



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

Issued by the Chief Inspector

Name of designated centre:	Abbeygale House
Name of provider:	Health Service Executive
Address of centre:	Farnogue, Old Hospital Road, Wexford
Type of inspection:	Unannounced
Date of inspection:	30 November 2021
Centre ID:	OSV-0000743
Fieldwork ID:	MON-0034632

About the designated centre

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

This is a purpose built centre opened in 2012. It is a split level building divided into two units with Abbeygale House situated on the top level while the ground floor is a unit for psychiatry of old age. Abbeygale House is a 30-bedded unit dedicated to older persons' services. The centre is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a wide range of care needs. The location, design and layout of Abbeygale House are suitable for its stated purpose. There are 24 single en suite bedrooms and two three-bedded en suite rooms. All bedrooms were equipped with overhead hoists. There were sufficient additional and accessible toilet and bathroom facilities for residents. Meals are prepared off site and there is a kitchen located between two dining rooms. Other communal areas include two sitting rooms, a visitors' room, a treatment room, hairdressing salon and utility rooms. There is also a quiet room. There was suitable and sufficient storage for equipment. There is a well maintained enclosed garden which residents can access freely.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
--	----

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
Tuesday 30 November 2021	11:30hrs to 18:00hrs	John Greaney	Lead
Wednesday 1 December 2021	08:45hrs to 14:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from the residents living in Abbeygale House were that they were happy living in the centre and with the care provided by staff. The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. All visitors to the centre were supported to complete these measures by a member of staff, which included a temperature check, hand hygiene, completion of a questionnaire and face covering before entering the centre. The inspector observed that visiting was normalised and visitors were seen to come and go throughout the two days of the inspection.

Abbeygale House is a designated centre for older people that provides care for both male and female adults with a range of dependencies and needs. The centre is on the first floor of a two storey building located on the outskirts of Wexford town, not far from Wexford General Hospital. The ground floor is part of mental health services.

The centre is part of a modern, purpose-built premises. There are a number of rooms, immediately outside the main part of the centre, accessible from the first floor landing. These include staff changing facilities, a staff break room, a meeting room, a hairdressing room and an activities room. The activities room and meeting room are shared with mental health services.

Within the centre, bedroom accommodation comprises twenty four single bedrooms and two triple bedrooms. One of the triple bedrooms was vacant due to a leak in the roof and there was evidence of water damage observed in the corner of this room. Work was underway to repair this leak and there was no overt evidence of damage to any other part of the centre. Residents' bedrooms were personalised to varying degrees based on each resident's preferences. Bedrooms were spacious and there was adequate space in all rooms for a comfortable chair at each bedside. All residents had a bedside locker and there was adequate wardrobe space for residents' clothing.

Communal space comprised two sitting rooms, two dining rooms and a visitors' room. These were furnished appropriately with couches and armchairs. It was noticeable that communal spaces were rarely used. Only a small number of residents had their meals in the dining rooms on both days of the inspection. One of the sitting rooms was used for small group activities, approximately five residents at a time. The second sitting room was not seen to be used at anytime during the inspection. The inspector noted that between 3pm and 4pm of the first day of the inspection there were 18 residents in their bedrooms and at 6pm, there were no residents in any of the communal rooms. All residents were in their rooms, either in bed or sitting in chairs at their bedsides.

There was a secure garden that was readily accessible by residents. The garden was landscaped to a high standard with a number of plant beds, garden furniture and a

paved footpath. There was also a small vegetable patch that was tended to by one of the residents and grew strawberries and tomatoes.

The inspector spoke with a number of residents and all were complimentary of the staff. Residents reported that they enjoyed living in the centre and that the staff were always kind and attentive. When asked about spending so much time in their rooms, one resident said that they had become accustomed to spending time in their room and did not think they had much in common with other residents.

In addition to small group activity, the inspector observed activity staff spend one-to-one time with residents in their rooms. A number of residents were having their hair done on the first day of the inspection and some stated that they were very happy that the hairdresser could visit again.

The Inspector observed staff communicating respectfully with residents. Staff appeared to know the residents very well and residents appeared relaxed and comfortable in the company of staff. One resident told the inspector they enjoyed going out with family at the weekend to visit home. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

Residents told the inspector that they enjoyed the food in the centre. There was always a choice at meal times and drinks and snacks were available throughout the day. The inspector observed that there were adequate numbers of staff on duty to meet the residents' needs. The food served appeared to be wholesome and nutritious. Most residents had their meals in their bedrooms.

Visits were unrestricted and were facilitated in line with currently public health guidelines. The inspector spoke with two visitors who praised the staff and the care their family member received.

The next two sections of the report present 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 the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Findings of this inspection were that there was a good management structure and the management team were proactive in response to issues as they arose.

The registered provider of Abbeygale House is the Health Service Executive. The management structure within the centre was clear, with identified lines of authority

and accountability. The provider engaged in regular meetings with the management team of the centre. The centre was managed on a daily basis by an appropriately qualified person in charge, responsible for the overall delivery of care. The person in charge reported to a director of nursing and was supported by two clinical nurse managers, in addition to a team of nursing, healthcare, catering, domestic and activity personnel. The registered provider representative was in regular contact with the centre and governance meetings were held with the other HSE centres in the area on a regular basis. Records of staff and management meetings provided to inspector demonstrated that issues were discussed and corrective actions were implemented when required.

On the day of the inspection there were adequate resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents. Staff had access to education and training appropriate to their role. Staff with whom the inspector spoke were knowledgeable of residents and their individual needs. There were robust recruitment procedures in place. A sample of staff personnel files were reviewed by the inspector and found to have all the information required under Schedule 2 of the regulations.

The centre had been subject to an outbreak of COVID-19 at the end of 2020 and beginning of 2021. The inspector acknowledged that residents and staff had been through a very challenging time during which ten residents and eleven staff tested positive for the virus. During the outbreak, the centre had engaged with the local public health team for support and advice. Staff had been redeployed from another centre due to the number of staff in the centre that tested positive or were self-isolating. A formal outbreak report, in accordance with Health Protection and Surveillance Centre (HPSC) guidance, had not been documented to inform future outbreak management.

The inspector examined a copy of the centre's COVID-19 contingency plans. These plans included details regarding who was designated COVID-19 lead and where to obtain Personal Protective Equipment (PPE), emergency contact details for relevant members of the management team and public health personnel. The contingency plan outlined strategies and arrangements to replace staff and clinical management team if they were unable to work in the centre.

The centre had good systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of monthly audits and these audits were communicated to all staff.

Regulation 14: Persons in charge

The person in charge was an experienced nurse and manager. The person in charge had the required experience and qualifications required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

Through the observations of the inspector and a review of the staffing rosters, the inspector was satisfied that there was an appropriate number and skill mix of staff on duty at all times to meet the health care needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records indicated that staff were supported and facilitated to attend training and there was a high level of attendance at mandatory training in areas such as responsive behaviours, manual and people handling, fire safety and safeguarding residents from abuse. There was also good attendance at infection prevention and control training, including hand hygiene and donning and doffing personal protective equipment.

Judgment: Compliant

Regulation 21: Records

Records were maintained in an orderly system and were accessible and securely stored. All required records were held in the designated centre and were available for review. The inspector reviewed three staff files and all of the required prescribed information set out in Schedule 2 of the regulations was available. Garda vetting was in place for all staff and the person in charge assured the inspector that nobody was recruited without satisfactory Garda vetting.

Judgment: Compliant

Regulation 23: Governance and management

The centre had been subject an outbreak of COVID-19 at the end of 2020 and beginning of 2021. A review of the management of the outbreak and lessons learned had not been conducted.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose was updated and contained all of the information required by Schedule 1 of the regulations

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The Inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a notice on display outlining for residents and visitors the process for making a complaint. There was a policy in place that identified the complaints officer, the appeals process and the person responsible for ensuring that all complaints are managed appropriately and that adequate records are maintained. A review of the complaints log indicated that each complaint was investigated and satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 policies were available for review and all had been updated at a minimum of every three years.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support provided to the residents in the centre was of good quality. Residents stated that they felt safe and well-supported in the designated centre. Some improvements were required in relation to the use of bedrails, fire safety precautions and in relation to the socialisation of residents.

Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. Care plans were predominantly personalised to resident's individual needs and provided good guidance on the care to be delivered to each resident. Some improvements were required. For example, care plans were very bulky and information relevant to each resident was not easily discernible. The inspector was informed that care plans were under review and a plan was in place to introduce new care plans in early 2022. This is discussed further under regulation 5. Residents had very good access to medical care and records indicated that residents were reviewed on a regular basis. Residents also had good access to allied and specialist services, such as speech and language therapy, dietetics, physiotherapy and occupational therapy. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

The inspector reviewed fire safety records. Up-to-date service records were in place for the maintenance of the fire fighting equipment, fire detection and alarm system and emergency lighting. Residents all had personal emergency evacuation plans (PEEP's) in place and these were updated regularly. Annual fire training was completed by staff and regular fire drills were undertaken. However, fire drill records required more detail and there was a need to ensure that fire drills simulated the evacuation of an entire compartment. There was also a need to review manual fire alarm and emergency door release mechanisms. These were activated by a key and the key was stored on a hook adjacent to each call point. There was a need to risk assess this process, due to the risk of a key being misplaced.

Improvements were noted in the provision of activities from the previous inspection. An additional staff member was assigned to activities and these staff were supported by a volunteer that visited the centre approximately three days each week. It was noted, however, that a significant number of residents did not leave their bedrooms. Residents seemed to be content and due to cognitive impairment, many residents were not able to comment on why they remained in their rooms. However, because residents spend so much time in their bedrooms, residents had limited variation in their daily routine, such as going to the dining room for their meals and there was limited opportunity for socialisation.

Previous inspections of this centre found that there was a high percentage of residents with bed rails in place. An initial review of the restraint register on this occasion indicated that there was a reduction in the use of bed rails, as it only identified two residents with bed rails as a form of restraint. On walking around the

centre, however, it was evident that there were more than two residents with bed rails in place that restricted the residents ability to leave the bed. On discussions with staff it was ascertained that there was a genuine misinterpretation what constituted restraint and a review of bed rails was undertaken immediately.

The centre was observed to be clean on the day of this inspection and there was evidence of good oversight of cleaning within the centre. The inspector reviewed cleaning records and found that staff maintained adequate records of routine cleaning and there was also a schedule of deep cleaning.

Regulation 11: Visits

A system was in place to ensure that residents had access to visitors, facilitated in a safe manner. The Inspector observed one visit taking place on the day of inspection. Residents reported that they see their families and friends regularly. Some residents were facilitated to visit their family in their own home.

Judgment: Compliant

Regulation 17: Premises

The premises was bright, clean and in a good state of repair on the day of the inspection. Residents had access to communal space, which was comfortably furnished and tastefully decorated. There was good access to a secure outdoor space that was landscaped to a high standard, containing garden furniture. Plans were in place for the redecoration of bedrooms and residents were consulted about the colour of paint they would like for their bedrooms.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register. The policy identified the measures in place in relation to the identification, assessment, and management of risk within the centre. A review of the accident and incident log identified that these were investigated and mitigating measures were put in place to minimise the risk of recurrence.

Judgment: Compliant

Regulation 27: Infection control

Overall, the inspector found that the centre to be clean and tidy. The inspector observed good hand hygiene practices by staff with alcohol based hand sanitiser readily available throughout the centre. Staff demonstrated good practice in relation to personal protective equipment (PPE). There were two staff on duty each day with responsibility for cleaning. Staff completed cleaning schedules which were monitored by the person in charge. This ensured that every area of the centre was cleaned to the appropriate standard.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required in relation to fire safety. These included:

- fire drill records did not contain adequate details of the scenario simulated in each fire drill, such as the actual time it took to simulate the evacuation of residents or the mode of evacuation of each resident
- there was a need to enhance fire drills to incorporate the simulated evacuation of a full compartment and to also simulate night time staffing numbers
- assurances were required in relation to the use of key activated manual call points and emergency door release mechanisms. There was a need to risk assess the use of keys and to put control measures in place to mitigate whatever risks are identified in the risk assessment, such as the risk of the key being misplaced
- there was inadequate signage to identify what to do in the event of a fire and to identify the emergency evacuation route from various locations in the centre
- attendance at fire safety training was overdue for two members of staff, who last attended training in March 2020

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Some improvements were required in relation to care planning. For example, the care plan for a resident with responsive behaviour did not contain specific information relevant to this resident and the guidance contained in the care plan

was generic to all residents.

While most care plans contained adequate detail in relation to the care to be delivered to each resident, the care plans contained a lot of historical information and it would not be easy for nursing or care staff not familiar with each resident to ascertain relevant information on each resident. This is particularly relevant in instances where centres require the support of staff from other centres or from agencies when their own staff are unable to work due to the need to self-isolate.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were in receipt of a high standard of medical and nursing care. A medical officer was available in the centre and visited regularly to review residents. There was evidence of ongoing referral and review by allied health professionals as appropriate and the physiotherapist was present in the centre two days per week.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review was required of the use of bed rails. The restraint register identified that two residents had bed rails in place. However, the observations of the inspector indicated that a number of other residents had bed rails in place that restricted the free movement of residents and therefore should be managed in accordance with national guidance of the use of restraint.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to support the identification, reporting and investigation of allegations or suspicions of abuse. Allegations of abuse were notified to the Chief Inspector in line with the regulations and local policy. Residents spoken with by the inspector stated that they felt safe in the centre and would have no problem approaching any member of staff, should they have any concerns.

There were recruitment procedures in place and sample of staff records were examined by inspectors. These contained valid Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act

2012 and references were checked prior to staff commencing their role.

The provider was pension agent for three residents and adequate arrangements were in place for the management of these finances in accordance with HSE procedures.

Judgment: Compliant

Regulation 9: Residents' rights

While improvements were noted in the provision of activities since the previous inspection, it was noted on this inspection that residents spent a considerable amount of time in their bedrooms with minimal stimulation, other than television and radio. For example, the inspector noted that there were between 14 and 18 residents in their bedrooms at various times throughout both days of the inspection, including mid-morning, lunchtime and mid-afternoon. Most residents had their meals either in bed or on a tray table at their bedside.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Abbeygale House OSV-0000743

Inspection ID: MON-0034632

Date of inspection: 01/12/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A meeting was held with staff on the 16/12/21. The purpose of the meeting was to review the management of the most recent outbreak, staff were given an opportunity to discuss what had worked well and lessons learnt were identified and documented for future reference. • Action complete – 17/12/2021 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire/Evacuation drill template updated now includes actual time to simulate the evacuation, mode of evacuation of all residents, the evacuation of a full compartment and to simulate night time staffing numbers.(please find attached) • In regard to key activated manual call points and emergency door release risk assessment has been completed as has a daily check on keys. Records are maintained of same. • Presently in conjunction with fire officer, arrangements are being made to attach keys onto a small light chain beside each unit. Completed action by 31/01/2022. • Fire officer updating drawings to include compartment lines, fire points, and fire panels, escape routes and exits. Completed Action date 15/02/2022. • Additional signage to identify what to do in the event of a fire sourced Action complete 17/12/21. • Re - fire training, one staff member recently returned from maternity leave completed fire training on 20/12/21. The second member of staff is on long term sick leave since 	

March 2020. Action complete 2012/2021.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All care are presently under review to include specific information relevant to all residents and will reflect individual information and guidance relevant to that resident • Action completion date 31/01/2022 	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • An immediate review of bed rails was undertaken on the day of the inspection and continues to be reviewed on a weekly basis. • Residents that request bed rails have now been added to the restraint register. • Assessment complete in relation to safety needs - Low Low beds resourced for residents. • 4 residents now currently have bedrails with all assessments and care plans complete. • Action Complete 17/12/2021 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Monthly meetings have commenced with Social Care personal. First meeting commenced on the 20/12/21. • Plan to introduce initiatives that will lead to greater participation. • All staff are updated on new initiatives and also will encourage residents to attend day rooms and dining rooms as part of their care plan. • Action Complete 25/02/2022 	



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 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	17/12/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting	Substantially Compliant	Yellow	15/02/2022

	equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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	15/02/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/02/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	15/02/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	31/01/2022

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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.	Not Compliant	Yellow	17/12/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	25/02/2022