Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 8
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	18 March 2021
Centre ID:	OSV-0005830
Fieldwork ID:	MON-0028042

About the designated centre

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

DC8 is a designated centre operated by Stewarts Care Limited and registered to provide full-time support for up to four adults with intellectual disabilities. The designated centre is located in a congregated setting in South County Dublin. The centre comprises a two storey building which is divided into four single occupancy living spaces. Each resident is afforded their own bedroom, living room/dining area, a separate kitchen and bathroom/shower facility. The centre is staffed by a team of nurses, care assistants and day service staff and has a full time person in charge. Residents living in this centre have access to clinical services such as psychiatry, psychology, occupational therapy, speech and language therapy, social work and physiotherapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 18 March 2021	09:30hrs to 15:45hrs	Ann-Marie O'Neill	Lead
Thursday 18 March 2021	09:30hrs to 15:45hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, inspectors carried out the inspection mostly from a room located within the designated centre. Inspectors ensured physical distancing measures and use of personal protective equipment (PPE) was implemented throughout the course of the inspection and during interactions with residents and staff. During the course of the inspection, inspectors visited each single occupancy living unit in the centre, for a period of time, to meet with residents and staff. At the time of inspection, one living unit was vacant.

Some residents were unable to provide their views of the service, in this instance an inspector observed the resident in their home and observed them to appear calm and relaxed eating breakfast while watching TV. Staff supporting the resident informed the inspector about the resident's needs, interests and how they had made some arrangements to their living area to provide them with enhanced sensory supports. These included the provision of a sensory area within the resident's apartment which the resident liked to use during the day. A bath was also available for the resident to use which staff told the inspector the resident enjoyed a lot and helped with their sensory support needs also.

The inspector noted the resident's living area was clean and decorated in line with their assessed needs and preferences. Some homely touches were also visible in the premises, for example paintings on the walls in the hall and comfortable seating in the living room. While it was demonstrated the resident's living area suited their needs some further refurbishment works were required, in particular to the garden space to ensure it was a pleasant and usable space for the resident to access and enjoy.

An inspector met a resident in another residential living unit in the centre. They greeted the inspector briefly. The inspector respected the resident's wishes to not engage in a conversation about the service they received. The resident also appeared calm and content in their home. They were observed watching TV and had just had their breakfast.

The inspector noted some aspects of their home required improvement to ensure it was at the most optimum standard to meet the assessed needs of the resident and to take into consideration their behaviour support need requirements. Areas throughout the resident's living space required repainting and some furniture required repair or replacing. The person in charge had however, assessed the resident's environment and had made arrangements to source specific custom made furniture for the resident and had also discussed the colour scheme the resident wished to have in their home. The inspector also observed the resident's garden/patio area and it too required enhancement to ensure it was a pleasant and usable space for the resident to enjoy.

The third residential living area visited by an inspector was found to be comfortable

and decorated to reflect the residents likes and dislikes. There were pictures of the resident's family displayed and the resident chatted to the inspector explaining who the people in the photographs were. The resident showed the inspector their bedroom and proudly displayed items of particular importance to them such as posters of Disney characters and particular singers the resident liked.

The inspector observed that the resident seemed relaxed and happy in the company of staff and that staff were respectful towards the resident through positive, mindful and caring interactions. This resident appeared to be content and familiar with their environment. On observing the resident interacting and engaging with staff, it was obvious that staff clearly interpreted what was being communicated. During conversations between the inspector and the resident, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident.

In summary, based on the feedback from residents and what inspectors observed, residents living in this designated centre were experiencing a reasonably good quality of care. It was evident however, that the centre had not received adequate operational management oversight in recent months. There was evidence to demonstrate improvements in the governance and oversight arrangements for the centre were required to ensure staff were appropriately supervised and supported to carry out their roles and duties.

It was however, recognised that the provider had put arrangements in place to strengthen the governance arrangements in the centre by appointing a full-time person in charge and also an additional clinical nurse manager to the centre a few weeks prior to the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall, inspectors found the provider had implemented their compliance improvement plan which was aligned to a restrictive condition of their registration. The purpose of the plan was to improve the compliance within the centre by implementing an improvement plan linked to a number of regulations.

This inspection found reasonable levels of compliance in the regulations reviewed on this inspection. However, further improvements were required to ensure effective and consistent governance and management oversight arrangements were in place to monitor the quality of supports for residents and the effective support and supervision of staff.

The centre was registered in October 2019 for four residents with a restrictive condition placed on the registration linked to the provider's centre improvement plan. As discussed, the provider had met the matters of the restrictive condition and improved compliance was found on this inspection. However, further improvements were required.

In the months leading up to the inspection the post of the person in charge had been vacant. During that time a senior manager provided management oversight of the centre on behalf of the provider. While this arrangement had provided governance oversight of the centre, it had not ensured the quality and safety of care in the centre was monitored in an effective manner.

Some inspection findings were directly attributable to the absence of an on-site manager and it was found the provider had not effectively implemented some provider-led governance oversight arrangements during this absence.

For example, while the provider had completed an annual report for the centre in 2020, only one six-monthly provider led audit had taken place in August 2020 with no additional such audit carried out during the time when there was no person in charge of the centre. In addition, inspectors found there was an absence of ongoing operational management auditing systems which would be implemented by a person in charge or manager for the centre.

It was however, recognised that the provider had made arrangements to appoint an appropriately experienced and qualified person in charge for the centre. They had taken up the position two weeks prior to the inspection. In addition it was also noted a clinical nurse manager 1 (CNM1) had also been appointed to the centre and would form part of the operational management of the centre. This was a comprehensive initiative by the provider and would strengthen and improve the governance and oversight arrangements to a good standard going forward.

The staff team consisted of nurses and health care assistants. While staff had received mandatory training as required by the regulations, there were some gaps in refresher training provided for staff.

Staff supervision arrangements required considerable improvement. On review of supervision records for staff it was noted some staff had not received a supervision meeting with their manager, in other instances staff had not received a supervision meeting since 2019. Overall, this required significant improvement in order to come into compliance with the regulations and to ensure staff were appropriately supported, supervised and managed on a consistent basis.

Inspectors reviewed schedule 5 policies maintained in the centre, it was noted improvements were required in order to ensure staff were provided with up-to-date policies and procedures. While a folder of schedule 5 policies and procedures were maintained in the centre it was noted all of these policies were out-of-date and revised and updated policies had not been made available for staff.

The person in charge maintained a planned and actual staff roster. On review of the roster it was demonstrated overall staffing whole-time-equivalents met those as set

out in the provider's statement of purpose for the centre. A high staff to resident ratio was maintained in the centre with residents afforded two staff each during the day and one waking night staff in each residential unit at night time.

A sample of Schedule 2 staff files were reviewed on inspection. While they were found to meet most of the matters as required by Schedule 2 of the regulations, one staff file did contain a full employment history with information provided where there were employment history gaps.

An up-to-date insurance record was maintained in the centre.

Regulation 14: Persons in charge

The provider had made arrangements to appoint a suitably experienced and qualified person in charge for the centre.

The person in charge worked full-time in their role.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual roster was maintained in the centre. Overall, it was demonstrated the provider had ensured staffing whole-time-equivalent resources for the centre met those as set out in their statement of purpose.

A review of a small sample of staff files found overall they met the requirements of Schedule 2. However, one file did not not provide a full and complete employment history with information provided where there were employment gaps.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Some gaps in refresher training were noted and required improvement.

Staff working in this centre had not been provided with appropriate supervision arrangements. Significant improvements were required to ensure staff received supervision and support by their manager on a regular basis and in line with the provider's supervision policies and procedures.

Judgment: Not compliant

Regulation 22: Insurance

The provider had ensured an up-to-date insurance certificate was in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured adequate governance and management oversight arrangements in this centre for a period of months prior to the inspection.

Six-monthly provider led audits of the quality and safety of the service had not been carried out in the centre during the time when there was no person in charge appointed to the centre with the most recent audit dated August 2020.

There was an absence of operational day-to-day management auditing and oversight systems in place.

Staff working in the centre had not received appropriate supervision for a considerable period of time.

The provider had completed an annual report for the centre for 2020.

Judgment: Not compliant

Regulation 4: Written policies and procedures

While a folder of Schedule 5 policies and procedures were maintained in the centre all such policies were found to be out-of-date.

Arrangements to ensure up-to-date Schedule 5 policies were available to staff required improvement.

Judgment: Not compliant

Quality and safety

For the most part inspector's found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident from speaking with staff and reviewing documents that staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet their needs. Care and support provided to residents was of good quality. Despite the fact that the person in charge was only in post approximately two weeks, they were knowledgeable about the residents and had plans in place to improve the living environment for residents.

Appropriate healthcare was made available to residents having regard to their personal plan. Plans were reviewed in line with the residents assessed needs and required supports. Overall, care plans were reviewed regularly and up-to-date however, the inspector found that the plans reviewed were due for review. This was discussed with the newly appointed person in charge and clinical nurse manager (CNM) who had identified this as an issue to be prioritised.

Residents' healthcare plans demonstrated that each resident had access to appropriate allied health professionals such as psychiatry and dietitian and included access to their general practitioner (GP). During the COVID-19 health pandemic, systems were in place to ensure GP visits or appointments were in line with public health guidelines which promoted the safety and wellbeing of the residents.

Overall, the provider promoted the rights of residents in relation to making choices around their care and support. The inspector saw that the provider had put in place systems to support residents to make choices about their daily lives and where supports were required inspectors found that these supports were in place.

For example one resident was observed going out for a drive in the centres bus which is what they liked to do. During the earlier part of the public health restrictions, the resident did not have access to transport and this had only recently been reinstated, the resident was observed to be very happy on the morning of the inspection when they were going out. Residents had recently received their COVID-19 vaccine and the recently appointed clinical nurse manager discussed how desensitisation and support planning was put in place prior to the vaccine being administered, to support residents during this process.

Staff encouraged residents to maintain contact with their families on a regular basis for example one resident video called their family member every Friday and another resident had weekly visits from their mother.

The provider had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, did so in line with each resident's personal plan and in a manner that respected each resident's privacy and dignity. One resident spoken with said they felt safe in the centre, knows everybody, and were observed

to interact with staff in a very positive familiar manner.

Prior to the inspection the Chief Inspector had been notified that a resident had left the centre without the knowledge of staff, the inspector spoke with staff and the person in charge and found that the provider was carrying out a full investigation. One of the inspectors reviewed the safeguarding and risk action plan and saw that the action plan was comprehensive and identified immediate risks and all immediate risk had been addressed. For example, the key to the locked fire door had been misplaced, staff on shift now have a master key and they keep the key on their person.

The centre comprised of four individual apartments only three of which were occupied at the time of the inspection. Inspectors found two of the occupied apartments to be homely, warm and comfortable and they were decorated to include resident's preferred colour schemes, likes and dislikes. The other apartment required some update to ensure it met the needs of the resident, the person in charge discussed her plans to update this apartment during the inspection.

The person in charge and CNM1 had reviewed and updated the risk register for the centre. There was evidence of the provider's risk management policy and procedures being implemented in the centre.

Individual and location risk assessments were in place to ensure the safe care and support provided to residents. However, improvements were required to ensure the person in charge was provided access to the incident and accident recording system which would support them in reviewing and monitoring incidents as they occurred which would in-turn inform risk assessment analysis and the creation of risk control measures.

Inspectors found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were contingency arrangements in place for the centre during the current pandemic. Inspectors observed the house to be clean and that cleaning records demonstrated adherence to the cleaning schedules in place. Staff who spoke with inspectors demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

COVID-19 specific audits were carried out, with the last audit having been carried out in December 2020, during the last audit the auditor identified that the COVID-19 folder required updating and there was evidence of update the last being 11 March 2021. However, from reviewing the centre's COVID-19 specific risk assessment the inspector found that while the assessment identified control measures, the person responsible for implementing and the date the action was required by the assessment did not contain sufficient centre specific information to guide staff should there be an outbreak in this centre.

Staff spoken with were familiar with the fire evacuation systems in place, fire drills had taken place the week preceding the inspection and there were dates identified for three monthly drills to be carried out. However inspectors found that not all staff had up-to-date fire training in place this required review to ensure residents could

be evacuated safely in the event of a fire.

Regulation 17: Premises

Parts of the premises required painting and one of the apartments required attention to ensure it was a homely environment for the resident living there.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge and CNM1 had reviewed and updated the risk register for the centre. There was evidence of the provider's risk management policy and procedures being implemented in the centre.

However, improvements were required to ensure the person in charge was provided access to the incident and accident recording system which would support them in reviewing and monitoring incidents as they occurred which would in-turn inform risk assessment analysis and the creation of risk control measures.

Judgment: Substantially compliant

Regulation 27: Protection against infection

From reviewing the centres COVID-19 specific risk assessment the inspector found that while the assessment identified control measures, the person responsible for implementing and the date the action was required by the assessment did not contain sufficient centre specific information to guide staff should there be an outbreak in this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place to ensure residents could be evacuated safely in the event of a fire however, records reviewed show that not all staff had up-to-date

refresher fire safety training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Individual assessments and personal care plans in place were reflective of the care requirements of residents. The information contained in the plans were sufficiently detailed so as to ensure care was delivered to residents as required. While plans were in place they require review within a short space of time.

Judgment: Compliant

Regulation 6: Health care

Each resident had access to appropriate allied health professionals such as psychiatry, dietitian and their GP so as to ensure all their healthcare needs were met.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents in this centre required support in relation to behaviours, these supports were identified in their personal plans and the plans were sufficiently detailed as to provide staff with tools to manage and support residents when this was required.

Judgment: Compliant

Regulation 8: Protection

The provider had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, did so in line with each resident's personal plan and in a manner that respected each resident's privacy and dignity. Safeguarding issues were monitored on a ongoing basis to ensure residents were safe in the centre.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 8 OSV-0005830

Inspection ID: MON-0028042

Date of inspection: 18/03/2021

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Where there were identified gaps in the documentation identified, there has been a full and complete employment history provided ensuring there are no employment gaps.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The identified gaps in refresher training have been addressed in the centre. The staff have been assigned dates for completion of their training. There is a new Person in Charge to ensure adequate governance and management oversight appointed to provide staff with appropriate supervision arrangements.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The provider has appointed an approprotiately skilled full time Person in Charge to ensure adequate governance and management oversight arrangements in the centre. The Regulation 23 audits have been reviewed and updated and adhere to the national standards.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
There is an on-going review of the policies with the Registered Provider.

As Schedule 5 policies are updated and made available, Person In Charge will ensure they are available to staff ensuring compliance.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Person In Charge supported by an internal maintenance reporting system has logged requests for improvements to be made to the Centre. All outstanding requests has been referred to Director of care for funding approval.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
All service levels and individual level risk assessments have been brought up to date. There are robust control measures in place for safeguarding concerns which were completed in April 2021. The Person in Charge has been granted full systems access and is able to audit and identify monitor incidents, trends and patterns.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
There is an individualised healthcare, infection control and updated COVID 19 contingency plan in place. Service Users have individual risk assessments identifying health care Infection control risk and control measures present.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person In Charge continues to monitor and ensure that all staff have completed their fire safety awareness training every 2 years. There is also onsite training annually and fire evacuation drill annually as per Stewarts care policy.

These points have also been discussed in supervision for Quarter 2 in April 2021. Refresher training for the outstanding staff to be completed by 30th July 2021 and ongoing follow up and review practices in place.

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/05/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/10/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/10/2021

	are clean and suitably decorated.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/10/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	31/10/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	31/10/2021

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff 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	31/05/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief	Not Compliant	Orange	31/10/2021

	inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			