



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

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Ballygunner
Name of provider:	Aperee Living Ballygunner Limited
Address of centre:	Bishopscourt, Ballygunner, Waterford
Type of inspection:	Unannounced
Date of inspection:	12 August 2021
Centre ID:	OSV-0000236
Fieldwork ID:	MON-0033531

## About the designated centre

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

Aperee Living Ballygunner was purpose built as a designated centre in 2006. It provides continuing, convalescent, palliative, dementia and respite care for up to 64 residents. It is situated on the outskirts of Waterford City and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum, predominately to people over the age of 65 but also caters for younger people over the age of 18. The centre comprise of two floors, with two elevators servicing each floor. Resident's accommodation is provided in 54 large single bedrooms, in one large four bedded room and in three twin bedrooms all which are en-suite. A number of bedrooms also have their own sitting room area provided in a suite type accommodation. There is a large central dining room, a sunroom, an oratory and a number of sitting rooms for residents use. Plenty of outdoor space is available including an internal courtyard with raised flowerbeds and seating areas. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services.

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

Number of residents on the date of inspection:	59
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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 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
Thursday 12 August 2021	09:00hrs to 17:30hrs	Naomi Lyng	Lead

## What residents told us and what inspectors observed

The inspector spent time communicating with approximately one third of the residents living in the centre, and observing staff and resident interactions in the many communal spaces. The overall feedback from residents on the day of inspection was that Aperee Living Ballygunner was a great place to live and residents felt well cared for by an approachable and caring team of staff. The inspector observed that some improvements were required to ensure residents' safety was promoted at all times, and this is discussed under the relevant regulations.

The design and layout of the premises supported a good quality of life for residents. The entrance foyer was decorated as a street scene including shop fronts of the post office and a local public house. There were a number of communal rooms available for residents' use including sitting rooms, a large activity room, dining rooms, a gym, a library, an oratory, a conservatory room and open communal seating areas. These were generally pleasant spaces and residents were observed using them to take part in activities, exercise, watch television, read newspapers and socialise together. The library room had computer access, a large selection of books and comfortable seating available for residents' use. However, the inspector observed that changes had been made to facilitate social distancing in these areas and noted that the conservatory space was temporarily used as a staff facility. This is discussed further under Regulation 9. In addition, the inspector observed that the sitting room on the ground floor was crowded with furniture, while the first floor sitting room had minimal seating available for residents to use.

Residents had access to a pleasant outdoor garden courtyard and balcony area. There was attractive planting and furniture available, and the inspector observed that residents had decorated the planter walls with their hand prints in an array of different colours.

Residents reported feeling very happy and comfortable living in their bedrooms. The inspector observed that these were spacious, personalised with residents' photographs and pictures, and had plenty of storage for residents' personal possessions. One resident told the inspector they loved the view from their bedroom window and often spent time relaxing there. Some bedrooms had comfortable seating areas in the style of a suite, and a resident told the inspector they greatly enjoyed receiving their visitors there. All bedrooms were observed to have a full ensuite facility which afforded promotion of residents' privacy and dignity.

Residents and visitors were very complimentary of the staff and described them as friendly, caring, kind and supportive. The inspector observed a number of positive interactions between staff and residents and it was clear that staff were knowledgeable of residents' individual needs. One resident told the inspector that the staff were the best part of living in the centre and that they were "just wonderful." All residents communicated with on the day of inspection reported they

felt well cared for.

Residents were observed to have good access to facilities for occupation and recreation, and were supported to participate in a wide range of meaningful activities in accordance with their interests and capacities. There was a varied and interesting activity schedule and this was displayed prominently throughout the centre. The activity room was observed to be busy throughout the day, with residents taking part in a number of activities in a comfortable and companionable setting. This included watching Mass on the tv and taking part in a "Day at the Races" event. Residents' artwork was displayed on day room walls, and the inspector observed that the centre had had an Olympics event where residents were encouraged to complete different exercises within their capacity. Residents were observed having one to one interactions with staff including going for walks together in the garden, and chatting and having refreshments together in a kitchenette.

Visiting was observed to be in line with public health guidelines and a number of visits were observed taking place on the day of inspection. Visitors who communicated with the inspector were complimentary of the designated centre, reported no issues or concerns, and reported enjoying their visits to loved ones in the centre.

Residents were mostly complimentary of the food choice, quality and quantity provided in the centre. One resident told the inspector that they always ate well, while another resident reported "it tastes better than it looks." This overall feedback was also reflected in the food survey that was carried out in the centre. The inspector observed residents in the dining room at breakfast time and observed that they were coming and going at their leisure and there was a relaxed atmosphere. The inspector found that lunch time in the dining areas was more hectic, and some residents were required to wait a short time for their meals. Satisfaction surveys completed by residents' relatives (sometimes with residents) were very complimentary of staff. They were always welcoming, nice and relaxed;

Residents were actively consulted about and participated in the running and organisation of the centre. This was facilitated through residents' council meetings, where records showed almost 50% attendance of residents. Residents and their relatives were also frequently surveyed on their satisfaction and suggestions regarding services delivered in the centre, including activities and food.

Residents told the inspector that they had no complaints, but felt comfortable raising concerns or issues with any member of staff. The complaints procedure was displayed prominently in the centre.

The following two sections of the report will provide further information on the regulatory findings under capacity and capability, and quality and safety.

## Capacity and capability

The provider demonstrated a proactive approach to quality improvement and was observed to have the capacity and capability required to deliver a high quality service to residents living in Aperee Living Ballygunner. Overall, the inspector found the centre to be well-managed. While systems were in place to ensure that services provided are safe, appropriate, effective and consistently monitored, improvement was required to ensure that all risks were identified in a timely manner and controls put in place to address them. This is discussed further under regulation 23..

This was an unannounced risk inspection carried out over one day to assess the centre's compliance with the regulations. The centre has a good history of compliance with the regulations. On the previous inspection carried out in January 2020 the centre was found to be non-compliant in records, and substantially compliant in training and staff development, complaints procedures, fire precautions and medications. The provider had addressed a number of these areas effectively.

Aperee Living Ballygunner Limited is the registered provider of the centre. There are two company directors, of which one is actively involved in the role of registered provider representative (RPR). There was a clearly defined management structure in the centre, with operational support from a director of care, quality and standards, clinical operations manager, infection control manager and clinical practice development manager. The person in charge (PIC) was supported in her role by an assistant director of nursing (ADON), clinical nurse managers (CNM), nursing staff, rehabilitation staff, health care assistants, activity staff, kitchen staff, housekeeping and administration staff. The inspector observed that the ADON role had been vacant since March 2021, but was assured that recruitment for the post was an ongoing priority and a CNM deputised for the PIC in their absence. There were clear lines of accountability and authority, and staff were facilitated to communicate regularly with the management team.

The centre was adequately resourced to meet the health and social care needs of the residents. This included the recent increase of staff working during the night-time to two staff nurses and three health care assistants, and the availability of activity staff until 10pm at night.

The PIC and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care using staff training, residents' surveys and key quality indicator. However, the inspector found that these audits were not sufficiently robust. Areas of non-compliance found on this inspection were not identified by audits, including staff training and development, records, complaints procedures, infection prevention and control, fire precautions and residents' rights.

The inspector reviewed a sample of staff files and found that these met regulatory requirements. There was evidence that staff received appropriate Garda (police) vetting clearance prior to starting employment in the centre.

An annual review of the quality and safety of care delivered to residents in the centre had been completed for 2020 and there was evident consultation with residents and their families through surveys and resident committee meetings.

There was a clear quality improvement plan identified for 2021 and some of the action plans had been completed at the time of the inspection.

### Regulation 15: Staffing

There was an adequate number and skill mix of staff available to meet residents' care and support needs. This included a minimum of two nursing staff working in the centre at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector found that not all staff had received up-to-date training in the management of responsive behaviours. While access to this on-site training was observed to have been affected by the COVID-19 pandemic and associated restrictions, other methods of staff training such as online training had not been utilised as a temporary measure.

Judgment: Substantially compliant

### Regulation 21: Records

The inspector found that records were not consistently kept in a safe manner. For example, staff and residents' records were found to be unsecurely stored in a communal library room. In addition, the inspector noted records maintained on the electronic records system by physical therapy staff working in the centre incorrectly identified them as physiotherapy staff and therefore could potentially lead to confusion in relation to what healthcare services residents received.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems in place required improvement to ensure there was effective and consistently robust oversight of services delivered in the centre, in particular in relation to the inspection findings under fire precautions and infection



prevention and control procedures in the centre.

In addition, the inspector found that the oversight of risks in the centre required improvement. For example, the inspector observed that while a medication trolley was locked, it was not securely stored on the first floor as per best practice.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Complaints records maintained in the centre did not consistently identify whether or not the resident was satisfied with the outcome, or what measures had been put in place for improvement in response to the complaint.

Judgment: Substantially compliant

### Quality and safety

Residents living in the centre were supported to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services and opportunities for meaningful and varied social engagement. However, improvements were required in respect of fire precautions, infection prevention and control and residents' rights to ensure residents' safety was maximised and that all residents' rights were respected and promoted.

Residents' care needs were comprehensively assessed within 48 hours of admission to the designated centre. The inspector reviewed a sample of care plans and found that they were informed by person-centred details and identified residents' expressed wishes and preferences. In particular, behaviour care plans reviewed for residents presenting with responsive behaviours (actions, words or gestures presented by a person living with dementia as a way of responding to something negative, frustrating or confusing in their social and physical environment) were detailed and comprehensive in informing staff's care practices.

Residents were observed to have good access to healthcare services including psychiatry of older age, gerontology, tissue viability nursing, physiotherapy, occupational therapy, dieticians, speech and language therapy and chiropody services. Referrals were observed to be made in a timely and effective manner with positive outcomes for residents. Residents communicated with on inspection were complimentary of the physical therapy and rehabilitation assistant staff working in the centre in having a positive impact on their physical health and well-being.

Residents told the inspector that they felt safe and protected in the centre. The inspector reviewed a number of safeguarding incidents which had been notified appropriately to the Chief Inspector and found that these had been investigated promptly and appropriate safeguarding measures were put in place. Staff were observed to have completed up-to-date training in safeguarding vulnerable adults, and were generally knowledgeable on the procedures to follow in the event they suspected abuse in the centre.

The centre had a number of fire equipment monitoring checks in place, including daily checks of escape routes, weekly emergency lighting and weekly fire door checks. Despite these measures, the inspector found that fire precautions in the centre required urgent review as discussed under Regulation 28.

### Regulation 26: Risk management

The risk management policy had been updated within the required timeframe and contained the information as set out in Schedule 5. There was evidence of investigation of serious and adverse incidents in the centre, and this included the additional measures and actions put in place to control the identified risk and dissemination of learning to relevant staff.

Judgment: Compliant

### Regulation 27: Infection control

Improvements were required to ensure that infection prevention and control (IPC) procedures were consistent with the national standards. For example:

- one assisted bathroom was not kept in a clean manner and was observed to have a malodour
- the storage of spare slings required review to ensure that potential cross-contamination was prevented, for example a number of slings were observed to be stored on hooks beside a toilet, and were observed to be trailing the floor in other locations
- residents' equipment was observed to be stored on top of a bedpan washer due to insufficient storage in a sluice facility
- a female staff shower area required maintenance due to a broken shower basin and stained shower tiles, and was not kept in a tidy manner
- soft furnishings in one communal sitting room could not be effectively cleaned
- residents' equipment, for example wheelchair footplates, were not kept in a clean manner and were observed to be stored on the floor, handrails along a corridor and a windowsill

- shower tiles were observed to be stained in a number of residents' ensuites
- damaged flooring on corridors did not allow for effective sanitisation. The inspector observed that the provider was making efforts to have flooring repaired or replaced on the day of inspection
- paintwork was observed to be worn and stained in a day room
- the inspector observed a broken bed in an unoccupied bedroom. The person in charge provided assurances that this would be replaced prior to residents moving in to the room

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Urgent improvements were required by the provider to ensure that residents and staff were safe in the event of a fire in the centre. For example:

- clear procedures were not in place for the evacuation of first floor residents via stairways
- three fire doors were observed to be held open in a manner that would not allow them to automatically close in order to contain smoke and fire the event the fire alarm sounded
- a fire door to a linen room required maintenance to ensure it closed without difficulty. The person in charge gave assurances that this was under review by the maintenance team on the day of inspection
- residents' personal emergency evacuation procedures (PEEPs) were not consistently updated in line with the centre's own fire management policy
- the storage of (PEEPs) on a computer at the main entrance required review, to ensure that staff could access the PEEPs quickly in an emergency.
- flammable items were observed to be stored in one stairwell
- one fire escape route was observed to be restricted by the storage of a number of large boxes on the corridor floor
- one resident's bedroom was observed to be in the same fire compartment as a kitchenette. The inspector was not assured that adequate structural precautions against the risk of fire and appropriate fire doors were in place to ensure the safety of the residents.

In addition, the inspector found that fire drill records did not provide sufficient assurances that staff could safely evacuate 14 residents from a large compartment or vertically evacuate residents from the first floor in the event of a fire. As a result, an urgent action plan was issued to the provider.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and observed that they were detailed, informative, person-centred and updated as a resident's condition changed and in line with regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents were observed to have good access to medical and allied health care services and were supported, where possible, to retain the services of a general practitioner (GP) of their choosing.

Judgment: Compliant

### Regulation 9: Residents' rights

The screening in one multioccupancy bedroom did not ensure that residents had access to their wardrobes and personal possessions without encroaching on another resident's space, and therefore did not effectively promote residents' privacy and dignity within their bedroom space. The inspector observed that this bedroom was vacant at the time of inspection and was being used as a staff changing area during the COVID-19 pandemic.

While residents' right to exercise choice was observed to be generally promoted and supported by staff on the day of inspection, the inspector observed that at times residents were not offered choice in relation to refreshments provided. For example, on two occasions residents were observed to be provided with a drink without a choice being offered. While staff were clearly knowledgeable of the residents' preferences, it is important that residents are consistently supported to make informed decisions for all aspects of their daily lives.

In addition, the inspector found that a communal conservatory designated for residents' use had been repurposed as a staff facility to allow for adequate social distancing when staff were having their breaks. This was a large bright space with access to an outdoor balcony area and was clearly an attractive facility for residents to use in the summer months. The person in charge (PIC) gave assurances that this room would be returned to residents' use immediately.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Aperee Living Ballygunner OSV-0000236

Inspection ID: MON-0033531

Date of inspection: 12/08/2021

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Covid infection prevention and control requirements has significantly and negatively impacted our ability to deliver in-house training. While on-line training is available, it is our view that, because this training is unsupervised and generic, it is not effective and therefore we have not pursued this route. It is critical in the delivery of training in Managing Behaviours that Challenge that staff are trained in managing behaviours of the specific resident cohort in the home. This is not possible with online training. Of those who require refresher training, two are absent on long term illness and are therefore not available for training; a further six are kitchen staff and generally have no interaction with residents and therefore are less urgent; and one has only just joined the home (Aug 2021). The remaining 7 staff members are scheduled for training on 10th and 17th Oct. 2021.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The designation of Physical Therapist has been added to the list of Job titles.</p> <p>Records of a personal nature were removed from the communal library at the time of inspection.</p>	



Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Medication trolleys are always locked closed when not attended or in use. The medication trolley will be stored off the corridor in a secure room when not in use, or fixed to the corridor wall.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complainants are always provided with an appeals mechanism if they are unsatisfied with the handling of their complaint. This appeal may to the ombudsman which is stated in all complaints correspondence.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A cleaning schedule for all equipment is in place and will be audited to ensure that equipment is cleaned and suitable for use.</p> <p>Slings are individual Resident only usage and will be stored appropriately so that they are not in contact with the floor.</p> <p>Flooring and minor capital works (including bathroom decoration) will be addressed as a part of any capital development upgrades to the Home. Damaged flooring and paintwork will be repaired in advance.</p> <p>Sanitary items in the female changing room has been repaired.</p> <p>The broken bed was in a room not occupied or in use. This bed will be repaired prior to use.</p> <p>Where possible, staining on tiles will be removed.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  We are committed to complete monthly drill evacuations to include all full compartments and various simulated scenarios to include vertical evacuation procedures (completed 21st September). A matrix of same will be recorded for each compartment.</p> <p>Evacuation aids (ski pads) have been placed at each emergency stairwells on the ground and 1st floor level.</p> <p>PEEPs (while also held in a folder at reception) have been reviewed, updated and placed discreetly in each resident's wardrobe in their bedroom. Each staff member knows and understands the ability/dependency of each resident which may effect safe evacuation.</p> <p>All stairwells have been cleared of any flammable items.</p> <p>All fire doors will be reviewed to ensure they close appropriately.</p> <p>All escape routes have been cleared from any obstruction.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The room was immediately returned to Resident use.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	17/10/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	12/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/08/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	31/12/2021

	healthcare associated infections published by the Authority are implemented by staff.			
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	30/10/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	21/09/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	21/09/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre	Substantially Compliant	Yellow	21/09/2021

	and safe placement of residents.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/10/2021
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	30/10/2021
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken	Substantially Compliant	Yellow	30/10/2021

	on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	12/08/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	12/08/2021