



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

## Issued by the Chief Inspector

Name of designated centre:	Our Lady's Manor Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Dublin Road, Edgeworthstown, Longford
Type of inspection:	Unannounced
Date of inspection:	27 April 2021
Centre ID:	OSV-0004632
Fieldwork ID:	MON-0032819

## About the designated centre

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

Our Lady's Manor Nursing Home can accommodate up to 61 residents of all dependency levels. It provides 24 hour nursing care for older persons with physical or intellectual disabilities, dementia, acquired brain injury and palliative care on long-term, short-term, convalescence and respite basis. Residents are accommodated over three floor levels in 34 single bedrooms, 12 double room and one triple room, some of which have en suite facilities. The main reception, a variety of communal areas and a large oratory are located on the ground floor. The grounds are landscaped and include a garden for residents and a large private vegetable garden. The building, which was originally a convent, had been converted and undergone extension and modification over the years to improve facilities for residents. The designated centre is situated in Edgeworthstown, 12 km away from Longford, and is conveniently serviced by nearby restaurants, public houses, libraries and community halls. Free parking facilities are available on site.

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

Number of residents on the date of inspection:	55
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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 27 April 2021	09:00hrs to 17:00hrs	Kathryn Hanly	Lead
Tuesday 27 April 2021	09:00hrs to 17:00hrs	Brid McGoldrick	Support

## What residents told us and what inspectors observed

On the day of this inspection the centre was in the midst of an outbreak of COVID-19 and residents were confined to their bedrooms on the advice of Public Health. Staff and management described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time over the past year. However, further improvement was required to ensure that the quality and safety of care delivered to residents achieved regulatory compliance.

On the day of inspection visiting restrictions were in place due to the COVID-19 outbreak. Staff said that they regularly communicated with relatives, and informed them about the current situation in the nursing home. The centre had identified a suitable area indoors to facilitate visits when they resumed.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends through telephone and video calls. All residents had televisions in their rooms. However, no other activities were observed on the day and residents were left unsupervised for long periods of time with no meaningful engagement with members of staff. Inspectors observed that although resident interactions were mostly task orientated and brief, residents were treated with kindness and respect.

Inspectors spoke with five residents living in the centre. Some of these residents felt that COVID-19 restrictions had a negative impact on their quality of life, however, they understood the reason for them. A number of residents told inspectors they were bored and found the day long.

Residents who spoke with inspectors provided positive feedback and were very complimentary about the professionalism and dedication of staff. They expressed satisfaction about the standard of environmental hygiene and the care provided within the centre. Residents also expressed relief to have recently received their COVID-19 vaccinations.

Residents were offered a choice of meals and meal options appeared appetising and nutritious. Residents said the food was good, they received a choice and they generally could not fault the food.

Overall the general environment and residents' bedrooms, communal areas, toilets bathrooms, and sluice facilities inspected appeared clean. A variety of communal rooms were provided on both floors and there was lift access between floors. Residents had access to a large oratory which was also used by the local community for daily Catholic mass, removals and funeral services. However due to COVID-19 restrictions it was currently not in use.

Through walking around the centre, inspectors observed that most residents had

personalised their rooms and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety. Call bells were ringing almost constantly throughout the day. Inspectors found the call bell system to be loud distracting and not in keeping with an environment that is the residents home.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. Damage from wear and tear continued to impact negatively on the centre. Barriers to effective hand hygiene practice were also identified during the course of this inspection for example there were a limited number of clinical hand wash sinks available for staff use. Findings in this regard are further discussed under the individual Regulations 17 and 27.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

## Capacity and capability

This was an unannounced risk inspection of the designated centre. This risk inspection had been triggered as a result of an outbreak of COVID-19 detected on 16th April 2021. To date, 11 residents and four staff members had tested positive for COVID-19 infection. The majority of residents that had tested positive were fully vaccinated and their symptoms were generally mild. Records seen on the inspection indicated that the provider had actively engaged with Public Health who were reviewing the outbreak.

There was a defined management structure in place with clear lines of authority and accountability. There was evidence of monthly management meetings between the registered provider representative, person in charge and nursing management. The PIC was also supported by a clinical nurse manager and a group Practice Development Officer.

There was a comprehensive contingency plan in place for COVID-19 and the provider had established links with support organisations, including Public Health and had access to national guidelines. Management liaised with the public health team on a daily basis during the ongoing outbreak and two outbreak control meetings had been held in relation to outbreak management in the centre. An infection prevention and control nurse specialist had recently attended the centre and had advised on outbreak management and infection prevention and control practices. Senior management reported that they were acting to implement the recommendations received.

Discussion with staff and review of documentation showed that COVID-19 outbreak management plans had been developed to assist in the management of outbreaks of infection at the centre. This included a plan to facilitate the isolation of any residents who become COVID positive in single rooms within a designated cohort area on the lower ground floor. Inspectors were informed that sufficient supplies of personal protective equipment (PPE) and oxygen were available. Staff were assigned to different zones within the centre and there were additional measures in place to ensure staff minimised their movements between floors in order to reduce the risk of spreading infection between units. However, the contingency plans were not adequate to ensure that night staff in the second cohort area did not care for residents both with and without COVID-19 which increased the risk of cross infection.

Inspectors were also informed that processes were in place to ensure residents were appropriately isolated on return from acute hospitals in line with HSE and HPSC COVID-19 guidelines.

There was a programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. Infection prevention and control audits covered a range of topics including adherence to physical distancing measures, hand hygiene and environmental and equipment hygiene. Management had also introduced a weekly COVID-19 audit. Weekly monitoring of key performance indicators such as falls, pressure ulcers, infection control, nutrition, discharges, use of restraints and medication management were also undertaken. Falls analysis was undertaken as part of monthly review of clinical key performance indicators.

Efforts to integrate local policies, procedures and guidelines into practice were underpinned by training. Orientation and induction was provided to all new staff members.

However inspectors found overall that the provider needed to provide greater assurances relating to the effectiveness of the controls and measures implemented to date to limit the transmission of COVID-19. Improved oversight was required by the provider to review the systems in place to assure itself that the physical environment, facilities and staff resources are managed to minimise the risk of further transmission. Action was required to ensure safe systems were in place, for example ensuring nursing staff on night duty did not have to work between positive and negative zones. On the day of inspection there was insufficient staff to provide meaningful activities for residents.

## Regulation 15: Staffing

Residents are accommodated over three floors. On the day of the inspection there were 24 residents with maximum dependency ,11 residents with high dependency care needs, 15 with medium dependency care needs and five residents with low dependency needs. There were not enough staff on duty at all times to meet the

needs of residents. For example:

- Residents with a confirmed diagnosis of COVID-19 were accommodated in two designated zones, with designated staffing during day shifts to facilitate care and minimise further spread. However during night shifts a nurse in one zone cared for residents who had tested positive for COVID-19 and residents who had not contracted the virus.
- There were no meaningful activities available for the residents as described in the centre's Statement of Purpose.

Inspectors were informed that these issues were to be addressed immediately after the inspection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provision of mandatory training was up-to-date for all staff, in key areas such as fire safety, moving and handling, safeguarding and responding to responsive behaviours. Additional training for all staff in response to the COVID-19 pandemic had also taken place. All nurses had been trained to collect a viral swab samples for testing for SARS-CoV-2, the cause of COVID-19.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents met the requirements of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Governance arrangements in place did not cover all areas of the service being provided:

- risks were not being effectively identified and managed. For example, the risk register did not include fire safety risk identified by inspectors on inspection as addressed under Regulation 28.
- The risk of residents leaving the centre un-witnessed had been identified following two separate incidents. One of the exit doors which was thought to



be a contributory factor had not be risk assessed to establish if the addition of an alarm would mitigate the risks identified.

- While efforts had been made to address a number of maintenance issues, issues were again identified similar to those identified on previous inspections indicating that they had not been fully addressed. A more robust system was required to ensure the physical environment, facilities and resources are developed and managed to minimise the risk to residents, staff and visitors acquiring a healthcare associated infection.

Audits were being carried out, but actions from audits were not being implemented, for example the falls audit did not address how identified risks were to be reduced.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required further updating to reflect recent changes in the whole time equivalent (W.T.E) following recruitment and to include details on the complaints appeals process. This document was updated and submitted after the inspection.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents' care needs were being met. However residents were not supported and encouraged to have a good quality of life, with meaningful activities which are respectful of their wishes and choices.

Inspectors identified some examples of good practice in the management of COVID-19. Transmission-based precautions were applied to all residents with confirmed or suspected COVID-19. However a number of issues which had the potential to impact on infection prevention and control measures were identified during the course of

the inspection. These findings will be further discussed under the relevant regulations.

Overall the general environment and residents' bedrooms, communal areas, toilets bathrooms, and ancillary facilities inspected appeared clean. The provider was endeavouring to improve current facilities at the centre through ongoing maintenance. However this programme was largely reactive and there was no pre planned maintenance programme in place. A number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. Facilities for and access to hand wash sinks in the areas inspected were not available to support good hand hygiene practice.

Care planning was computerised and the standard was generally good and mostly described individualised and evidence based interventions to meet the assessed needs of residents. Individual risk assessments were routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. However some care plans were generic and did not include the residents' preferences and wishes for example the COVID-19 care plans were not person centred.

The use of restrictive practices required increased monitoring as it was found that, similar to findings on the previous inspection, a large proportion of residents were using bed rails, bed bumpers and lap belts. Assessments in respect of a requirement for use of bed rails required further attention. While there was a plan in place to reduce the use of restraint, and additional equipment had been purchased, a focused quality improvement initiative was required to ensure provision of safe and effective.

Issues identified on the last inspection in relation to fire safety had been addressed. Fire drills were carried out on a regular basis. Residents had a personal evacuation plan which was accessible to staff in an emergency and all bedroom doors were fitted with adjustable self-closing devices. However further issues relating to service records and the fire drill were identified during the course of this inspection. A full fire risk assessment of the centre completed by a suitably qualified professional was required. These findings will be further discussed under regulation 28.

The provider was a pension agent for a large number of residents. The RPR provided written assurance that resident monies were safeguarded by the procedures that were in place and that the monies were maintained in a separate account to the business account. Inspectors formed the view that residents should be assisted to access advocacy to help set up their own accounts to enable them to manage their own finances.

## Regulation 11: Visits

Visiting was temporarily suspended in the centre in line with Public Health guidance due to the COVID-19 outbreak. Inspectors were informed that residents would be

facilitated with indoor visits on compassionate grounds if the need arose. There were procedures in place to protect residents and visitors and staff were familiar with the guidelines on safe visiting.

Judgment: Compliant

### Regulation 17: Premises

A number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. For example

- Some surfaces and finishings and furniture was worn and poorly maintained and as such did not facilitate effective cleaning.
- There was a limited number of dedicated clinical hand wash sinks in the centre and the available clinical hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks.
- There was inappropriate storage of medical records in the attic.

Room 317 was located at the back of a staff station. Inspectors were informed that the desk was not routinely used however inspectors observed staff members looking at tablet computers while standing at the desk. A review of the suitability of use of this bedroom was required to ensure residents privacy and dignity is maintained.

Judgment: Substantially compliant

### Regulation 27: Infection control

IPC practice in the centre was not fully in line with the national standards and other national guidance. For example;

- Bottles of hand sanitizers and soap were being refilled
- used wash-water was emptied down residents sinks and basins were rinsed in the residents sinks.
- Personal protective equipment such as gloves were used inappropriately by staff during the course of the inspection. For example gloves were not removed immediately after providing care to residents. Inspectors also observed one staff member applying alcohol hand gel to their gloves.
- Staff entering the COVID-19 cohort unit were required to dip their footwear into the disinfectant bath on entry to the centre.
- Two cleaning trolleys were visibly unclean.
- Appropriate signage was not displayed outside the rooms of all residents that had recently returned from acute hospitals or that had been newly admitted

to alert staff that transmission based precautions was required.

Judgment: Not compliant

### Regulation 28: Fire precautions

Adequate precautions had not been taken against the risk of fire or ensure that systems were in place to ensure the safe and effective evacuation of residents. Inspectors found that:

- The fire alarm panel was not accessible in all parts of the centre. Assessment of the requirement for a repeater panel given the size and layout of the building
- The fire panel did not have the correct time
- Evidence of regular servicing of the fire alarm was not available. This was submitted after the inspection
- The fire policy was not detailed or specific to the premises

While staff had good knowledge of the procedures required for evacuating residents, they were unclear as to the procedures to be followed in the early stages of a fire emergency for example the procedure for carrying out an initial sweep of the premises to identify the source of fire.

While fire instructions were displayed throughout the centre , in some cases fire plans were not displayed with the fire instructions. Additionally the fire plans did not include the location of fire fighting equipment.

Fire drill records were reviewed. Not all drill records reviewed provided assurance that staff were adequately prepared for the evacuation of the premises or to identify the need for additional fire training or revisions to the fire procedures. There was no recent fire drill of a night time scenario. A drill with night time staffing and evacuation from the largest compartment was required.

Judgment: Not compliant

### Regulation 8: Protection

Inspectors were not assured systems were in place to safeguard resident finances, as there were no records available for review on the premises and staff did not have knowledge of how residents could access their money.

Judgment: Substantially compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Our Lady's Manor Nursing Home OSV-0004632

Inspection ID: MON-0032819

Date of inspection: 30/07/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            As there was an active outbreak within the Nursing Home staff had been re-deployed to attend to residents’ personal needs. Normal staff levels have now resumed as per the Statement of Purpose.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The Risk Register has been updated to reflect the fire safety risk associated with the Fire Panel not being located at the front door. A repeater Fire Panel has been ordered and will be installed when received.</p> <p>The exit door on the lower ground floor has been risk assessed to see if the alarm is sufficient. The outcome of the assessment is that the alarm sounder should be moved to the other side of the exit door.</p> <p>The recording of maintenance work has been reviewed. Maintenance issues are on the agenda at all management meetings.</p> <p>Falls review and improvements is part of the Incident Form in the form of a Root Cause Analysis. This is completed on an individualised person-centered approach and this guides further control measures to be put in place to reduce risk and prevent further falls for the resident.</p>	



Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Another Maintenance Person has been recruited for the Summer months to repair and paint surfaces and carry out general maintenance tasks.</p> <p>The clinical sinks will be upgraded so that they meet the current IPC recommendations.</p> <p>Medical records are stored on the second floor have been removed to another locked room on the Ground Floor.</p> <p>The desk at Room 317 is being removed.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Hand sanitisers and soap dispensers will be changed to pouch systems.</p> <p>Each resident has their own individual basin. Staff have been reminded to thoroughly clean and dry both the basin and sink after use by a resident.</p> <p>Further training on PPE has been provided.</p> <p>The footbaths have been removed from the Centre.</p> <p>An audit of all trollies has been carried out and a cleaning schedule implemented.</p> <p>IPC signage has been reviewed and changed as required.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A repeater Fire Panel has been ordered and will be installed shortly. The time on the</p>	

existing Fire Panel is now correct.

The Fire Policy and its implementation is in the process of being reviewed by an external fire engineer.

The Fire Plans are being reviewed to ensure that the location of the fire fighting equipment.

Fire drills with simulated night time evacuations have been carried out and will continue to be carried out. The drills will be used to inform the need for additional fire procedures or training.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
The residents' finance records are available to view in the Centre. The Residents are provided with a monthly statement detailing what money they have on account. If residents request access to their money the Director of Nursing, CNM or the Administrator will facilitate this immediately.

The residents' pension records were reviewed by the Dept of Social Protection and found to be in compliance with the Social Welfare Regulations.

We try to limit the number of residents for whom we collect pensions. This has been reduced from nineteen to fifteen on the 1st June 2021.

## 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	10/05/2021
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	30/09/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	31/07/2021

	provided is safe, appropriate, consistent and effectively monitored.			
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	30/09/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/07/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2021
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	15/05/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire	Substantially Compliant	Yellow	15/05/2021

	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.			
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	15/05/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the	Not Compliant	Orange	30/06/2021

	event of fire are displayed in a prominent place in the designated centre.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/05/2021