



**Health  
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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:	Borris Lodge Nursing Home
Name of provider:	Borris Lodge Nursing Home Limited
Address of centre:	Main Street, Borris, Carlow
Type of inspection:	Unannounced
Date of inspection:	02 May 2023
Centre ID:	OSV-0000203
Fieldwork ID:	MON-0039772

## About the designated centre

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

Borris Lodge Nursing Home provider residential care for 52 people. Care can be provided for residents over 18 years of age although predominantly for residents over 65 years of age. It provides care for adults with general care needs within low, medium, high and maximum dependency categories. Twenty-four-hour nursing care is provided.

The building is laid out over three separate floors, access by stairs and two lifts. In total, there are 46 single and three twin bedrooms. 28 of the single rooms have full en-suite facilities. One of the twin rooms has an en-suite with toilet and wash hand basin. There are several sitting rooms and seating areas located around the centre. Additional toilets, bathrooms and shower rooms are also located around the centre. According to their statement of purpose, the centre is committed to providing the highest level of care, in a dignified and respectful manner and endeavours to foster an ethos of independence and choice. It aims to provide accommodation and an environment which replicates home life as closely as possible.

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

Number of residents on the date of inspection:	49
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 2 May 2023	09:30hrs to 18:10hrs	Sinead Lynch	Lead
Tuesday 2 May 2023	09:30hrs to 18:10hrs	Frank Barrett	Support

## What residents told us and what inspectors observed

From the inspectors' observations and from what residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre.

The inspectors' spoke with a number of residents and visitors throughout the day of the inspection and gained some insight into their daily lives in the centre. Overall, the feedback was positive with residents very complimentary about management and staff. They were happy with the service provided and spoke fondly about the care they received. One resident described the staff as 'the best in the world' while a visitor described the staff as 'superb'.

The centre was found to be in a good state of repair. It was warm and bright. Inspectors noted some damage to paintwork on walls and some doors. There were storage spaces on all floors of the building however, inspectors noted some storage spaces were filled to capacity, with boxes of items left on the ground in these areas. These issues are detailed further under regulation 17 Premises.

While the centre provided a homely environment for residents, inspectors observed a number of issues that impacted on fire safety as further detailed under Regulation 28. Inspectors observed that a number of fire doors were damaged. Some had gaps around them and others did not close fully. There were also issues in relation to storage that impacted on fire safety. There was a large amount of material stored in a boiler room, which housed electrical distribution boards, and heating systems. The material stored in this area ranged from new furniture, to used paint buckets and broken pieces of furniture. When this was brought to the attention of the provider these items were immediately removed.

Residents' stated that the staff were kind and caring, that they were well looked after and they were happy in the centre. The inspectors' observed many examples of person-centred and respectful care throughout the day of inspection.

The inspectors observed that visiting was facilitated. Visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken with were very complementary of the staff and the care that their family members received.

Residents had access to an enclosed courtyard, the doors to this area were open and were easily accessible. The courtyard area was attractive and well-maintained with flower beds and garden benches.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced one day risk inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended). The inspection was facilitated by the person in charge. The centre was registered for 52 residents and there were three vacancies on the day of the inspection.

Overall, this inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services. However, inspectors found that improvements were required to governance and management to ensure that the service provided was safe, appropriate, consistent and effectively monitored in relation to fire safety management. There were robust management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation, infection prevention and control, and medication management. Audits were objective and identified improvements. Records of management and local staff meetings showed evidence of actions required from audits completed. Regular management and staff meeting agenda items included corrective measures from audits.

There were insufficient healthcare and activity staff available due to unplanned absences. The registered provider was aware of this issue and had plans in place to mitigate any risks to the residents care and welfare by maintaining an on-going recruitment drive.

The registered provider is Borris Lodge Nursing Home Limited. The centre is part of a larger group, Evergreen Care Group. The person in charge was supported in their role by a regional operations manager and a deputy person in charge. The person in charge had been appointed to the role since February 2022 and had the required experience and qualifications for the role.

The provider had arrangements for recording accidents and incidents involving residents in the centre and notifications were submitted as required by the regulations.

The annual review for 2022 was available and included a quality improvement plan for 2023. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from resident and relative satisfaction surveys. A quality improvement plan was in place to address these issues.

The inspectors reviewed a sample of staff personnel files and found that they contained all the information as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their

respective role in the centre.

The provider had made arrangements to review fire precautions in the centre. However, these arrangements did not adequately identify all risks identified on inspection. For example, the risk of fire due to a gas leak in the laundry when staff were not present had not been fully assessed and adequate controls to reduce the risk had not been implemented. In addition, not all fire safety checklists in the centre were adequate to identify areas requiring improvement. For example, the centre's evacuation route checklist had not identified inappropriate storage of items that were impacting on a fire evacuation route.

### Regulation 15: Staffing

The registered provider had not ensured that the number and skill mix of staff was appropriate to the needs of the residents. For example;

- There were healthcare staff shifts not cover at the weekends.
- In one day room where seven residents were sitting there was no supervision in place. The inspectors checked this room again later in the day and again found no supervision in place.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

All staff had access to appropriate training and supervision in their roles.

The regulations and standards were displayed around the centre.

Judgment: Compliant

### Regulation 21: Records

Records in the centre were well-maintained and easily accessible. Records set out in Schedules 2, 3 and 4 are kept in the designated centre and were made available to the inspectors.

Judgment: Compliant

## Regulation 23: Governance and management

There was not sufficient resources in place in relation to activity staff in the designated centre to meet the needs of the residents. This was highlighted on the previous inspection in July 2022. The provider had given the Chief Inspector of Social Services assurance that activity staff cover for seven days a week would be implemented. However, the inspectors found no activity staff available over 10 days in the month of April.

Inspectors found that improvements were required to governance and management, specifically in respect of fire management to ensure that the service provided was safe, appropriate, consistent and effectively monitored and as further detailed under Regulation 28; Fire safety.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident, on the admission to the designated centre the terms on which that resident shall reside.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had notified all accidents and incidents within the required time-frame to the Chief Inspector of Social Services.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Borris Lodge Nursing Home, which was generally respectful of their wishes. There was evidence of residents needs were being met through good access to healthcare services. However, the inspectors found that significant improvements were required in the management of residents' finances. This is discussed further under Regulation



8; Protection.

The centre is situated near a town centre and residential areas. The centre was located over a basement (lower ground floor), Ground floor and first floor. The lower ground floor contained day rooms, communal spaces, laundry, boiler room and staff areas. The ground floor consisted of residents bedrooms, reception, Kitchen dining and communal spaces. The first floor consisted of residents bedrooms, dining and communal spaces.

Residents had access to an independent advocacy service, information about this service was displayed in the reception area of the centre. The records of resident meetings evidenced that these meetings were convened monthly. Agenda items included COVID 19 ,visiting arrangements, meals and outings. Minutes were reviewed by the person in charge and there was evidence of action plans developed to address suggestions or concerns raised by the residents during the meetings. Residents had access to local and national newspapers, television and radio.

There was an activities programme in place however the current programme did not ensure that all residents had equal opportunities to participate in meaningful social activities and engagement in line with their preferences and abilities. As a result of insufficient activity staff in the centre activities that were planned could not take place. This is addressed under Regulation 9: Resident's rights.

It was observed by inspectors that through on-going comprehensive assessments, resident's health and well being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, palliative care team, physiotherapy to name a few. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, by phone and visits in person as required. Out of hours medical cover was also provided. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

Inspectors reviewed procedures in place to protect residents in the event of a fire. The provider had made arrangements for the effective detection of fires through the use of an 'L1' fire detection and alarm system. This meant that all areas of the building were covered by fire detection. A review of service records found that this system, the fire suppression system, emergency lighting, and the fire extinguishers were all serviced up-to-date. Staff had received training in fire safety and a review of records showed that this training was up-to-date for all staff. Fire drills were completed at regular intervals. However, these drills did not reflect all scenarios. For example, there was no record of a fire drill showing evacuation for the largest bedroom compartment during low staffing time, for example, at night. The practice around storage throughout the centre and including the boiler room require review as storage was found to impact on fire evacuation routes. These issues are detailed further under Regulation 28; Fire precautions.

Good records of servicing to fire safety equipment was found on this inspection, however, improvement was required in some areas. There were detailed Personal Emergency Evacuation Plans (PEEPs) in place which provided sufficient detail to

guide staff on the evacuation methods for each resident. Staff were knowledgeable on the emergency evacuation methods, and on the procedure for horizontal evacuation, however, inspectors found that there was no signage in place to direct staff, residents or visitors to the external fire assembly point. This could result in confusion among evacuees in the event of a fire.

Inspectors were not assured of the effective compartmentation within the centre to protect residents in the event of a fire. Inspectors found service penetrations in the boiler room which did not appear to have any fire sealing around them. Large holes were also found around electrical services into an electrical switch room. Inspectors observed damage to several fire doors, including cross-compartment doors. This would mean that in the event of a fire, containment of fire and smoke could not be assured. This is detailed under regulation 28 fire precautions.

Overall the facilities and premises was observed to be clean and tidy and adequate for the needs of the residents. The organisation of the storage spaces required review. One storage room had clean and unclean pressure relieving mattresses stored together with alcohol based hand gel, paper towels, residents clothing and mobility equipment. Some maintenance concerns were noted, with a handwash sink in the laundry being rusty, and a sink in the hairdressers room being out of order. These issues are detailed further below under Regulation 17; Premises.

## Regulation 17: Premises

Inspectors found that the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations, however improvements were required for example:

- There were maintenance issues in the centre which were not actioned including a sink in the hairdressers room which was out of order and another sink in the laundry which was rusted. There was also a hole in the wall in the activities store room near the sink. There were cracks in floor covering, and sections of floor taped together on first floor corridors, which posed a trip hazard. The provider stated that these floor covering will be replaced within the year.
- There was inappropriate storage of equipment and supplies in some store rooms, such as cardboard boxes on the floors preventing effective cleaning. In another storage area there were excessive amounts of stored material including both clean and new mattresses, pressure relieving cushions and residents clothing.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider did not make adequate arrangements for containing fires. Inspectors could not be assured of effective compartmentation within the building, for example:

- The fire doors at the centre required an assessment review. A number of cross-corridor doors throughout the centre had gaps around the perimeter of the door. These doors were the dividing line between compartments, and given the issues found, they would be ineffective at containing fire and smoke in the event of a fire. Some other fire doors were missing smoke seals, and two doors had broken door closers
- Extensive service penetrations were found in the basement plant room which appeared to have no fire sealing around them. This would result in a lack of containment within the plant room in the event of an emergency.
- Doors enclosing electrical distribution rooms were fire doors, however, there was no evidence of fire sealing between the door frames, and the walls into which they were fitted. This would result in a lack of containment of fire and smoke in the event of a fire.
- The provider had not assessed the risks associated with a lack of effective compartmentation within the centre.

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment for example:

- There was inappropriate storage and excessive amounts of combustible materials found in storage rooms for example, the basement storage room.
- There was no fire extinguisher present at the Oxygen storage area.
- The provider had assessed the risk of the use of gas for laundry and cooking. However, the procedure in relation to shutting off the gas in the event of a gas leak was unclear to staff at the centre. Inspectors required assurance that a gas leak would be detected at times when there were no staff in these areas, and safely shut off in order to mitigate the risk.

The registered provider did not provide adequate means of escape for example:

- Filing cabinets, used medication storage boxes, and furniture were partially obstructing the escape route at the lower ground floor area.
- There were curtains on all emergency escape corridors which could impede residents, staff or visitors from exiting the building in the event of a fire.
- Monitoring of evacuation routes was not identifying risks impacting on the safe evacuation of residents, staff or visitors to the centre
- Signage to the external assembly point was not in place at the centre.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment completed on admission. There were resident specific care plans in place to guide practice.

Judgment: Compliant

## Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health care support to meet their needs.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to expertise in gerontology, psychiatry of later life and palliative care services as required.

Judgment: Compliant

## Regulation 8: Protection

The provider did not take all reasonable measures to protect residents as evidenced by the following findings:

- The provider had implemented an additional service charge of 50 euros per week for new residents. This was to cover administration fees for services that residents could have availed of free of charge in the community, servicing of residents' equipment and access to hairdressing facility on-site, although residents also paid for each hair appointment separately.

The systems in place for the management of resident's finances was not sufficiently robust. The provider was acting as a pension-agent for some residents living in the centre. However, the pension was paid into the centre's account and not into a separate resident's client account to ensure residents finances were safeguarded. This is not in compliance with the requirements of the Department of Social Welfare, which requires that the pension agent must pay the full amount of the pension, without deduction of any kind to the resident.

Judgment: Not compliant

## Regulation 9: Residents' rights

The registered provider had failed to provide sufficient opportunities for residents to participate in activities in accordance with their interests and capacities. This was evidenced by:

- Insufficient activity staff available in the centre
- Residents in one day room throughout the day with no supervision, stimulation or interaction
- Two residents informed the inspectors that they would like to go outside more but the staff were too busy

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Borris Lodge Nursing Home OSV-0000203

Inspection ID: MON-0039772

Date of inspection: 02/05/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: As noted by the inspector on the day and in the report, we do have an ongoing recruitment drive in place to assist with unplanned absences. Presently we have no vacant positions.</p> <p>We have an absence management policy in place to assist with managing ongoing unplanned absences, particularly those that are above the company acceptable level. We have been actively engaging with those members of staff that are primarily employed for weekend shifts. This involves meeting with each member of staff after each absence and discussing the reason for their absences, if they are fit to return to work and if there are any reasons for their ongoing absences.</p> <p>We have since the inspection engaged another activity co-ordinator who will, along with the rest of the activity team ensure a full weeks programme of activities is available to all Residents.</p> <p>We have adjusted our rosters and have assigned staff members to supervise the dayrooms throughout the home at all times during the day.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have allocated 216hrs every month specifically for activity hours. We have employed another activity co-ordinator who will ensure additional cover is available throughout the month, thus ensuring that we are able to offer our Residents a full activity programme, each day.</p>	



Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Following the inspection, we have reviewed our storerooms. We have decluttered and have completed our planned works of putting in shelving to the floor level – to ensure that items are not stored on the floor and to enable cleaning.  We will assign certain store areas for specific items only.  The sink in the hairdressing room and in the laundry have been serviced and both are fully operational.  We have repaired the hole, under the sink – beside the pipework in the activity storeroom.  We have refurbished 5 bathrooms &amp; 20 bedrooms, the dining rooms, the two lounges, the activity room, the nurses’ station and the reception area.  We have replaced 470 meters of flooring to date and the remaining floors will be addressed with our ongoing refurbishment plan.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  <b>Compartments:</b>  We have reviewed the cross-corridor doors throughout the centre and have adjusted those that we can, to ensure that there are no gaps along the perimeter. We are liaising with a fire service company to adjust any doors remaining.  We have reviewed the fire doors and have replaced any missing smoke seals and all doors have working door closers.  We are consulting with Fire Service company regarding the service penetrations in the basement plant room.  We will review and risk assess the compartments within the home.</p> <p><b>Risk of Fire:</b>  As mentioned, we have significantly decluttered and will reorganize our storage rooms to ensure good use and safe use of space.  We have installed an oxygen “cage” outside so the oxygen is being stored safely.  We are seeking advice regarding the gas detection in the laundry and will risk assessment and implement a plan to ensuring that all staff are aware and confident in how to identify and shut off gas if required.</p> <p><b>Means of Escape:</b>  We have identified and erected signage for our external assembly point.</p>	

We have reviewed and assigned staff to review daily our evacuation routes to ensure that these are kept clutter free and accessible.  
 We have removed curtains from all emergency escapes.  
 We have reviewed and will continue to monitor all fire escape routes to ensure that these areas are left clear and free of obstructions.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
 We have set up a separate bank account to comply with the requirements of the Department of Social Welfare regarding any resident to which we are a pension agent for.  
 The additional service charge covers all services that are not covered under the fair deal scheme, eg provision of physiotherapist and activities. We will amend our listing to ensure that it reflects accurately the purpose of the charge and removes any confusion.  
 We have notified our Residents in writing and have the ASC stipulated in our contracts of care as per legislation.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 While we are fully staffed, we are actively engaging with staff in relation to absence management and the subsequent effect that this has on the home. We have adjusted our rosters to ensure a fuller staffing compliment over the entire day/evening to ensure supervision and a safe delivery of care. We have employed a 3rd activity co-ordinator to ensure that we can continue to offer and provide activities to our Residents as per their wishes, over a full 7day period. We engage with our Residents through our regular meetings to take suggestions of what they may like to see on their activity programme and we do endeavour to meet all Residents wishes inside and outside of the home.

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2023
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.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Substantially Compliant	Yellow	30/06/2023

	ensure the effective delivery of care in accordance with the statement of purpose.			
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	30/06/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to	Not Compliant	Orange	30/05/2023

	protect residents from abuse.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/06/2023