



## Office of the Chief Inspector

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

Name of designated centre:	The Fern Dean
Name of provider:	SRCW Limited
Address of centre:	Deansgrange Road, Blackrock, Co. Dublin
Type of inspection:	Announced
Date of inspection:	14 February 2019
Centre ID:	OSV-0000759
Fieldwork ID:	MON-0022850

## About the designated centre

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

Ferndene Nursing Home is set in its own gardens close to Blackrock in Co. Dublin. It is a purpose built nursing home, with 105 single en-suite bedrooms, five twin en-suite bedrooms and one three-bedded en-suite bedroom. The facility comprises of three floors. The ground floor, called the Garden Lodge, can accommodate 33 residents. The first floor, called Fern Lodge, can accommodate 46 residents and the second floor is called Sycamore Lodge and can accommodate 39 residents. Each floor has its own dining and sitting rooms. On the ground floor there is a hair salon, an oratory and a private room that visitors can use. There is 24 hour nursing care, and residents with cognitive impairment and or dementia are welcome. The centre can also accommodate respite and convalescent residents.

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

Current registration end date:	07/08/2019
Number of residents on the date of inspection:	118

## 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
14 February 2019	09:00hrs to 18:15hrs	Sarah Carter	Lead
14 February 2019	09:00hrs to 18:15hrs	Gearoid Harrahill	Support

## Views of people who use the service

Many residents spoke with inspectors during the course of the day and expressed their views on the services in the centre. Eleven questionnaires were also received and reviewed.

Overall feedback shared by residents indicated high levels of satisfaction with staff and the way their health care needs were managed. Residents felt well looked after, and that they could get help whenever they needed it.

Many residents were very satisfied with their menu choices. A small number of comments were received saying that they felt some meals were served too early and the food could be hotter but other comments were received saying the mealtimes were satisfactory and the food was always hot.

Residents reported they had enough to do, and enjoyed the activities that were on offer. Some said they could access the garden safely and found it to be a lovely amenity.

Residents also said they liked their rooms. Some said they liked their views, and others said they liked the peace and quiet. All felt they had enough room for their personal items and had brought different items and some pieces of furniture into the home with them.

Several family members also approached the inspectors and shared their views on the service, which were all positive.

## Capacity and capability

The centre was well managed by a team who were focused on improving residents' lives. There were effective management structures in place that ensured care was provided in a safe and sustainable way. The person in charge had oversight over all units in the centre, and each floor had its own unit manager.

The governance systems included a system of monthly audits on each unit. Information and action plans arising from the audits were used as key performance indicators and the results and actions plans were shared with staff at unit level. Unit managers and the person in charge met regularly, and there were also regular meetings with the provider. Audits that took place in recent months included: medication management, hand hygiene and restraint. A detailed annual review was also available for inspectors to review, and indicated the centres quality

improvement plans for the upcoming years. There was evidence that feedback from residents and their next of kin was included in the annual review. A suggestion box was also available for feedback and the contents were reviewed at monthly management meetings.

Staffing was sufficient to meet the residents' needs and the layout of the building. There was qualified nursing staff available at all times. A number of agency staff had worked on each shift in the rosters reviewed. A number of controls were developed by the person in charge to ensure that agency staff were working safely and with supervision. These control measures included an adapted induction for agency staff, and they were paired with existing staff members for support and supervision. There was senior management oversight, and staffing was an agenda item on weekly senior management meetings. The person in charge was based full time in the centre, and was an experienced nurse with additional qualifications. She was supported by unit managers who were all qualified and experienced nurses.

All staff had attended training in safeguarding of vulnerable adults and fire safety. Staff were also trained in safe manual handling practices. Additional training attended included caring for people with dementia, those with continence needs or altered dietary requirements. Staff were trained in management of falls risk and the use of restrictive practices. Staff advised inspectors that they felt supported in carrying out their role by their line management.

As this inspection took place to support the centres application to gain a renewal of their registration the statement of purpose was reviewed in detail . The statement of purpose contained all details as required by the regulation. Minor adjustments were made to ensure clarity, for example on the contents of en suite bathrooms and that residents with medical cards were entitled for a referral to the community services for relevant specialist help. As recruitment was ongoing for additional management staff the statement of purpose will require further updating to reflect each managers roles and their position in the organisational structure of the centre, as they commence their roles.

Staffing practices in the centre was underpinned by policies and procedures. A large body of work had taken place over the months prior to inspection to review and update all policies, and there was a programme planned to re-launch policies and train staff. However this meant that current policies in use on inspection were reviewed and some policies reviewed did not contain guidance on practices in use; for example the current policy did not include guidance for staff on physical restraint measures that were in use with residents. Day to day records of care were also reviewed as a follow up to the centres last inspection report, and were found to be in use, accurate and contained information sufficient to indicate what actions had been undertaken with residents and how their care was progressing.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider submitted all required documents and details to support

their application to renew their registration.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge worked full time in the centre, was qualified and experienced to fulfil her role. The person in charge was supported in her role by unit managers.

Judgment: Compliant

### Regulation 15: Staffing

There was sufficient staffing on duty and recorded on rosters to meet the needs of residents. While agency staff were in use across most shifts in the centre, controls were in place to ensure the impact of this on residents care was minimised.

Judgment: Compliant

### Regulation 16: Training and staff development

There were structures in place around the induction, supervision and appraisal of staff in the service. Staff were up to date in their training in fire safety, safeguarding of vulnerable adults and safe manual handling. A range of supplementary training sessions were also available including nutrition, infection control, falls management, and care at end of life.

Judgment: Compliant

### Regulation 21: Records

Schedule 3 records were reviewed to follow up on findings of the previous inspection. Daily care records were maintained and up to date and signed by staff on an electronic system.

Judgment: Compliant

## Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents in place.

Judgment: Compliant

## Regulation 23: Governance and management

There were sufficient resources in place to meet the needs of the residents and run the service. The provider had systems in place to monitor the service through a comprehensive audit programme. Actions identified as required were assigned to managers, and information was shared with staff through meetings and email communications. The structure of the management team ensured the person in charge had good oversight of the issues at unit level. An annual review was available, and detailed the service's performance and quality improvements for the upcoming year. Residents had been consulted in the preparation of this document.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Each resident had a contract agreed in writing with the provider. Contracts listed the terms of residing in the centre, the regular fees payable and the services and facilities provided, including noting whether the resident is accommodated in a single or shared bedroom. There was a priced list of items and services which incurred separate charges.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained all aspects of the requirements in Schedule 1. It was kept up to date. Minor amendments were required to clarify some details, which were completed on the day of inspection.

Judgment: Compliant



## Regulation 4: Written policies and procedures

Written policies and procedures were available. All policies had recently been reviewed, and the new policies were being finalised and a time line was in place for their roll-out. One policy on managing behaviours that challenge, did not detail the use of a physical restraint that staff had been trained in and were using from time to time. This will be reflected in Regulation 7.

Judgment: Compliant

## Quality and safety

The services provided were high quality and running safely and for the benefit of the residents who lived there.

The premises overall was safe and suitable for the number and needs of residents. Each floor had a large central living room and dining room, and smaller lounges in which residents could relax or receive visitors. Bedrooms were of a suitable size and layout for residents, with accessible en-suite toilet and shower facilities. Shared bedrooms were laid out in such a way that one person could close their curtains for privacy while not restricting the use of the room for their room mate. Residents had sufficient storage for their belongings and clothing, and space to display photographs, decorations and furnishings from home to personalise their living space. Handrails, safe floor covering and clear signage allowed residents to navigate the centre alone or with assistance safely, with seating spots on some hallways for residents who needed to sit down. The building was clean, in a good state of maintenance, well ventilated with natural light and views.

Residents had plans around emergency evacuation and the centre was overall facilitated to detect and alert people in the event of fire. Review was required regarding inconsistencies in staff knowledge and documentation related to fire and evacuation procedures and compartmentalisation including the placement of fire doors. The centre had a fully equipped laundry for residents' clothing. Measures were in place to reduce the risk of clothing being misplaced. There was a full kitchen which could be accessed by staff after kitchen staff went home, if residents wished to have something to eat at night.

Residents' needs were comprehensively assessed on admission to the centre by an in-house general practitioner and there was access to specialist allied health practitioners (physiotherapists and occupational therapists) if required.

Care plans were developed, and in a wide sample seen by the inspectors they were well written, clear and were person centred. There was evidence that the care plans

had been developed in consultation with the resident and/or their relatives if appropriate. In a small amount of care plans reviewed there were some gaps in translating the outcome of clinical incidents or repeat assessments into care plan updates, however daily notes and staff knowledge indicated that care was provided as per the resident's needs. The clinical risks of residents who had falls were assessed; however a review was required to ensure any changes in residents risk were accurately translated into their care plans. Residents were referred to specialist services in a timely fashion and recommendations from specialists were included in care plans.

Documentation was sought indicating residents access to the various national screening programmes, and staff gave verbal confirmation that some residents were attending relevant screening programme or had opted out. Following inspection documentation was received indicating that some residents were/are participating in national screening programmes as appropriate, with others being referred on the day inspection or immediately afterwards.

Residents who displayed responsive behaviours were safely supported in the centre, and in a manner that was least restrictive. There were some bedrails in use in the centre, and inspectors found that the process of assessing these was clear and timely and included a section that indicted alternatives were trialled. There were alternatives to restrictive practices available and in use in the centre. There was a policy in place to guide staffing practices with residents however as discussed in a previous section of the report this policy was about to be replaced with an updated version. However the current policy did not guide staff in the use of the physical restraint techniques that they had received training in, and used from time to time.

Residents' end of life plans were reviewed, and found to be holistic and developed in consultation with the resident and / or their family as appropriate. The residents preferences were clearly stated and the local community palliative care team were available to attend the centre and provides support as required.

Resident's safety and rights were upheld in the centre. Staff were fully trained in safeguarding, and there was an up to date policy in place to guide practice. Any residents spoken to during the inspection reported they felt safe in the centre. The centre did not act as a pension agent for any of their residents. A verbal assurance was given by both the person in charge and the registered provider that all staff had received Garda vetting disclosures prior to commencing work in the centre.

Resident's safety was also promoted in the centre as staff were seen to use good infection control techniques throughout the inspection, for example through the use of hand sanitizer throughout the day. There was sufficient personal protective equipment available in resident's rooms that had infections, and it was stored inside their bedrooms instead of on the corridors to protect resident's privacy. Some action was required to ensure sluice facilities in the building were fully usable, however this will be addressed in the judgment on premises.

Inspectors observed patient and friendly social engagement between staff and residents. Residents were spoken to in an appropriate manner and their privacy and

dignity was respected. The staff demonstrated knowledge of the residents and their personalities which allowed personal conversations related to the residents own interests.

There were arrangements in place to ensure that there was a variety of recreational activities on offer on all units of the centre. This included sessions led by external facilitators and people in the local community, which allowed the activities staff sufficient time to spend with residents who benefit more from quieter or more individual social engagement and activities. Activities staff used a simple but clear tracking tool to inform each other and the management that residents who did not participate in group activities still have opportunities for meaningful and stimulating engagement in their day. Residents regularly go on outings and participate in community events. Seasonal events took place in the centre such as sports days and barbecues. The inspection took place on Valentine's Day and residents were looking forward to a gala night held in the centre. There was a week of themed activities around Christmas time and similar plans were being made for Saint Patrick's Day.

Inspectors observed mealtime and found them to be positive and comfortable dining experience in which residents were served straight from the hot food trolley from the kitchen, so food was hot and plates prepared based on residents' needs and preferences. There was a plentiful amount of food available for residents who wanted second helpings. Menus were on display and for some residents, staff showed them each option to help them decide which they would prefer. There was sufficient staff to assist residents to eat and residents were not under pressure to go beyond their own pace.

Roman catholic mass and communion took place twice weekly. Residents were registered to vote and facilitated to do so in the centre if they wished. Residents had access to television, radio, internet and local and national newspapers.

Resident feedback on the service and was sought through regular surveys and resident forum meetings. Evidence was reviewed of action points for management taken from this feedback to improve the resident experience.

Throughout the inspection days, visitors were observed coming in and out of the centre and an electronic log book was being maintained at reception. There appeared to be sufficient seating and quiet and private areas throughout the building for residents to meet their visitors, and no restrictions were in place.

## Regulation 11: Visits

There were no unnecessary restrictions on visitors coming to the centre. There were suitable rooms in the centre in which residents could receive their visitors in a quiet, private space.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space to store clothing and belongings and personalise their bedrooms. Arrangements for laundering and labelling were in place to reduce the risk of clothing being misplaced.

Judgment: Compliant

### Regulation 13: End of life

Evidence was collected that indicated residents had good care plans in place for their end of life. Arrangements were in place to meet residents physical, emotional and spiritual needs and their preferences were clearly recorded. Residents and / or their families were consulted where appropriate on the development of the plans.

Judgment: Compliant

### Regulation 18: Food and nutrition

Staffing was adequate to ensure that residents who required assistance received it in a way that was comfortable and allowed them to go at their own pace. Food was served hot and residents were offered choice in their meal options, with menus clearly displayed. The kitchen staff had a clear summary of all residents' preferences, dietary requirements and allergies which was updated as required.

Judgment: Compliant

### Regulation 27: Infection control

There was a policy to guide staff practice in this area. Adequate supplies of personal protective equipment was available and staff were observed using good infection control principles throughout the infection.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Overall care planning was good in the centre. Care plans were person centred, and could guide staff to meet residents needs and wishes. Care plans were reviewed regularly.

Judgment: Compliant

## Regulation 6: Health care

Residents had their choice of general practitioner and were referred to specialists as required. Some residents were enrolled in national screening programmes. The provider supplied further information and assurances on this following the inspection, and additional residents have been referred as appropriate.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

A policy was in place to guide staff, although it did not include details of a technique that was in use in the centre. A new policy was prepared however it was not launched when the inspection took place. Staff were knowledgeable about any restraint use in their units, and if restrictive practices were used, they were clearly documented and used as a last resort.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents reported they felt safe in the centre, and staff practices ensured their protection. A policy was in place to guide staff, and staff had received training in the area of protection of vulnerable adults. Staff were knowledgeable about their responsibilities and what constitutes abuse in a centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Inspectors observed good quality, personal and friendly social engagement between staff and residents. Residents were spoken to in an appropriate manner and their privacy and dignity was respected during delivery of care and assistance.

There were arrangements in place to ensure that there was a variety of recreational activities on offer on all units of the centre. This included sessions led by external facilitators and people in the local community, which allowed the activities staff sufficient time to spend with residents who would benefit more from quieter or more individual social engagement and activities. Activities staff used a simple but clear tracking tool to inform each other and the management that residents who do not participate in group activities have meaningful and stimulating engagement in their day. Residents regularly went on outings and participated in community events. Seasonal events took place in the centre such as sports days and barbeques. The inspection took place on Valentine's Day and residents were looking forward to a gala night held in the centre.

Mass and communion took place twice weekly. Residents were registered to vote and facilitated to do so in the centre if they wished. Residents had access to television, radio, internet and newspapers.

Resident feedback on the service and was sought through regular satisfaction surveys and resident forum meetings. Evidence was reviewed of action points for management taken from this feedback to improve the resident experience.

Judgment: Compliant

## Regulation 17: Premises

Overall the premises were clean, well-maintained and suitable in design and layout for the number and needs of residents.

There was designated storage for assistive equipment including hoists and shared wheelchairs. However, these were seen to be stored in resident en-suite bathrooms when not in use and in some areas outside of the designated storage areas, for example in stairwells.

Some sluice facilities required maintenance to ensure they were fully usable and checks were required to enquire items were not stored in these rooms that should be stored elsewhere

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Information was received following the inspection from the provider, that explained their rationale for fire door positioning and that additional fire doors were being installed. However on the day of inspection, the floor plan used to inform evacuation on display in the centre did not correctly identify the location of internal compartment doors in some locations, which meant that some compartments were larger and accommodated more residents than it appeared on the floor map. This could impact on staff use of compartmental evacuation in the event of a fire emergency.

There were some inconsistencies in staff knowledge of the assistance and equipment required to evacuate residents in an emergency, with some staff instruction contradicting the instruction of the resident's personal evacuation plan.

Staff were trained in fire safety procedures and there was suitable fire fighting and emergency lighting equipment which was regularly checked and serviced. Compartment doors could automatically close in the event of a fire alarm to contain smoke and flame. Simulated fire drills took place in the centre, which included practical elements in staff simulating the role of residents, and reports noted on time taken and areas where procedure was not properly followed. Some review was required to ensure that there was adequate resources and people to efficiently evacuate larger compartments.

Judgment: Not 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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant



# Compliance Plan for The Fern Dean OSV-0000759

Inspection ID: MON-0022850

Date of inspection: 14/02/2019

## 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 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Managing behavior that is challenging:</p> <p>The Ferndene policy on The Management of Restrictive Practices has been revised to include the definition of physical restraint and physical intervention. This policy includes the most recent updates provided by HIQA (2019) in relation to promoting a care environment that is free from restrictive practices. The Policy is being circulated as per the deadline below.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Premises:</p> <p>The maintenance issue in relation to sluice facilities was corrected on 18/02/19</p> <p>There is a yearly external and monthly internal service schedule for the Sluice equipment in situ for 2019.</p> <p>The daily housekeeping audit now includes the checking of the correct storage of equipment in the stairwell. This has oversight from the Accommodation Manager.</p> <p>This audit will from the 14.04.19 include the daily checking of sluice facilities to observe</p>	

that they are accessible for care staff as per Infection Control Policy.

A Policy and Procedure on Equipment - service, maintenance and calibration has been developed.

A Policy and Procedure has been drafted for implementation on the Management of the Physical Environment.

The Health and Safety Risk register will continue to log the safe storage of equipment as a moderate risk until full compliance with practice is achieved.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Fire precautions:

The additional fire doors for the corridor will be installed on the 29.04.19

A schedule of weekly fire drills has been drawn up for 2019 which includes the evacuation of larger compartments.

Staff Fire Training is being revised based on the updated policies and procedures on the Management of Internal Emergencies and Emergency Response Plan. This revised training will be rolled out as per the training schedule for 2019.

## 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.	Substantially Compliant	Yellow	14/04/2019
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	14/04/2019
Regulation 28(2)(iv)	The registered provider shall	Not Compliant	Orange	29/04/2019

	make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
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	Yellow	12/04/2019