



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Pinewoods, Asbourne
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	03 November 2021
Centre ID:	OSV-0005806
Fieldwork ID:	MON-0032383

About the designated centre

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

This centre provides residential respite care to children aged between eight to eighteen years of age. The centre can accommodate up to five residents each night. The centre is a dormer style detached home situated in a large town in Co. Meath. There is a self-contained one bedroom apartment annex attached to the main home. In the main home there are four bedrooms all of which have en-suite facilities, a kitchen and utility room, dining area, sitting room, sensory room a staff office and a staff sleepover room. Staffing arrangements consist of a person in charge, team leaders and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Wednesday 3 November 2021	12:00 pm to 8:10 pm	Anna Doyle	Lead

What residents told us and what inspectors observed

This service provides respite care to approximately 50 children and teenagers. For ease of reference to read this report, the word 'child' or 'children' is mostly used. However, the inspector is mindful that both children and teenagers avail of respite care here.

Overall, the delivery of care was centred around the needs of the children and support was provided in line with those needs. The centre was homely, decorated in bright colours and the children were observed to be enjoying their respite stay. Notwithstanding this significant improvements were required to the medicine management practices and some improvements were required in fire safety, the premises and records stored.

At the time of the inspection and due to the current COVID-19 pandemic, only three children were being provided with respite every night. On the day the inspector got the opportunity to meet two of the children who were availing of this service. Both children appeared to be very happy staying here and were observed to be smiling when the inspector met them. They were supported at all times by a staff member and the interactions between the staff and residents were warm and friendly.

The inspector also got the opportunity to talk to one family representative over the phone; reviewed some of the personal plans and records; reviewed feedback provided on the services from family and children; spoke to staff and conducted a walk around of the premises.

The residents' communication styles were respected at all times. Some of the children used picture exchange communication style (PECS) to communicate their needs. The inspector observed one child using this to indicate a particular food that they wanted and the staff member responded to this. Children were also supported to choose their preferred meals and activities using pictures to indicate their choices. There were also visual cues for the children, informing them what activities were happening now, what staff were on duty and what was stored in certain cupboards in the kitchen.

The house was clean and spacious. There was a large sensory room downstairs which was very well laid out and provided a great space for children to relax. The sitting room was spacious and decorated with bright furniture, consistent with what children or teenagers may like. There was a collection of toys and other activities that children would may like in line with their age profile. For example; for the older children, gaming chairs and video games were provided.

The children had their own bedrooms all of which had en-suite facilities. The rooms were clean and some were decorated in different themes for the younger children. There was also a self-contained apartment connected via a corridor to the main house, this was used for children who availed of respite that may prefer a quieter

space during their stay or may require more staff support. The provider had also conducted compatibility assessments prior to children availing of respite. For example; where a child's behaviour may impact on others, this was highlighted in the assessment and the child could stay in the apartment if required.

To the back of the property there was a large playground, with swings, a trampoline, football goals and a table and chairs for children to enjoy meals outside. Some improvements were required to the upkeep of the outside area, the apartment and the kitchen as discussed later in this report.

There were two vehicles to support the children to go out on preferred activities while availing of respite. Some of the things they had recently done included going to the zoo, the cinema, Tayto park and to the beach.

One of the vehicles had recently been provided to enable staff to collect the children from school. The larger vehicle was adapted for wheelchair users and there were records available to show that the bus and the wheelchair lift had been serviced and were roadworthy. One child liked to go for a drive in the evening time and they were observed to be smiling and waiting at the door to go for this drive.

It was evident that the children's views and opinions were considered in the centre. The children had meetings every month to discuss changes they might like in respite. One child had suggested that a 'nintendo' switch game should be purchased. The inspector followed up on this and found the staff had purchased this game for the children. Human rights was a common theme discussed at these meetings also and the children had completed a project on human rights which was displayed in the dining room.

One child had christened the centre 'the happy house'. There was a wall of art in the sitting room called the happy house art gallery. The staff and children were involved in some fun initiatives to keep healthy and to raise awareness for the children about their rights. For example; on the day of the inspection the children and staff had started 'the happy house jump challenge' where everyday a number of physical activities had to be done and recorded.

The children were also informed about safety in the centre. For example; staying safe was always discussed at monthly meetings. Fire drills were also conducted with each child to ensure they would evacuate the centre in the event of a fire. Some improvements were required in this area as discussed under the quality and safety section of this report.

Some of the older children had completed a survey on what it was like to stay in respite. Overall they reported that they felt safe and liked coming to respite; one said they would like to come in to respite more often.

The staff spoken to knew the children well and they demonstrated a person centred approach to the care provided. The staff rotas were also organised to meet the childrens' needs. For example; where a child required the support of two staff this was provided. One staff was also assigned to support each child during each shift.

This meant that consistent care was provided to them.

Staff also worked collaboratively with the parents to ensure that the needs of everyone was catered for. The family representative spoken to verified this also. They reported that staff were very open and honest about how the child had got on in respite during their stay. For example; if the child had not slept well, this was reported to the family as it may impact on the child's presentation when they went back to their family home. The family member said this was very important for them and their child. They reported that their child was very happy going to respite and really appeared to like it there. They had no concerns about the care provided and said that staff were really nice. They were also aware and informed that they could raise a concern if they needed to.

A family forum meeting had also recently been held by the person in charge to discuss what was happening in the service or any issues or concerns that family representatives may have. The records of this meeting showed that family were informed of admission procedures to the centre including the practices around medicine management.

Family questionnaires had also been completed by the provider to collect their views on the services provided. Overall they were very satisfied with the care provided and described the service as "excellent", "staff are honest and transparent" "amazing dedicated staff", "choice is always promoted" "children are treated with the utmost respect".

The provider also recorded complaints and compliments that had occurred in the centre. The records indicated that one complaint raised had been referred to the relevant personnel who wrote to the complainant regarding the issue raised. There were also a number of compliments recorded. One was from a child who had phoned the centre after their respite stay stating that it was a " fun house" and that they were treated well.

The inspector reviewed a number of personal plans and found what was contained in the plans was also the practices in the centre. For example; a family representative had provided written instructions around what their child's preferences and routines were on a daily basis. This included their preference around meals, administering medicines and their bed time routine. The inspector observed this being implemented into practice and also observed this information through the daily care records for the child.

Given all of the information and feedback reviewed, the inspector was assured that overall the care being provided was person centred and line with the children's needs.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the children's lives.

Capacity and capability

Overall, this centre was well managed and the staff team demonstrated a committed, person centred approach to support the children here. However, as stated the arrangements in place for the management of medicines in the centre required significant improvements which were addressed prior to the end of the inspection. Some improvements were also required to the records stored, the premises and fire safety.

There was a clearly defined management structure in place, led by a person in charge who was full time in the centre. They were not present on the day of the inspection and the inspection was facilitated by one of the four team leaders employed in the centre. This team leader demonstrated a very good knowledge of the children's needs in the centre and was very responsive and transparent in their dealings with the inspection process.

Staff met with said that they felt very supported in their role and were able to raise concerns. Supervision was held with staff and the records viewed indicated that staff could raise concerns or suggestions about the care and support in the centre.

Staff personnel files were not reviewed as part of this inspection.

From the sample of training records viewed the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the children. For example, staff had undertaken a number of in-service training sessions which included; first aid, children's first, fire safety, manual handling, positive behaviour support and infection prevention and control. The providers own auditing practices reviewed staff training also to ensure that it was up to date. There was a small number of records not in place on the day of the inspection to demonstrate if two new staff had completed training in fire safety and hand hygiene. The person in charge submitted assurances after the inspection that this had been completed.

There were no vacancies in the centre at the time of the inspection. Some new relief staff had recently been recruited to ensure that a consistent staff team was employed in the centre when permanent staff were taking planned and unplanned leave. As stated earlier, the staffing arrangements were managed around the needs of the children and to ensure consistency of care to them.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with monthly audits were completed in the centre. While the inspector found that the annual review did not contain feedback from the family representatives and the children, this feedback was provided in other formats in the centre.

The auditing practices were bringing about improvements in services and where

these had been highlighted, actions had been drawn up to address them. The inspector followed up on some of these actions and found that they had been completed. For example; in the annual review the provider had indicated that a new vehicle would be beneficial when collecting children from school. As discussed this was now available in the centre.

A review of incidents that had occurred in the centre since the beginning of the year informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Some of the records stored in the centre required review. For example; a compatibility assessment did not include whether the sleeping arrangements for one child impacted on other children staying in the centre.

Regulation 15: Staffing

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. The staffing arrangements were managed around the needs of the children and to ensure consistency of care to them.

Judgment: Compliant

Regulation 16: Training and staff development

From the sample of training records viewed the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the children.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 21: Records

Some of the records stored in the centre required review. For example; a compatibility assessment did not include whether the sleeping arrangements for one child impacted on other children staying in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, led by a person in charge who was employed full time in the centre.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with monthly auditing reports.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that had occurred in the centre since the beginning of the year informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the children appeared to enjoyed a quality service in this centre and respite care was planned to provide consistency of care to the children here. However, a number of areas required improvements to ensure that the services provided were safe, this included the management of medicines, fire safety and the premises.

The provider had a policy in place for the management of medicines along with a local policy specific to respite care. The local policy highlighted that two staff should check the medicine chart and the medicines received in respite on the day the children were admitted to the centre. This was to ensure that medicines prescribed and administered were accurate. The inspector found that this had not been done correctly for two of the children receiving respite on the day of the inspection. This meant that the medicines charted did not match the prescription label on the medicines bottles/packages. This could pose a risk if administered incorrectly. The

team leader was requested to follow this up on the day and assurances were provided from the children's family and pharmacist. In addition, the inspector found that checking whether the children's medicines were correct prior to availing of respite was not confirmed until the day they came to respite. This meant that if the medication was not correct then the child was sent home. While the inspector found that this was the policy of the centre and family members had been informed of this process, it impacted on the children's stay in the centre and required review.

As stated the property was clean and spacious, however some areas needed attention. For example; the house was in need of some modernisation and updates. The kitchen presses were slightly worn in some areas and two drawers were broken, the bedroom walls and the bed in the apartment needed to be painted. Some of the laminate flooring upstairs had small gaps which may pose a trip hazard. The outside area needed to be cleaned up. The inspector was assured that with the exception of the laminate floors, the provider had plans to address these issues in the near future.

Personal plans were in place for all the children. Including easy read visual schedules, communication plans and health care plans where needed. The children were supported by their family with their health care needs and appointments. The plans in place outlined the supports the children required with their health care needs in order to guide staff practice. Where required, positive behaviour support plans were in place also which detailed the supports the children may need to manage their anxieties. Staff demonstrated a good knowledge of the residents needs.

There were systems in place to manage a potential fire in the centre. All equipment including fire extinguishers, emergency lighting and the fire alarm had been recently serviced. There was a system in place to ensure that children who may have difficulty hearing the fire alarm were alerted in the event of a fire. Children and staff had been involved in a fire drill to demonstrate that they could be safely evacuated from the centre. However, the fire drills did not demonstrate that all children and staff could be evacuated from the centre when it was fully occupied (this was not a risk at the time of the inspection). The inspector also noted on one residents personal emergency evacuation plan that in the event of the person not evacuating the centre (which they had always complied with to date) that the fire emergency services should be notified. Assurances were provided following the inspection that the local fire station were aware that this centre delivered respite care to children and were aware of the floor layout in the event of a fire to ensure a timely response in the event of a fire. Additional assurances were also provided following the inspection verifying that a glass panel which was attached to a fire door leading into the kitchen met with fire regulations.

The general welfare and development of the children was also supported. Activities were planned that were fun and some activities also provided learning opportunities, as detailed earlier in this report.

There were systems in place to manage and mitigate risk in the centre. This included a risk register for overall risks in the centre and individual risk assessments

for children as required. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks were being implemented.

All staff including the relief staff and administration staff had been provided with training in children's first. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the well being and safety of the children.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. In some areas hand sanitising gels were not visibly apparent due to the needs of the residents, however when the inspector asked the staff where they were they showed them. For example; before a child was coming to the centre a call was made to family members to see if there was any concerns in relation to COVID-19.

There were examples found of where the children's rights were respected. For example; they were provided with choices and were supported with their communication styles in order to make those choices. Easy read information was also available to support making this process. Their opinions were considered about the service provided. Education was provided to children about their rights. Some staff were also completing on line training on human rights to increase their knowledge and skills.

Regulation 13: General welfare and development

The general welfare and development of the children was supported. Activities were planned that were fun and some activities also provided learning opportunities.

Judgment: Compliant

Regulation 17: Premises

As stated the property was clean and spacious, however some areas needed attention. For example; the house was in need of some modernisation and updates. The kitchen presses were slightly worn in some areas and some two drawers were broken, the bedroom walls and the bed in the apartment needed to be painted. Some of the laminate flooring upstairs had small gaps which may pose a trip hazard. The outside area needed to be cleaned up.

The inspector was assured that with the exception of the laminate floors, the

<p>provider had plans to address these issues in the near future.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 26: Risk management procedures</p>
<p>There were systems in place to manage and mitigate risk in the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 27: Protection against infection</p>
<p>There was systems in place to prevent/ manage an outbreak of COVID-19 in the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>The fire drills did not demonstrate that all children and staff could be evacuated from the centre when it was fully occupied (this was not a risk at the time of the inspection) but warranted review.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>The local policy in the centre regarding the management of medicines in the centre had not been adhered to. This posed a risk to residents as outlined in the report.</p> <p>The process for checking changes to medicines did not happen in a timely manner and therefore had an impact on the children's stay in the centre.</p>
<p>Judgment: Not compliant</p>

Regulation 6: Health care

The personal plans contained information regarding the children's health care needs. Staff were knowledgeable about those needs and families were informed of any changes to the health and well being of the children.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, positive behaviour support plans were in place which detailed the supports the children may need to manage their anxieties.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in children's first. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the well being and safety of the children.

Judgment: Compliant

Regulation 9: Residents' rights

There were examples found of where the children's rights were respected. For example; they were provided with choices and were supported with their communication styles in order to make those choices. Easy read information was also available to support making this process. Their opinions were considered about the service provided. Education was provided to the children about their rights. Some staff were also completing on line training on human rights.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Pinewoods, Asbourne OSV-0005806

Inspection ID: MON-0032383

Date of inspection: 03/11/2021

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • The registered provider has ensured that the records in relation to each resident as specified in Schedule 3 are maintained and available for inspection by the chief inspector. Date 05.11.2021 • The registered provider has ensured that the compatibility risk assessment has been updated to reflect the needs of the service user. Date: 05.11.2021 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The registered provider has ensured that the premises are of sound construction and kept in a good state of repair externally and internally with the following works being completed <ul style="list-style-type: none"> • Outside area was cleaned up. Date 06.11.2021 • Apartment was redecorated. Date: 25.11.2021 • Kitchen to be drawers were fixed. Date 05.11.2021 • Laminated flooring fixed. Date: 02.12.2021 • The registered provider will ensure that areas of the home that require updating such as the kitchen is completed. Date: 01.09.2022 	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The registered provider has ensure that fire management safety procedures are in place and practiced within the centre by the completion of the following:
- Fire Risk Assessment reviewed by Health and Safety Department Date:08.11.2021
- Any actions identified will be completed. Date: 15.12.2021
- Fire Drill was completed Date: 16.11.2021
- The registered provide has ensured that if the full occupancy of the centre was to be utilised the staffing ratio would be increased to 3 staff to 5 children whereby currently it is 2 staff to four children. This would enable the safe evacuation of the centre should it be required. Date: 05.11.2021

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The person in charge has ensured that the centre has appropriate and suitable practices in relation to medication prescription, receipt of medication and administration of medication by ensuring the following:

- All staff complete refreshers in e-learning training and for workshops to be held on medication by the Clinical Nurse Lead. Date: 31.12.2021
- The Clinical Nurse Lead will complete monthly medication audits in the designated center for a period of three months. From Date: 17.12.2021
- Each parent/guardian is made aware of their responsibility to inform the center of any medical or health need changes of their child through Respite Agreement and allocation correspondence and to not inform center of the same will mean the child is unable to avail of respite until the same has been rectified. The center will call each child’s family 12-48 hours prior to admission in relation to medication and COVID.

Date: 02.12.2021

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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	05/11/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	02/12/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Substantially Compliant	Yellow	15/11/2021

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	31/12/2021