Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	East Ferry House
Name of provider:	Anne Wilson
Address of centre:	East Ferry, Midleton, Cork
Type of inspection:	Unannounced
Date of inspection:	13 February 2018
Centre ID:	OSV-0000226
Fieldwork ID:	MON-0020769

About the designated centre

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

The centre was set in mature gardens located in East Ferry with impressive views of the harbour from most of the bedrooms and communal rooms. It was registered to cater for the needs of 12 male and female older adults between the ages of 18 to 65. The section of the premises utilised by residents was laid out over two floors providing mainly single and double room accommodation. There was also a privately occupied third floor apartment in use at the time of inspection. The centre catered for long stay, short stay and convalescence residents. The statement of purpose stated that the centre catered for residents with low levels of dependency on admission. Residents were encouraged to maintain their independence and to bring in personal possessions from home. Visitors were welcomed at all times. There was a variety of communal rooms available which were decorated in a homely manner. Residents were encouraged to be involved in the centre and were consulted about issues each day. Residents were facilitated to bring a pet in with them to the nursing home, as long as this did not intrude on other residents, and were encouraged to make use of the extensive gardens. The centre employed 10 staff in all, which included the person in charge, her deputy, three staff nurses, four healthcare assistants, a chef, occasional administration support and maintenance staff. There was a nurse on duty 24 hours a day and a qualified chef prepared a variety of meals daily. Adequate supervision was provided. The complaints process was on display and there were arrangements in place for promoting fire safety.

The following information outlines some additional data on this centre.

Current registration end date:	26/08/2019
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
13 February 2018	10:30hrs to 17:30hrs	Mary O'Mahony	Lead

Views of people who use the service

The inspector spoke with all residents in the centre. Residents were aware of the role of the person in charge and were seen to be familiar and comfortable with her and the staff. Residents said they were happy in the centre and expressed satisfaction with all aspects of care, staff, the food and their inclusion and involvement in the centre. They told the inspector that it was a lovely, homely place to live. They spoke about the kindness with which they were treated by all staff. Residents said they enjoyed visits from relatives, especially their grandchildren who loved to play with the pet cats. The views from the centre were spectacular. One lady said she could see the sun rising over the harbour in the morning from her bedroom window and she saw it setting from the conservatory window each evening. She was seen to sit by the bay window to enjoy the TV, read the daily newspaper, chat with staff and have her meals brought to her. All residents were treated well and their autonomy and choice was central to how they experienced each day. Residents were encouraged to use one of the three communal rooms throughout the day, one of which had a very cosy log-burning stove. Residents said that they were aware of the advocacy service which was advertised in the centre, they were consulted on a daily basis and used the extensive gardens when the weather permitted. Some residents went out with family members at weekends but others preferred to stay in as they felt safe and happy with staff.

Capacity and capability

The inspector was not assured that there was a sustainable and robust governance and management system in place in the centre. The provider did not have systems in place to sustain the delivery of a good-quality service as the collection of information and the audit system was not informing or improving the service.

This inspection was undertaken to monitor compliance with the regulations and to follow up on the actions required from the last inspection in February 2016. A small number of actions had been completed. For example, since the previous inspection, further premises renovations were undertaken to enhance fire safety. The inspector observed that these works had been partially completed as instructed by the fire officer. The person in charge was also in the process of redecorating some bedrooms, changing the sanitary ware in one en-suite bathroom, and moving food storage from the store behind the laundry room. Work to date had not impacted on residents' living arrangements.

However, other actions had not been completed, such as:

· the provision of adequate and appropriate training

· the promotion of a hygienic, clean environment

· the removal of a number of old chairs and beds from unused bedrooms

· the completion of an annual review

· the development of a comprehensive audit system

· the completion of staff files as Garda Síochána (police) vetting was not available for administration staff

· the annual review of the statement of purpose.

The provider was not assured that services in the centre were being delivered in line with the statement of purpose, as no annual review of the statement had been carried out. In addition, regulatory annual reviews of the quality and safety of care had not be completed. As a result, the provider had not ensured management systems in the centre were safe, appropriate, consistent and effectively monitored.

The inspector assessed the staffing levels and the competence of the workforce. The organisational structure of the centre was clearly outlined and the roles and responsibilities of clinical and management staff were defined. Staff spoken with could explain their roles and reporting relationship. Staff reported to the deputy person in charge who in turn reported to the provider representative, who was also the person in charge. The person in charge was aware of the requirement to submit notifications of significant events to HIQA. The inspector spoke with staff on duty who demonstrated knowledge of the care and protection of residents as well as risk management processes. Policies were up to date and staff were aware of the procedures to be followed for example, in the event of fire or of a report of alleged abuse. However, the inspector found that staff recruitment procedures were not adequate as staff files were incomplete and required vetting clearance had not been acquired since the last inspection for one staff member. This presented a risk to residents' safety.

As found on previous inspections, there was only one staff nurse on duty at night. The inspector spoke with the person in charge in relation to arrangements for fire safety management at night. She stated that she was always available to support the night staff nurse. In addition, the inspector found that the four residents living in the centre had low dependency needs as indicated by a review of the care plans and from speaking with staff and residents. On the day of inspection there were two nurses on duty, one healthcare assistant and one chef. The inspector was satisfied that the staff provision was sufficient to meet the assessed needs of residents at the time of inspection.

Staff training records were reviewed. The chef had received updated food safety training since the previous inspection. However, a number of staff spoken with stated that it was three years since they had received mandatory training and a

number of staff had not received other training appropriate for their role.

The inspector viewed the contracts of care which had been signed by residents. Contrary to the requirements of regulations, the contracts of care did not specify the room number and type of room which was occupied by each resident.

Regulation 15: Staffing

Staffing was sufficient for the current cohort and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory staff training had not been provided to all staff. Refresher training had not been provided at appropriate intervals. Appropriate training such as infection control training had not been provided to all staff.

Judgment: Not compliant

Regulation 21: Records

Not all staff files were complete in line with the requirements as set out in Schedule 2 of the Regulations: a reference had not been acquired from one staff member's most recent employer, the personnel file for the person-in charge was not complete and one CV (curriculum vitae) was not available.

Judgment: Not compliant

Regulation 23: Governance and management

The annual review had not been completed for 2015, 2016 and 2017.

The provider had not developed audit systems to sustain the delivery of a good quality service.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The contracts of care did not specify the room number and type of room to be occupied by each resident.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had not been reviewed annually.

Judgment: Substantially compliant

Regulation 30: Volunteers

Garda Vetting (GV) had not been obtained for a volunteer who worked in administration in the centre on a part-time basis.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints process had been updated and there was information available on accessing an advocacy service.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policy on infection control had not been updated since 2011.

Judgment: Substantially compliant

Quality and safety

The overall findings of this inspection were that residents were safe in the centre and their health needs were met to a good standard. However, concerns remained in relation to the inadequate provision of safeguarding and safety measures and poor infection control processes.

Nevertheless, residents said that the centre was a good place to live. The inspector saw that there were two large communal rooms available and a small dining room where residents spent periods of the day. For example, one resident liked to spend the afternoon in their bedroom while another resident liked to read in the conservatory.

The person in charge stated that residents were not charged for activities, hairdressing, outings or newspapers which were supplied daily. On speaking with residents, the inspector found that they were supported to have access to daily newspapers, pets, TV programmes of choice, music and conversation with staff members. Since the previous inspection, a large number of books and magazines had been made available for use in the sitting room. Residents were assisted to walk outside in the fine weather. For example, one resident was accompanied to walk outside on the roads accompanied by a staff member. Relatives were seen to enjoy tea with a resident during the inspection and two residents were observed using the chair lift to access the upper floor where their bedroom accommodation was located. Residents were encouraged to walk to the toilet and from room to room during the day. They had access to walking aids such as sticks and walking frames. This exercise had a positive impact on residents' maintaining their health and mobility. For example, the inspector found that there had been no falls or other accidents in the centre since the previous inspection. Residents were consulted with daily and were encouraged to suggest improvements and activities. From reviewing documentation such as residents' care plans and details of residents' consultation, it was clear to the inspector that the centre had adopted an individualised, person-centred approach to each resident.

Pre-admission assessments informed the care plans which were detailed and provided sufficient information to indicate that residents had access to good general practitioner (GP) care, allied healthcare, nursing care and social occasions. Residents' medicines were reviewed on a four-monthly basis and the GP signed when any medicine had been discontinued. In response to findings of non-compliance in this area previously, a list of residents' personal items was now maintained in personal files. Care planning documentation was well maintained and this was attributed to the person in charge conducting a yearly audit of the care planning process. In light of the lack of audits in other key areas, the positive impact

of this audit was discussed with the person in charge

There was an effective system in place to manage adverse incidents and complaints. For example, since the previous inspection a staff member always accompanied residents when walking on the road, due to risk assessment and changing needs of residents. Increased supervision was put in place to ensure that residents' quality of life was not impacted by changing cognitive abilities. The inspector also found that when residents could no longer be accommodated upstairs they were transferred to a room downstairs. The person in charge stated that if a resident with undisclosed high-care needs was admitted she would re-assess the suitability of the placement. This provision was outlined in the contracts of care.

However, similar to previous inspection findings, the inspector was not satisfied that all infection risks had been addressed. There were a number of deficiencies noted in the cleaning process which impacted on the overall cleanliness of the centre and residents' environment. For example, sinks and toilets around the centre were permanently stained. Although a hand-washing sink had been installed in the laundry area, there was no indication that the policy and procedure on infection control was being adhered to. For example, the inspector observed that the colour-coded system of mopping was not in use. Documentation from a recent inspection of the kitchen cleaning regime had described the mopping system as ''poor''. Failure to provide training in the key area of infection control meant that staff were not aware of best practice in infection control processes and HIQA's infection control standards. This non-compliance could spread infection to residents, relatives and staff and negatively impact on their physical wellbeing.

Improvements to fire safety were being made in the centre. For example, documents specified the improvements required to some ceilings and floors before a fire safety certificate would be issued and the required work was seen to be ongoing. Fire extinguishers were serviced in June 2018, and the fire alarm and the emergency lighting had also been serviced.. There were daily and weekly fire safety checks taking place.However, as this was an old two-storey building the inspector remained concerned that all fire safety risks had not been adequately addressed. For example, staff had not been afforded fire training since 2016 and fire drills were not being undertaken on a regular basis.

Furthermore, updated mandatory training in the area of residents' safety, and behaviours associated with the effects of dementia had not been scheduled in the last three years. However, staff were aware of how to report any allegation and there was a zero tolerance to abuse in the centre. Information on accessing a national advocacy group was displayed. The centre's registration certificate had been framed and prominently displayed since the previous inspection. Restraints, such as bedrails or lap belts, were not in use. Overall, as a result of not providing regular mandatory and up-to-date training, the inspector was not assured that the provider’s actions following previous inspections were sustainable.

On this inspection, residents were happy, fulfilled and content. They expressed their

trust in the staff and the person in charge and said that they were getting wonderful care. They told the inspector that someone always checked in with them and if they wanted anything the person in charge would provide it.

Regulation 17: Premises

There continued to be issues of non compliance with the regulations and standards on premises. In particular inappropriate sluicing facilities, availability of locked storage for individual residents. A significant amount of unused beds and rooms in the centre.

Judgment: Not compliant

Regulation 26: Risk management

Not all risks had been identified and addressed, the presence of dust, unused "dressed beds" and wardrobes creating dust and clutter, inappropriate sluicing facilities, a drain in the bathroom area which was covered with a faded bathmat.

Judgment: Substantially compliant

Regulation 27: Infection control

Issues of infection control remained unresolved: an old, shabby looking bathmat covering a drain outlet in a shower area: inadequate availability of hand sanitising gel throughout the centre: inadequate mopping system: dirt and dust on surfaces and skirting: inadequate sluicing facilities: no soap and towel in one toilet area: inadequate paper towel provision in the staff toilet area.

Judgment: Not compliant

Regulation 28: Fire precautions

Staff had not received fire training in 2017. Fire drills were not regularly held. Fire safety clearance certificate was still awaited.

Judgment: Not compliant
Regulation 5: Individual assessment and care plan
Care plans were audited, well maintained and reviewed four-monthly.
Judgment: Compliant
Regulation 6: Health care
Residents had access to allied health care and external consultants,
Judgment: Compliant
Regulation 9: Residents' rights
Residents were consulted , involved and felt safe in the centre. They were provided with daily newspapers, activity of choice and access to TV radio and visitors.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for East Ferry House OSV-0000226

Inspection ID: MON-0020769

Date of inspection: 13/02/2018

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	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

We aim to have an on going programme of training to support staff to provide person centred holistic care. A more proactive approach to staff training will be adopted. Training will be monitored and supervised by the person in charge on an on going basis.

A specific staff training and continued development plan is being developed. Records of training will be kept which will include names of attendees, dates of training and feedback forms.
Specific training plan for this year includes the following

- Fire safety: Wednesday 20th June 2018 and also December 2018.
- Moving and handling training is Planned for October
- Elder abuse. In house video session for staff (Oct 2018) and formal course spring 2019 –
- CPR – All staff, Date to be confirmed in the coming months
- Medication management (yearly audit) including pharmacy audit. In house training
- Food and safety
- Health and safety (on-going in house)
- HACCP (took place 2016)

A comprehensive induction programme will be available for all staff

A training matrix is being created to ensure that all staff have access to appropriate training and the opportunity to attend training days.

Proposed Timescale: Fire safety, Manual handling, elder abuse and CPR by 1/1/2019
Training will be an on going activity

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

A new office space has been identified and is currently being decorated and fitted out with office desks and shelving. Records (policies etc) were available, however we recognize that improved administration facilities are needed and we believe the new office will greatly improve administration and record keeping. Over the coming months we will be reviewing and updating all our record systems.
All personnel files are being updated and will contain the relevant references and CV's.
The records set out in Schedules 2, 3 and 4 are kept in the new office at the designated centre and are available for inspection by the Chief Inspector.

Proposed Timesacale:
New Office 1/7/18
Review and re organization of records is ongoing and will be completed by 1/8/18
Much of this work is currently being completed with essential elements already implemented

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A more clearly defined management structure is now in place. The new office will help to improve administration and accountability. Roles and responsibilities will be consolidated. Last audits were in May 2018.

- The annual review and statement of purpose has been completed and submitted.
- An enhanced programme of audit of the quality and safety of the care to residents is being implemented.
- A new audit matrix is being created
- Regular staff meetings will take place
- Staff appraisal will be on going.

Proposed Timescale:
Audits are on going and are to be completed by 1/8/18
General Governance and management has been consolidated

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
We have revised and updated the floor plan of the Centre. The new administration office is clearly identified and the contracts of care now specify the room number and type of room to be occupied by each resident.

Proposed Timescale: Recently completed

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Statement of purpose has been revised and updated to reflect the current centre.
The floor plan of the centre has been updated as have the dimensions and labelling of the various spaces.

Timescale: Completed and recently submitted

Regulation 30: Volunteers	Not Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers:

Person 1 Garda vetting application has been completed and submitted

Person 2 Garda vetting application has been completed and submitted.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

All policies are in place and available for inspection. We plan on reviewing and updating our policies and procedures over the coming months. We intend improving our advocacy and safeguarding systems.

Proposed Timescale: 1/8/18

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The centre is undergoing a general tidy and cleaning. An ongoing programme of decoration is planned over the coming year. Each area will receive attention in sequence to improve the overall standard of the premises.

- Ceilings that were recently plastered have been painted.
- There is improved paper towel provision in the staff toilet. This will be monitored
- The sluicing facility is being upgraded. A new door is now in place to close off the area.
- A daily cleaning programme and rota has been devised.
- Records of housekeeping activity are kept in the office.
- Regular in house supervision and inspection of the cleaning plan will take place and the plan will be updated as necessary. Any problematic areas will be identified and receive the required attention. Deep cleaning of identified areas will be included in the cleaning schedule and a record kept.
- Hand sanitising gel dispensers are to be more available throughout centre. We will monitor the use of the gel.
- A refresher course for infection control has taken place
- Bath mats etc are being replaced where necessary

Proposed Timescale: Much of this work will be completed by 1/10/18. Essential issues such as the hand sanitisers and the cleaning programme are with immediate effect.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The fire safety upgrade project is now complete. Because of these works some

decoration will be undertaken in the coming months.
We will review and update our emergency evacuation procedure.
Regular fire drills will take place and records will be kept.
The person in charge will monitor risk management in consultation with staff as an on going activity. Risk management records will be kept and they will be available for inspection.

Proposed Timescale: With immediate effect and on going. We will review on 1/8/18 to ensure a robust system is in place

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The person in charge will monitor and supervise infection control. All staff will be made aware of their roles and responsibilities in this regard.

- In house Infection control training took place on 29/5/18. All staff were required to attend. Refresher courses in infection control will take place at regular intervals.
- Roles and responsibilities for infection control have been clarified. Infection control will be a priority agenda item for on going staff meetings. The person in charge will supervise and monitor infection control at the centre.
- The fire safety works already mentioned resulted in some dust and clutter. Now that these works are complete the environment is more tidy and easier to keep clean.
- A colour-coded system of mopping is now in place. We will monitor mopping as part of our housekeeping plan.
- All staff will receive on going training and support to optimize infection control.
- Additional hand sanitisers are being placed throughout the centre. The usage of the hand sanitisers will be monitored.
- Unused rooms and beds have been tidied and taken into account in the updated floor plan for the centre. Management will regularly review and record this aspect.
- All areas in the centre will be regularly subject to internal inspections which will be recorded. Any deficiencies will be identified and rectified.

Proposed Timescale: This issue has largely been dealt with recently. But we have set 1/7/18 as a target date.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The required fire safety works are now complete. An inspection has taken place recently by the engineer and we are expecting the fire cert to be issued by the fire officer. We have recently been in contact with the engineer and we have been assured that the fire officer has the engineer's report. A programme of fire safety training will take place on an on going basis. Fire safety equipment will be regularly checked and a weekly risk assessment regarding patient mobility and evacuation procedure will be conducted and recorded. Records of fire safety equipment checks will be available. Proposed Timescale: Fire Certificate is imminent. Other aspects are an on going activity.	

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.	Not Compliant	Orange	1/9/2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	1/7/2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	1/6/2018
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	1/6/2018

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms on which that resident shall reside in that centre.	Substantially Compliant	Yellow	1/5/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	1/6/2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	1/6/2018

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 equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	1/7/2018
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	1/7/2018
Regulation 03(2)	The registered provider shall review and revise the statement of	Substantially Compliant	Yellow	1/6/2018

	purpose at intervals of not less than one year.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	1/8/2018