



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

Issued by the Chief Inspector

Name of designated centre:	Beechwood Nursing Home
Name of provider:	Maisonbeech Limited
Address of centre:	Rathvindon, Leighlinbridge, Carlow
Type of inspection:	Unannounced
Date of inspection:	09 June 2021
Centre ID:	OSV-0000199
Fieldwork ID:	MON-0032607

About the designated centre

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

Beechwood Nursing Home is a purpose-built, single-storey residential service for male and female persons over 18 years of age and is located within close proximity to the town of Leighlinbridge and across the road from a busy arboretum. The designated centre provides accommodation for 57 residents in 57 single bedrooms. Full ensuite facilities were provided in 30 single bedrooms. Sufficient toilet and shower facilities were conveniently located throughout the centre to meet residents' needs. Accommodation for residents is provided at ground floor level throughout. The centre has a number of communal facilities including two dining rooms and three sitting rooms, one of which could be subdivided to meet residents' activity needs. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

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
Wednesday 9 June 2021	09:00hrs to 17:00hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the person in charge was very approachable, and the staff were helpful and caring. Residents welcomed the inspector into their home and were happy to chat about how they were getting on. Residents were observed carrying on with their day with minimal impact on their preferred routine. The atmosphere in the centre was relaxed and well organised on the day of the inspection. The inspector met the majority of the residents during the inspection and spoke in more detail with six residents throughout the day.

The inspector arrived at the centre in the morning and was guided through the infection prevention and control measures necessary on entering the designated centre. Signage had been placed at the entrance to the centre, which provided advice and information about COVID-19. An opening meeting was held with the person in charge (PIC). After the opening meeting, the inspector was guided on a tour of the centre by the person in charge around the premises.

The designated centre is located in close proximity to the town of Leighlinbridge and is nicely situated on its own grounds, with a car park to the front of the building. The centre was well maintained, clean and decorated to a high standard. Bedrooms were personalised with items that were meaningful to individual residents. Dementia-friendly décor and furnishings were in place to help residents navigate their surroundings as appropriate. Residents spoken with confirmed they were happy with the home environment. Some residents' were observed relaxing in their bedrooms while others were in communal sitting rooms. Residents appeared to be comfortable, staff were available throughout the day to meet their needs and call bells were observed to be within easy reach for residents who were in their bedrooms. Residents who could not communicate verbally appeared relaxed and comfortable in their surroundings. Residents which the inspector encountered were well groomed in their appearance. They commented positively on the care that they received and said that 'the staff are very dedicated and we are well looked after' or 'They are very helpful.' The inspector also saw a number of 'Thank You' cards from relatives expressing their appreciation for dedication of staff and the ongoing care of their loved ones.

A small number of residents made their way to the dining room for lunch; others had lunch in their bedrooms or the three lounge areas. The inspector observed that residents were provided with appropriate clothing protectors. Reviews of the menu choice evidenced residents were given a choice at each mealtime; this included residents who required a modified diet. Feedback from residents indicated that they were happy with the food provided in the centre. Drinks were made easily available, and staff provided assistance as necessary. The meals provided looked appetising and portion sizes were appropriate. Staff were observed providing drinks and snacks to residents at intervals throughout the day.

Dedicated activities staff were employed to coordinate activities in the centre. The

inspector found that the centre had a unique activities programme in place for residents. The programme offered a wide variety of imaginative and creative activities for residents to partake in. The enthusiastic activity coordinator informed the inspector that she invites the residents to decide what they would like to do, and then she will do her best to organise it for them. For example, the staff observed that the residents enjoyed watching the music programs or the 'Antique road show'. The activity coordinators prepared the 'Antique road Show' for residents in the centre as part of the Bealtaine festival. They brought the antiques to the centre, and residents could reminisce and enjoy the memories from the old days. Another popular session was a day with the Eurovision song contest or socially distancing concert performed by the Celtic woman singer and a traditional band. Other sessions included reindeer fight, zoo therapy, wedding session, imagination gym, prayer services, arts and crafts and music sessions with instruments. The inspector observed lots of photographs taken from regular parties from birthdays, Christmas or the St Patrick's parade. Both activity coordinators maintained individual records for each resident and could evidence benefits experienced by residents through "small victories" stories. Residents were observed enjoying arts and crafts and 'live music' on the day of the inspection. On admission, a care plan was developed for each resident to identify which activities they enjoyed and at which level they could participate. Each resident had a 'life story' completed, which staff could use when engaging in conversation with them. An individual resident record was maintained daily of activities each resident was involved in or offered to them. One-to-one activities included soft toy exercises, reminiscence or using electronic devices such as iPads for a variety of entertainment.

The inspector spoke with six members of staff, who displayed commitment and empathy towards the residents; they had good knowledge and understanding of residents' individual needs, wishes and preferences. They also showed a good understanding of safeguarding policy, recognising different types of abuse and reporting an incident of abuse. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic and two outbreaks in the centre on staff, residents and relatives. Staff said that there was a good team working and that there was effective communication between staff and management.

In summary the residents enjoyed a good quality of life and received care from committed staff. 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 the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a good service with effective governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the statement of purpose. There was a commitment to provide quality care that was

person-centred.

This was an unannounced risk inspection following a third outbreak of COVID-19 in the designated centre. The centre experienced a serious outbreak in April 2020 and the second outbreak which affected one resident and one staff member was deemed over by Public Health on 18 June 2020. The previous inspection was carried out on 17 June 2020. The centre experienced a third outbreak in December 2020 which affected three staff members and four residents, sadly one resident who had contracted the virus had died.

The centre is owned and operated by Maisonbeech Limited who is the registered provider. The company is made up of two directors. There was a clearly defined management structure with identified lines of accountability and responsibility for the service, and staff and residents were familiar with these arrangements. The person in charge was responsible for the centre's daily operation and was supported by an assistant director of nursing. The person in charge had been appointed in the role since February 2021 and demonstrated a clear understanding of their role and responsibility and a comprehensive knowledge of the residents. There were two clinical nurse managers, one in each of the centre's units/wards, who were supported by nursing, caring, housekeeping, activities and catering staff. The senior management team were supported by the administration, human resource manager, maintenance manager and accommodation manager.

Records seen on the inspection indicated that the provider had actively engaged with Public Health and had followed the advice given. As part of the centre's COVID-19 contingency planning, senior staff had developed links with the local public health team, who provided advice, and support during the recent COVID -19 outbreak. A review of the management of the outbreak had also been completed in conjunction with Public Health. A local review of outbreak management included lessons learned and ensure preparedness for any further outbreaks.

The inspector found that staff had received training appropriate to their roles including safeguarding, fire safety, infection prevention and control, and manual handling. A training schedule was in place for all newly recruited staff. Additional training such as basic life support and dementia and responsive behaviour was also available to staff. Staff had also completed infection prevention and control training, donning and doffing of personal protective equipment (PPE), hand hygiene and Infection Prevention and Control training included Breaking the Chain of Infection, Donning and Doffing of personal protective equipment and Hand Hygiene. However, the inspector found that several staff members were out-of-date in the safeguarding and fire training. This was acknowledged by the management team and the person in charge had prepared a comprehensive training plan for 2021.

A sample of staff files were reviewed. All nurse registration documentation was available. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 was in place.

There was ongoing monitoring of staff and visitors to identify signs or symptoms of COVID-19, which was documented before staff and visitors entered the building,

and there was PPE available for their use. As part of the national COVID-19 testing programme, all staff were tested for COVID-19 on a fortnightly basis. Residents and staff had accessed the COVID-19 vaccination programme with 100% uptake for residents and 96% uptake for staff.

The inspector reviewed the minutes of staff meetings and was advised the person in charge was available for staff if they had any issues or concerns. There were appropriate on-call arrangements within the centre. Staff spoken with were clear on their roles and responsibilities.

Complaints records reviewed showed that the person in charge followed up with issues raised and reported whether the complainant was satisfied with the outcome of the complaint.

Regulation 14: Persons in charge

The new person in charge was appointed to the position in February 2021. The person in charge (PIC) met the regulatory requirements for the role and had completed a post-registration management qualification. He worked full-time in the centre and demonstrated a good working knowledge of the regulations and national standards on inspection.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staffing levels to meet the needs of residents, having regard to the size and layout of the designated centre. There was a minimum of two staff nurses on duty at all times. The inspector found good levels of supervision in communal areas throughout the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was in place showing the mandatory training and relevant courses completed by staff. However, the inspector found that several staff members were falling significantly overdue the safeguarding and fire training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined roles and responsibilities set out, and staff were aware of the line management reporting protocols. The management team had oversight of the quality care being delivered to residents. They had a system and schedule in place for auditing practices, and there was clear evidence of learning and improvements being made in response to audit reports and feedback from residents. Quality indicators also confirmed that residents received a high standard of care. An annual review of the quality and safety of care delivered to residents had taken place for 2020. The inspector saw evidence that the review was completed with consultation with residents and proposed quality improvement plans.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log indicated that complaints were recorded. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. The outcome of the investigation process was communicated to complainants. The complaints policy identified the complaints officer and included an independent appeals process.

Judgment: Compliant

Quality and safety

The resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Activity provision was good, and visiting was ongoing in line with the national guidance. The inspector found good examples throughout the day of how residents were supported to attend social and recreational opportunities in a safe manner. Mass was available by video and audio link from the local church. The ministers for each religious group were available to residents and visited them required to provide emotional and spiritual support. Residents' meetings and surveys were held, which provided opportunities for residents to express their opinion and request changes.

Residents had access to local general practitioner (GP) services and to a range of allied health professionals, which had continued throughout the pandemic, with

some reviews taking place online. In addition, there were established links with a consultant geriatrician, Psychiatry of Old Age and Palliative care.

A sample of end-of-life care plans was reviewed where residents' end-of-life care wishes and preferences were recorded. The records indicated that care was provided in a professional and dignified manner. The inspector found evidence that care plans were reviewed on a four-monthly basis, reflecting residents' changing needs. Nevertheless, a number of these care plans required review to ensure that they were not generic in nature. Furthermore, some care plans were not initiated after residents admission as required in the regulation. This is addressed under Regulation 5: Individual assessment and care plan.

The centre had a restraints policy in place with a restraints register. There was low use of restraints within the centre. These were appropriately reviewed for the restraints identified on the register, ensuring that alternatives were trialed and evidenced the least restrictive option was used. Risk assessments and restraint registers were available in the centre in line with national policy.

The centre was essentially clean on visual observation, and there was evidence that the cleaning regimes had been enhanced since the COVID-19 pandemic, with high touch surfaces being cleaned more frequently. There were numerous laminated posters displayed throughout the centre to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was evidence that the supply of personal protective equipment (PPE) was monitored and that PPE dispensers were checked to ensure that they were full. Staff were observed wearing PPE correctly during the inspection. The uniform policy had been reviewed, and staff have been monitored to ensure that they no longer travel to and from work in their uniforms. The inspector saw evidence of comprehensive infection prevention and control audits and environmental walkabouts. However, some improvements were required regarding infection prevention and control practices within the centre, which is discussed under Regulation 27: Infection control.

The fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Personal emergency evacuation plans were in place for each resident and updated on a regular basis. Residents' bedrooms were fitted with self-closing devices. However, there are a number of areas of concern regarding the adequacy of fire safety precautions in the centre. This is discussed under Regulation 29: Fire precautions.

Regulation 11: Visits

Visiting arrangements were facilitated in line with HPSC guidance. Families booked in advance and went through a screening process and infection control guidelines with appropriate PPE wearing prior to visiting. The centre also facilitated visiting for compassionate reasons and window visits. In addition, residents were being

supported to maintain family links through telephone, video calling and letters.
Judgment: Compliant
Regulation 13: End of life
Residents' care plans were up-to-date regarding wishes if they became unwell due to COVID-19. There was a plan of support that reflected residents' choices and preferences for end-of-life care, including their wishes related to family contact and cultural and religious observations.
Judgment: Compliant
Regulation 17: Premises
The design and layout of the centre was suitable to meet residents' needs and the regulatory requirements. The centre was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Maintenance records for equipment, including the bedpan washer, were up-to-date.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents' mealtimes were provided in four sittings to facilitate recommended social distancing and to ensure each resident received the assistance they needed with eating. The food served was nutritious, and residents' received a choice at meal times and during the service of drinks and snacks. All residents weights were checked on a monthly basis, and weights were monitored weekly for the residents who are at high risk of malnutrition.
Judgment: Compliant
Regulation 26: Risk management
There was a risk management policy in place which met the requirements of the regulations. The centre maintained a risk register setting out hazards identified in

the centre and the control measures in place to minimise associated risk. The risk register was updated to include the risks of transmission of COVID-19.

Judgment: Compliant

Regulation 27: Infection control

The inspector acknowledged that the provider had made good efforts in respect of infection prevention and control to promote and ensure the safety of the residents living in the centre. However, the inspector observed a number of areas that required improvement, including:

- The stainless steel surfaces in the sluice rooms were stained and required a cleaning.
- Prepared spray bottles containing a chlorine solution were insufficiently labelled. The inspector was not assured that the correct procedure was followed by discarding unused solutions at the end of each day.
- The inspector observed staff who provided direct care to residents walking into the kitchen and preparing residents food without wearing appropriate attire to prevent cross-contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the fire safety arrangements in the centre were of good standards, further improvements were required as follows:

- The training records showed that a number of staff did not complete fire training since 2019.
- There were no recent fire drills to provide assurances that residents accommodated in the larger fire compartments could be evacuated safely with the current night time staffing levels. A full compartment evacuation was undertaken following the inspection with night time staffing levels which provided the necessary assurances. Ongoing fire drills of compartments are required to improve the times and efficiency of evacuations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of six resident's care records evidenced that not all care plans had been developed to guide the staff in the delivery of daily care needs in a timely manner. For example:

- The inspector noted that whilst each resident had a comprehensive assessment on admission, Care plans were not consistently developed within 48 hours of admission in line with regulatory requirements. In one case care plans were put in place 10 days after the resident's admission to the centre and on another three occasions up to 14 days post resident's admission.
- Some care plans were generic and were not developed with a focus on the individual resident. Further improvements were required to ensure that all care plans were fully person-centred and provided clear guidance to staff on the specific plan of care to meet each resident's needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to a general practitioner (GP) of choice and a variety of other professionals to support them in meeting their needs. There was evidence of consultation and participation of occupational therapist, speech and language therapist (SALT), dietitian, tissue viability nurse and community psychiatry service for residents who required specialist service. Residents' were supported to access National Screening Programme. A chiropody service was also available to residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was working towards a restraint-free environment in line with national guidance. There was a restraint register in place, which was updated and reviewed on a regular basis by the management team.

There were a number of residents living in the centre who had been diagnosed with dementia. The person in charge informed the inspector that he was actively educating the staff on how to assess the situation, the triggers, and how to prevent responsive behaviour before its escalation. The inspector reviewed three care plans for the management of the behaviour and psychological symptoms of those residents with dementia (BPSD), which were based on expert nurse review. Appropriate de-escalation techniques were described in the care plan to diffuse potentially difficult situations, ensuring that all residents were adequately protected.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in the centre. Staff were observed to communicate with residents in a kind and respectful manner. Residents were offered a choice in every area of their daily lives. Residents had access to television, newspapers, radio and telephones in the centre. Advocacy services were available to residents where required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechwood Nursing Home OSV-0000199

Inspection ID: MON-0032607

Date of inspection: 09/06/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training Audit done on 15/06/21 and identified all the staff that needed training. Fire training has been organized for staff on 06/07/21. All staff who needs to complete training on safeguarding were notified to complete the training online by 15/07/21. Staff were also notified, if they need to complete any other training online. Management of Dementia and challenging behavior training is ongoing. A follow up of the training audit will be done by second week of August to ensure the trainings are UpToDate.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>New racks with spill trays were installed in the Sluice rooms on 28/06/21 to avoid dripping on to the stainless-steel surface. The sluice room is cleaned every day and is deep cleaned once every month. A record of same is maintained by the accommodation manager. Introduced a checklist on 1/07/21 for the preparation of disinfectants on which the cleaning staff is signing, when they prepare it and while they discard them each day. Staff has been advised not to enter into the kitchen without wearing appropriate attire through staff communication book. The cook and kitchen assistants are only allowed into the kitchen. The accommodation manager is to check the adherence with the same.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire training was organized for staff on 06/07/21 followed by a fire evacuation drill. Ongoing fire drills with night time staffing levels are scheduled to be done once in each month for the next 6 months, until December and thereafter once every 2 months.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All the care plans are being reviewed since the inspection. The CNM's will be responsible to ensure that all the nurses complete all the assessments and an initial care plan of newly admitted residents within 48 hrs from their admission in future. It has been added to the admission check list to ensure the adherence. All newly admitted residents care plans were completed and personalized by 26/06/21.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/08/2021
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.	Substantially Compliant	Yellow	01/07/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures,	Substantially Compliant	Yellow	27/09/2021

	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	27/09/2021
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	05/07/2021
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	30/08/2021

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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