Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bushfield Care Centre
Name of provider:	Bushfield Nursing Home Limited
Address of centre:	Bushfield, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	18 July 2022
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0037392

About the designated centre

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

Bushfield care centre is located approximately 2km from Oranmore, Galway. The centre accommodates up to 45 male and female residents with varying levels of dependency. Bushfield Care centre offers general care, dementia care, and palliative care, and care for people with physical disabilities. Residents who are, at all times, treated with dignity and respect and who are supported to live their lives as independently and fully as is possible, with safety our key concern. The centre is a purpose built single storey bungalow style building. Facilities available include a dining room, two sitting rooms, two conservatory areas. An activities' room, oratory, 31 single bedrooms all with en-suite toilet & shower facilities, and seven twin bedrooms, four of which have en-suite toilet facilities. One communal bathroom & shower which includes a toilet and a further two communal toilets are available for residents use. An enclosed garden is also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 18 July 2022	08:00hrs to 18:30hrs	Fiona Cawley	Lead
Monday 18 July 2022	08:00hrs to 18:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Inspectors observed that staff in the centre on the day of the inspection were familiar with the residents, their care needs and their preferences. Residents told the inspectors that their care needs were met in the centre by staff who were kind.

This inspection was held on a very warm day in July, with temperatures outside exceeding 25 degrees Celsius. Inspectors felt that the heat within the centre was uncomfortably warm. A check of the heating system found that the radiators in the centre were on at a high temperature. Inspectors were informed that the heat could not be turned down, or off, as it was required to heat the hot water in the centre. At the request of the inspectors, staff contacted the maintenance team who, after ensuring that there was an adequate supply of hot water available, turned off the radiators later in the morning.

Inspectors observed that staff recognised the risk that the excessive heat in the centre posed to residents. Residents were offered cold drinks and refreshments throughout the day of the inspection. Windows were opened, and blinds and curtains were closed in an attempt to keep the residents comfortable.

A large group of residents spent their day between the communal day room and the dining room. Some residents chose to spend the day in their bedrooms and these residents were observed to have regular contact with staff who called to their rooms regularly. An activity programme was provided to residents in the day room. Residents were observed to be actively participating in these activities and enjoying the social interaction. Some residents, who chose to spend time in their own rooms, stated that the activities held in the day room did not interest them and so they chose not to attend.

Inspectors spoke with seven residents and a small number of resident's visitors throughout the day. Residents feedback was generally positive, with residents reporting that they were comfortable and well looked after. Most of the residents spoken with stated that staff were kind and respectful. Residents also told the inspectors that, on occasions, staff were busy and could not always attend to them immediately. This meant that they sometimes had to wait for their care needs to be met. Inspectors also observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate. Residents who could not speak with inspectors in relation to their quality of life in the centre appeared to be relaxed and comfortable in the company of staff and in their surroundings.

Inspectors walked around the centre and observed that areas of the centre were in a poor state of repair. Inspectors observed that the carpet in the reception area was not visibly clean. Some of the seating in the activity area was stained. Some of the

fire doors in the centre were damaged. The medication trolley was observed to be visibly unclean and in a poor state of repair.

The centre was generally clean, however, there were areas of inconsistent levels of cleanliness, in the less frequented parts of the centre. There was no system in place to ensure that the cleaning of the entire centre was appropriately supervised and monitored.

Inspectors observed that some residents bedrooms were decorated in a person-centred way using personal photos and resident's belongings. However, in some of the twin rooms, which were only occupied by one resident, the inspectors observed inappropriate storage of equipment, such as extra beds and walking aides. This meant that the room was not only unsightly for the resident accommodated, but it was also not amenable to effective cleaning.

Inspectors found that residents' personal care and monitoring records were not appropriately filed. Inspectors observed unsecured residents records in the day room and the library area.

Inspectors noted that there was infection control advice posters on display around the centre. These poster communicated out of date advice and had not been updated to reflect current best practice.

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 quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection were that there were inadequate and ineffective management systems in place to ensure the safe, and well monitored delivery of care to residents. Inadequate levels of senior management and senior nursing staff resulted in an ineffective governance structure and poor oversight of the service. This poor oversight contributed to non-compliant findings in fire precautions, staff training and development, records and complaints management, care planning, residents' rights and the management of the premises.

Following the inspection, the provider was required to submit an urgent compliance plan to address the significant non-compliance found in the governance and management and the systems of fire precaution in the centre.

This was an unannounced risk inspection, completed by inspectors of social services, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the action taken by the provider following the last inspection of

the centre in February 2022. Unsolicited information relating to concerns about residents care had been received by the Chief Inspector of Social Services since the last inspection. This information was reviewed and found to be partially substantiated. The detail of a number of statutory notifications submitted to the Chief Inspector in relation to safeguarding and fall management were also reviewed on this inspection.

The registered provider of this designated centre is Bushfield Nursing Home Limited. The management structure to operate the designated centre, as set out in the Statement of Purpose, consisted of a representative of the provider who was a director of Bushfield Nursing Home Limited and a person in charge. On the day of the inspection, inspectors found that the management structure did not align with the statement of purpose. For example, there was no person in charge in the centre. In the absence of a person in charge there was a senior nurse on duty in the centre.

Inspectors were not assured that the provider had adequate resources in place to effectively manage the centre and to ensure the care and welfare of residents.

A review of the staffing rosters found that staffing levels were adequate for the 29 residents accommodated in the centre on the day of the inspection. Nevertheless, as the designated centre was registered for an occupancy of 45 residents, the inspectors were not assured that there was a staffing strategy in place to ensure adequate resources would be available if the occupancy of the centre increased.

The impact of an ineffective and poorly resourced system of management in the centre was evidenced by the following;

- Records were poorly managed and difficult to retrieve. Records requested were not available although some were submitted to the Chief Inspector in the days following the inspection
- A schedule of clinical and environmental audits had been partially completed. The audits that were completed did not have a quality improvement plan developed from the findings.
- There was no clear plan as to how issues identified at staff meetings would be addressed.
- Some staff did not have access to appropriate training, commensurate to their role

Regulation 14: Persons in charge

On the day of the inspection there was no person in charge in the centre who met the requirements of the regulation. For example, the provider had put forward a person in charge who did not have the following;

- the required three years experience of nursing older persons within the previous six years

- the required three years experience in a management capacity in the health and social care area.

Judgment: Not compliant

Regulation 15: Staffing

The staffing level in the centre was adequate to meet the needs of the 29 residents accommodated in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training records found that some staff had not completed required training in safeguarding, manual handling and infection prevention and control.

There was no record that any staff had completed training in the management of behaviours that challenge/responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Staff were not appropriately supervised. This was evidenced by

- inadequate monitoring and supervision of the cleaning processes in the centre
- lack of oversight of the residents clinical documentation to ensure the assessments and care planning were accurate and up-to-date.

This a repeated non compliance from the previous inspection.

Judgment: Not compliant

Regulation 21: Records

Inspectors found that records were not kept in line with requirements of Schedule 4 of the regulations. For example, the staff training record was not updated to reflect the training completed by staff. It was therefore not possible to review how the management team assessed the training needs of staff or if all staff had received appropriate training, commensurate to their role.

In addition, residents' care records were not securely stored. Unsecured resident records were found in two communal areas of the centre.

This is a repeated non-compliance from the last inspection.

Judgment: Not compliant

Regulation 23: Governance and management

The provider failed to address the outstanding non-compliance found in the governance and management of the centre on the last inspection. For example, the provider had committed to completing monthly care plan audits, and ensuring that a person in charge would appointed by May 2022. These actions were not completed on the day of the inspection.

The designated centre did not have sufficient resources to ensure the effective and safe delivery of care in accordance with the centre's statement of purpose. This was evidenced by;

- The system to protect residents in the event of a fire was not adequately resourced. For example, staff had not received up-to-date fire safety training. In addition, the fire safety system in the centre was not serviced quarterly, in line with the centre's own fire policy.
- physiotherapy as described in the centre's statement of purpose, was not available.

The provider failed to ensure that the management structure within the centre was clearly defined. The provider had submitted a statement of purpose with the application to renew the registration of the centre in January 2022. This statement of purpose described the management structure as comprising of a person in charge, supported by a clinical nurse manager to provide oversight and management of the service. A revised statement of purpose was submitted by the provider in May 2022 detailing that the clinical nurse manager post had been removed. The provider did not provide a rationale for this change within the management structure. On the day of inspections, there was no person in charge or clinical nurse manager in post. While there was a senior nurse on duty, there was no system in place, within the centre, to support the senior nurse in the management of the centre. This resulted in ineffective systems of oversight, demonstrated by the non-compliance found on this inspection.

The quality of the monitoring systems in place was not robust. While some of the scheduled audits had been completed, audit findings were not used to develop quality improvement plans to address the issues identified.

There was a risk management policy and system in place. Generic clinical and environmental risks had been identified and an action plan was in place to control and mitigate risks. However, risks relating to key areas such as fire safety and

safeguarding had not been identified or managed in line with the centre's own management systems.

A review of incident management found that while information was reviewed following an incident, the detail was not analysed and learning from incidents was not used develop a quality improvement plan to improve outcomes for residents.

This is a repeated non-compliance from the last inspection of the centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints log found that complaints were not managed in line with the requirements of regulation 34, or the centre's own policy. For example,

- complaints reviewed were poorly detailed and did not have the information required to ensure effective management.
- there was inconsistency in relation to the detail of the person to contact to appeal a complaint decision.
- complaints record did not include details of the complainant's satisfaction.

Judgment: Substantially compliant

Quality and safety

The poor governance arrangements in the centre impacted on the quality and the safety of residents' care in the centre. This inspection found that the fire safety systems were not robust and urgent assurances were requested from the provider following this inspection. The findings of this inspection reflect poor oversight of the service resulting in non-compliance across aspects of both the care delivery and care environment.

Fire safety precautions in place did not meet the requirements set out under Regulation 28. Inspectors found that the fire safety systems were not maintained in line with the centre's own fire safety policy, escape routes were not safely maintained, and some staff working in the centre had not received appropriate or up-to-date fire safety training. An action from a previous inspection to correct the fire maps in the centre was not completed.

The provider had failed to ensure that the premises was a safe and comfortable care environment. Issues relating to heating controls and inadequate access to

appropriate furniture impacted the quality of life for residents in the centre. There was inappropriate storage in residents' bedrooms and communal areas.

A review of residents' nursing documentation found that comprehensive assessment was not always robust to ensure that the needs of the residents were appropriately assessed and therefore, could not be used to develop a detailed and person-centred care plan.

Residents had access to general practitioner (GP) services and were also supported by a team of allied health care professionals such as dietitan, speech and language therapy and a tissue viability specialist. Residents did not have access to the services of a physiotherapist, as described in the centre's statement of purpose. There was a number of residents requiring physiotherapy in the centre. Inspectors found that a number of residents' families and representatives had made private arrangements to ensure the residents received the therapy they required.

Resident's rights were generally upheld in the centre. Resident's meetings were held regularly and the provider had completed a survey requesting feedback from residents in relation to the service. A programme of activity was in place and most residents were observed to be socially engaged on the day of the inspection. Action was required in relation to offering choice of activities in the centre and to ensure that all residents are aware of the activities available.

Regulation 17: Premises

Inspectors found that the premises was not in compliance with Schedule 6 of the regulations. This was evidence by

- Inspectors found that there was inadequate storage space in the centre. Residents' bedrooms were used to store items such as spare beds and walking aides. Communal spaces such as the conservatory were used to store specialised seating and decommissioned medicine trolleys that were no longer in use.
- The heating in the centre could not be controlled by staff. Two thermostats fixed to the wall were covered in a plastic casing that restricted access and could not be removed. Inspectors were informed that the heating was required to be on to ensure a hot water supply to the centre.
- An outdoor courtyard was available and accessible to all residents, however, the area lacked appropriate seating and furnishings.
- Inspectors found that a door had been constructed in the centre for an isolation wing, developed as part of a COVID-19 contingency plan. This door restricted access to rooms 34-37 and a conservatory. These rooms were vacant on the date of the inspection. This door could only be opened from outside of the isolation unit. This meant that any residents accommodated in room 34-37 would not be able to freely access the rest of the designated

centre. In addition, this door restricted the means of escape from these rooms in the event of a fire.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire precautions in the centre did not meet regulatory requirements. This was evidenced by;

- The doors to bedrooms at the front of the centre were not clearly identified as fire doors. There was no certification for these doors available to provide assurance that the doors would protect residents in the event of a fire.
- The fire door to the kitchen was damaged, reducing its effectiveness to contain smoke or fire in the event of an emergency
- Up-to-date fire system service records were not available for review
- Established staff had not received up-to-date fire safety training. Newer staff, including the senior nurse, had not received any fire safety training.
- An external courtyard, which was the escape route for three emergency exits was locked. There was no key available to release the lock. This issue was resolved on the day of the inspection.
- While there was a system in place to check all fire escape route daily, these checks were not consistently recorded, nor did they identify issues such as the lock on the external courtyard or the exit routes for bedrooms 34-37.
- The floor plans on display throughout the centre contained different room naming conventions to the room names in use in the centre on the day. This was a repeated non-compliance.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A number of care plans were not up-to-date and did not reflect the residents' current needs. For example, a resident who had fallen did not have the assessment and recommendation for an occupational therapist integrated into the residents' care plan.

Inspectors reviewed a sample of end of life care plans and found that they were not reviewed and updated in line with the residents' needs or wishes. This is a repeated non-compliance.

Judgment: Substantially compliant

Regulation 6: Health care

Arrangements were not in place for residents who required the services of a physiotherapist, as described in the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While there were activities provided to the residents on the day of the inspection, there was no activity schedule in place. The provider had committed to providing the residents with a documented activity schedule following a previous inspection. This had not been completed. This meant that residents did not know where or what activities were happening.

Some residents told the inspectors that they were not interested in the activities that were on-going on the day of the inspection.

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	Not compliant
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 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0037392

Date of inspection: 18/07/2022

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 14: Persons in charge</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 14: Persons in charge:
This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</td></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
A training matrix has been developed. Any training shortfalls have been identified.
Training in fire safety has been completed for all staff on 16th and 19th August 2022.
• Manual handling training booked for 26th and 27th September.
• Managing responsive behaviors training booked for 30th September and 3rd October.
• Infection prevention and control including hand hygiene training booked 18th October.
• Safeguarding training booked for 16th and 17th of October.
• HSELand training ongoing.</td></tr>
</table>

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
All records are now securely stored appropriately in the cabinets.
All staff aware of GDPR in relation to documentation.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The PIC is currently endeavoring to recruit a Clinical Nurse Manager to support her in her role.
• All staff have now received fire safety training.
• The fire system has been serviced and is due again in 4 months time.
An Area Manager is in place to support the PIC in the management of the Nursing Home.
• Weekly on site meetings now take place with the Area Manager and PIC to discuss all aspects of governance and management within the centre. Minutes of same available.
• All audits are now completed, including actions required with action plans, time frames for completion and learning outcomes all included.
• An incident review has also been completed to include analysis and learning outcomes.

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• All complaints are now logged in line with Bushfield Care Centre’s Complaints policy.
• All complaints are investigated fully.
• All investigation findings/outcomes are discussed with the complainant and satisfaction

with the process documented.
• All learning outcomes documented.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• New storage unit was purchased post last inspection but was used to store PPE equipment. This has now been cleared out all all-excess equipment now stored here.
• End conservatory now used for various therapies. This is reflected in floor plans and the SOP.
• All decommissioned equipment disposed of.
• Outdoor seating and furnishings will be purchased.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Doors identified at the front of the center which did not have certification have the required certification.
• Kitchen door repaired to ensure its effectiveness in the event of a fire.
• Fire service records available and sent to Inspectorate post inspection.
• Fire training completed with all staff on 16th and 19th August 2022.
• The floor plans and room names are now all uniform. The obstructing door was removed the morning after the inspection.
•A Fire Safety Risk Assessement is being carried out by an external fire consultant on 17th September.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
•Thorough care plan review completed by the Area Manager 26th August 2022 and discussed with PIC.
• Action plan completed.

• Staff nurses allocated as primary nurses to oversee care planning and assessments for residents. Same discussed with all Staff Nurses on 26th August 2022.
•All Staff nurses will receive guidance and support from PIC and area manager.
•Monthly care planning and assessment reviews will be completed by the Area Manager.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• Physiotherapy services now secured and awaiting Garda vetting.
• This service will be available for all residents.
• All residents will be reviewed initially and follow up completed as their needs dictate.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Documented daily/weekly activity plan available and sent to Inspectorate post inspection.
• This is now displayed in various locations throughout the centre.
• From time to time the actual activity may differ to that scheduled because of resident requests to alter.

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	31/07/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	18/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	28/07/2022
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	31/10/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Not Compliant	Orange	26/07/2022

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	26/07/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	25/07/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	26/07/2022
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.	Not Compliant	Red	25/07/2022

Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	25/07/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Red	25/07/2022
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.	Not Compliant	Red	19/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	19/08/2022
Regulation 28(2)(iv)	The registered provider shall	Not Compliant	Orange	19/08/2022

	make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 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.	Not Compliant	Orange	19/08/2022
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	27/07/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional	Substantially Compliant	Yellow	25/07/2022

	of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	27/07/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	27/07/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	26/07/2022

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	25/07/2022