

The Provider also proposes to proceed, by reference to the action plan provided to the Chief Inspector on 6 July 2018 to arrange to install within the Centre a new wheel-chair accessible bathroom on the first floor to include a WC, wash hand basin and bath by 15 September 2019.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
We have talked to the domestic staff and the cleaning room door is now locked at all times.

After the clinical incident all caring staff were spoken to in respect of the incident and nurses were advised to supervise while the residents are being assisted with meals. Training was provided to all staff on 6th, 11th and 13th December 2018 by an external provider in respect of food, nutrition and dysphagia.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We have forwarded to the Chief Inspector a true copy of the regularization fire safety certificate issued by the County Council on 5 June 2019, in respect of the premises, as

received on 26 June 2019 by the owners of the Property in which the Provider operates the Centre.

The premises internally and externally are inspected by the Provider each day to ensure that the escape routes are clear. The Provider has formally spoken to all staff about the importance of keeping all pathways clear.

Since the Inspection, a stimulated evacuation of the compartment containing 15 residents on the first floor with night-time staffing levels was carried out and the record of this was submitted to the Chief Inspector.

The PEEPS have been reviewed to reflect the altered layout of the first floor.

The fire door to the bedroom in question has been adequately sealed to prevent the spread of smoke.

New emergency exit signage has been installed outside Bedroom 16 and Bedroom 21.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Since the Inspection all nurses are formally advised to include the assessments and the recommendations from other healthcare professionals in the care plan.

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	25/05/2019
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	Yellow	15/09/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Not Compliant	Orange	27/05/2019

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	27/05/2019
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	30/05/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/05/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2019
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	Substantially Compliant	Yellow	23/05/2019

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/05/2019
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	13/06/2019
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	11/06/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Substantially Compliant	Yellow	20/06/2019

	concerned and where appropriate that resident's family.			