



**Health
Information
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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:	Dalkey Community Unit for Older Persons
Name of provider:	Health Service Executive
Address of centre:	Kilbegnet Close, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 March 2019
Centre ID:	OSV-0000510
Fieldwork ID:	MON-0024373

About the designated centre

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

The centre is based in South Dublin and is run by the Health Service Executive. The centre is close to bus routes no 29 and no 8 and to the dart service. It was purpose built in 2000 and provides 36 long-term places, 12 respite care, places and two convalescence. There is also a day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy and occupational therapy. The centre is currently undergoing a redevelopment programme and is now providing accommodation for 28 residents. The respite and convalescent placements have been temporarily relocated to other centres located nearby with the respite placements returning once the works have been completed.

The following information outlines some additional data on this centre.

Current registration end date:	29/06/2021
Number of residents on the date of inspection:	28

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
15 March 2019	09:25hrs to 18:00hrs	Michael Dunne	Lead

Views of people who use the service

The inspector spoke with a number of residents in the course of the inspection. Residents said that they were happy in the centre and liked living there. There was a high degree of satisfaction expressed by residents with regard to the support given by the staff team. Residents told the inspector that they could rely on staff to support them with their personal care and that staff listened to how they wanted care to be delivered to them. They said that the laundry service was very good and that you always got your own garments back.

Those residents spoken with said that they were happy with their bedrooms and that they could see their relatives or friends in their rooms. Residents were happy that they could personalise their rooms to their taste and one resident showed the inspector pieces of art and pottery that they had recently made. Residents said that staff change their bedding regularly and staff ensure that their rooms are kept clean as well.

Residents told the inspector that staff arranged for them to see the visiting GP if they felt unwell and that staff looked after their medication for them. They were happy that if they needed mobility equipment then staff could arrange that for them in a timely manner and that if they needed physiotherapy input then it could be provided in the centre.

Residents attending the evening meal told the inspector that they were happy with the quantity and quality of food on offer and commended staff on supporting them with their meals.

There was an activity programme advertised in the centre and feedback from residents attending an activity session was positive. Residents said that they liked the range of activities on offer.

Capacity and capability

Overall residents received a good service however there were areas identified during the inspection that require improvement. There was a clear management structure in place which ensured that staff were clear about their reporting arrangements. At the time of the inspection there were sufficient numbers of staff available on site to be able to provide an optimum service to the resident group. However improvements were required in relation to governance and management in the

centre.

The centre measured its effectiveness through the use of audit and feedback. Both clinical and operational data were analysed to improve the care provision. There were arrangements in place to monitor quality and safety of the centre and its performance was also monitored at regional level. There were improvements required with regard to monitoring the quality of care plans ensuring that they were effective and reviewed as least every four months or as and when required. Care plans were not always legible and those reviewed did not always contain sufficient information to assess their effectiveness in meeting resident need. The impact of the works programme on the existing resident group and on their quality of life required additional risk assessments to be completed with regards to their well being and safety.

The centre is currently undergoing a reconfiguration programme and they are using their existing management systems to plan and monitor the timely delivery of the works programme. The centre had statement of purpose which described the centre's services going forward and also submitted plans to the office of the chief inspector. During the inspection it was noted that the statement of purpose and plans were not being fully adhered to.

The centre was effective at reporting notifyable incidents and it was noted that all complaints received by the centre were processed according to their policy.

Regulation 15: Staffing

A review of current and past rosters was undertaken and the inspector found that the centre had the required numbers of staff with the required skill mix to deliver a safe and effective service to the residents. The centre had maintained their staffing numbers prior to the redevelopment of the centre and were therefore able to cover any staffing absences from the existing staff team.

Judgment: Compliant

Regulation 23: Governance and management

The centre had clear governance and management structures in place to ensure that residents received the service as set out in the statement of purpose. The centre is currently undergoing a redevelopment programme to upgrade its service provision. To accommodate these works the centre has had to relocate many of its services such as its respite, convalescent and day care services in addition to closing one of its accommodation units. The centre was having regular meetings with contractors to ensure disruption to the resident group was minimised.

The statement of purpose described the improvements to the service provision and was due for review in September 2019. In the document it states the centre would not have any admissions during the reconfiguration programme and this is stated in the interim statement of purpose however the inspector noted that a resident was admitted in January 2019.

The provider submitted plans in August 2018 setting out the plans for the works in different phases. It was stated in those plans that during phase 1 of the redevelopment works that residents would receive their meals on the ground floor in the day care area however the inspector found that this was not the case and that residents were receiving their meals on the unit.

Improvements were required in relation to the management systems to ensure the centre was being run in line with the statement of purpose and conditions of registration.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a number of contracts for the provision of services and found them to be in line with the regulations. Those contracts examined outlined the terms and conditions of the placement, contained a description of additional fees to be charged for additional services and contained the required authorizations. The person in charge (PIC) informed the inspector that contracts for existing residents will be amended to incorporate details of new bedrooms when the building works have been completed and they are able to move residents to their new bedrooms.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available and described the facilities and services available in the centre. It was revised in June 2018 to take account of the ongoing redevelopment works and will be reviewed again in September 2019.

An admission had been made to the centre that was not in line with the arrangements set out in the statement of purpose. This non-compliance is addressed under regulation 23.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre was found to be in compliance with this regulation, notifications were sent within the prescribed time frame and contained the required information in a clear and concise format. The inspector was provided with audit documentation which showed that incidents were recorded, analysed and reviewed to identify trends and to identify learning that could improve the service provision. There were also a number of regional forums where local incidents were discussed and analysed.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy in place to meet the requirements of the regulations. The policy was advertised in the centre and residents spoken with were aware of this policy and on what they needed to do to register a complaint. There was evidence that the centre was monitoring and recording complaints received. Records indicated that complaints were logged, investigated and practice amended to reflect learning. Residents were supported to register a complaint where this was required and it was noted that appropriate feedback was given to all complainants once complaints had been investigated. The centre recorded 18 complaints in 2018 and records reviewed indicated that all had been investigated thoroughly.

Judgment: Compliant

Quality and safety

Overall residents assessed needs were being met however there were a range of improvements required in order for the centre to become compliant with the regulations. Areas of non compliance were identified in relation to premises, risk management, fire precautions, care planning arrangements, managing responsive behaviour and supporting residents rights.

A review of care plans found a number of improvements were required. A number of the improvements had been required following the previous inspection. Systems were not in place to ensure all care plans were completed within 48hrs of residents being admitted to the centre. The construction of care plans required improvement as they did not provide clear information to guide staff practice. It was also noted that care plans examined had not been reviewed within the required

four month period.

Residents spoken with were content with the nature of care they received from staff and commended them on being kind and courteous. The inspector was informed that the majority of residents on the unit required mobility support including the use of mobility aids. Residents who displayed responsive behaviours were seen to be well supported by staff. Staff were courteous and responsive to resident need, however care plans for residents with this level of need required improvement as they did not always direct staff in providing appropriate care.

The reconfiguration works had impacted adversely on the availability of communal space for residents to use as was originally planned. At the time of the inspection the centre was utilising a vacant four bedded bedroom as a temporary dining room and activity room but in practice this resulted in resident rights being negatively impacted due to the limited communal area. There was a lack of storage facilities on the unit requiring the storage of wheelchairs and dining equipment in an unlocked area. It was acknowledged that there will be significant improvements to the overall living space once the reconfiguration works have been completed.

The centre had a risk register in place and risk assessments were reviewed and monitored on a regular basis at a local level and regional level. There were regular meetings with the contractors to review the progress of the building works and the person in charge had highlighted additional risks with the Health Service Executive that required review. While some risks were identified there were no risk assessments available for review with regard to the impact of the building works on the current residents living on Hillview unit or in relation to the impact of works on the fire safety arrangements.

The centre had systems to implement fire safety arrangements. Staff had received mandatory training and there was a programme for further fire training in 2019. However, the inspector noted that there were deficiencies regarding fire signage as current fire maps indicated the evacuation routes prior to the redevelopment works. The safety of residents using existing evacuation routes required immediate attention due to the removal of a partition fence to the railway line by the landowner. Although fire drills had been carried out the inspector was not assured that any learning had been achieved from these drills as records didn't identify any learning or areas requiring improvement. In addition records concerning the daily, weekly and monthly fire checks require improvements to their storage.

Regulation 17: Premises

At the time of the inspection Castleview unit was closed for refurbishment while Hillview unit was found to be accommodating 28 residents. Access to Castleview unit was restricted due to building works and there was a partition wall in place to restrict this access. During the centre walk around the inspector noted that Hillview unit had inadequate storage facilities. Resident wheelchairs and other mobility equipment was been stored beside the partition wall as there was no other space available on the unit. There were large trolleys containing residents meal trays stored nearby as currently there was no dining rooms available for use. Vacant respite rooms were being used as temporary dining rooms and for the provision of activities. Accessibility to dining and activities was limited however due to the size of these rooms as they could only accommodate small numbers of residents at one time. Hillview Unit is also due for upgrade in phase two of the refurbishment programme.

Judgment: Not compliant

Regulation 26: Risk management

The centre had a risk register in place and records seen indicated that the centre carried out regular audits of both clinical and operational risks. Risks were identified and appropriate actions put in place to reduce these risks. Supplementary records supplied post inspection indicated that additional risk assessments were added to the register by the centre focusing on respite monitoring and business continuity. There were quality and risk meetings held every two months where risks were further evaluated and reviewed.

There were however no risk assessment records available to review for the impact of the development works on services being provided to existing residents currently living on Hillview Unit. The centre had registered these concerns with management as phase two of the redevelopment works will be adjacent to Hillview unit. A thorough review of the impact of these works on residents and possible disruption to existing services arrangements was required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The arrangements in place for the protection of residents against the risk of fire required improvement. Fire maps currently on display in the unit showed evacuation routes that were in place prior to the redevelopment programme and required updating. An area adjacent to a fire exit door required fencing so that residents could

use this exit safely in the event of an evacuation due to fire activation. The inspector noted that access to the stairwell from Hillview unit was blocked with a chain securing a gate restricting access. Staff informed the inspector that residents would not be evacuated via the stairwell during the redevelopment works. Records showing weekly fire checks of fire equipment and of fire doors required review as these records were not stored in a manner that allowed for easy retrieval and monitoring. The inspector noted that staff received regular fire training and that there was a programme of training in place throughout 2019. Discussions with staff confirmed that fire drills had been carried out however there was no documentation available to show that any learning had been achieved as a result of these drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were found to have a comprehensive assessment of their needs completed prior to admission and subsequent care plans produced identified how these needs were to be met. Records seen did indicate that residents were consulted about how they would like care to be delivered to them. However records also indicated that not all residents had care plans in place within 48 hours of being admitted. A number of care plans were also seen to have not been reviewed within the four month timescale. Care plans were in hard copy format and were difficult to follow due to nature of individual writing style. Examples were seen where it was not possible to identify the nature of need, type of intervention and follow up required by residents, this included those for residents with responsive behaviours.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed staff providing care and support to a resident displaying responsive behaviours and observed that their interventions were appropriate and were carried out in a person centred fashion. In discussions with staff they confirmed that they had received appropriate training in this area and were able to explain how they could use this training in their day to day work with residents. Care plans were not written clearly and would not guide the staff as was highlighted in regulation 5.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents spoken with informed the inspector that they were able to exercise choice over many of their daily routines. They said that there was choice available at mealtimes and that they could choose which activities they wanted to attend as well. Residents told the inspector that staff were courteous and spoke to them in a respectful manner.

Resident bedrooms contained sufficient space to allow residents to store their personal possessions safely. Residents had access to newspapers and TV facilities and the centre supported residents to maintain links with the local community.

Access to communal space for residents on the unit was limited due to the impact of the reconfiguration works on the centre. In addition access to an external communal space was compromised due to the works on the nearby railway line. The person in charge indicated that the erection of an external fence was required so that residents can access this area safely.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dalkey Community Unit for Older Persons OSV-0000510

Inspection ID: MON-0024373

Date of inspection: 15/03/2019

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The DON will ensure no further admissions occur as per the Statement of Purpose during the remaining timeframe set out for completion of the reconfiguration programme.</p> <p>The provider will submit an application for Registration reflective of the planned phased programme of works as agreed with the Inspector.</p> <p>The impact of the works programme on residents and their quality of life has been assessed via the completion of a satisfaction survey commenced following the recent inspection and shows overall satisfaction with the present living conditions. Results are available for review.</p> <p>A relative's feedback questionnaire was circulated on the 29/4/2019, the DON is awaiting full completion of same, and feedback to date is very positive and available for review. The PIC will ensure the continued regular engagement with Residents Committee to identify and pro-actively manage items negatively impacting on residents.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The anticipated completion date for reconfiguration is September 2019 which will greatly enhance resident's lives.</p>	

The provider will submit an application for the registration of the phased reconfigured process to include a revised Statement of Purpose reflective of activity during this period. When operational the environment will improve the communal space and storage which will impact positively on the quality of life of residents. This application will be submitted imminently as soon as the appropriate revised floor plans are to hand.

Storage of wheelchairs and dining equipment has been reviewed and removed from communal areas/ corridors where possible, storage will be greatly enhanced following reconfiguration.

New Fire Maps are under development and will be in place in the coming weeks.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:
 The Provider, DON, Health and Safety Officer, Risk and Quality Advisor and the Chief Fire Officer and site committee are reviewing the learning from phase 1 and incorporating learning and feedback into the risk assessment for the remaining phases of the project. Following receipt and review of the Risk and Methods Statement from the Project Officer the risk assessment will be finalised ensuring minimisation of disruption to residents and services.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The ski pad has been relocated to a more accessible area for staff.

New Fire maps are being prepared and will be in place in the coming weeks and will include the new and updated lay out of the building and will be included in the Evacuation Plan, a copy will provided to the local Fire Brigade and discussed at the Quality and Risk meeting. Old maps have been removed.

The evacuation door/ garden door is unlocked daily by the Porter and is in use. Misleading signage has been removed. The area has been made safe by the erection of new strong fencing on the back wall.

The red Fire folder/ record checks file at the Porter's desk in the Reception has been replaced ensuring that it is accessible and easy to read.

Unannounced drills learning is reviewed by the DON and circulated to all Heads of Departments. Announced fire drills take place each Saturday and the outcome actions are discussed at the risk and quality meeting.

Learning will be monitored by the DON to ensure improvement.

Storage on Hillview unit has been reviewed and equipment relocated where possible. There will be greater opportunity for storage on operationalisation of Castleview.

Regulation 5: Individual assessment and care plan

Not Compliant

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

All the care plans are being updated and all assessments have been completed. Peer Care planning audits will take place monthly using the DML mini audit tool and the results will be reviewed by the DON monthly and discussed at meetings with CNM2's. Care planning is now an agenda item at the Quality & Risk meetings. The provider Representative and/or nominee will review this matter formally with the PIC on a quarterly basis.

All care plans for new admission will be completed within 48 hours.

The care plan index has been reviewed and is now consistent throughout the centre and is displayed at the front of each care plan.

The DON has reminded staff of the importance of legible handwriting and this will be monitored as part of monthly audit.

DON has reviewed the allocation of residents to key workers and assigned protected time to ensure care plans are maintained and updated. In the absence of the key worker the CNM will ensure the care plan is up-to-date.

Care planning is now a standard agenda item at CNM2 meetings with the DON.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 The DON continues to ensure that assessments and careplans are reflective of the needs of residents that present with responsive behaviours.

Robust staff rosters are in place to ensure staffing numbers and skill mix meets the needs of residents including those with responsive behaviours.

The completion of the first phase of reconfiguration will enable increased availability of communal space for residents; this includes the dining room, activity spaces and sitting room.

The small garden is now accessible to utilise; the partition fence to the railway has been erected therefore reducing risk to residents.

Staff training is in place including restraint and behaviours that challenge the next session is scheduled for 21/5/2019.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The DON continues to monitor the impact of the reconfiguration for residents and will ensure risk assessments are in place pertaining to phase 2 incorporating the learning and feedback from phase 1 including resident, relative and staff feedback.

The DON has a robust system in place to ensure care plans are completed within 48 hours of admission and updated 4 monthly or as required.

The impact of the works programme on the existing resident and their quality of life has been assessed via the completion of a satisfaction survey which has been completed since inspection and shows overall satisfaction with the present living conditions.

Effective communication continues to be in place with residents, relatives and staff pertaining to the reconfiguration works.

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 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		30/09/2019
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.	Substantially Compliant	Yellow	31/05/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant		31/05/2019

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant		10/05/2019
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	10/05/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant		31/05/2019
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Substantially Compliant	Yellow	10/05/2019

Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	10/05/2019
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	30/09/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	10/05/2019
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 reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/05/2019
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	10/05/2019
Regulation 28(2)(iv)	The registered provider shall make adequate	Substantially Compliant	Yellow	10/05/2019

	arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
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	31/05/2019
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant		31/05/2019
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 concerned and where appropriate that resident's family.	Not Compliant		31/05/2019

Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant		31/05/2019
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	10/05/2019