



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Augustine's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	26 March 2021
Centre ID:	OSV-0000649
Fieldwork ID:	MON-0032309

About the designated centre

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

St Augustine's Community Nursing Unit is a 33 bedded community nursing unit which is under the management of the Health Service Executive (HSE). It is situated in the town of Ballina close to St. Muradech's Cathedral. Nursing care is provided to long stay and respite residents who have increasing physical frailty, some living with dementia and others requiring assistance with mental health or palliative care needs. The environment is stimulating and friendly. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their care and support. The service promotes independence, health and well being. Accommodation includes single and twin rooms. A internal courtyard garden and a further garden to the front of the building was available. A day care service is provided five days per week. Communal space is shared by day and residential residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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
Friday 26 March 2021	11:30hrs to 18:30hrs	Catherine Sweeney	Lead

What residents told us and what inspectors observed

The Inspector spoke with a number of residents on the day of inspection. Residents were overwhelmingly positive about their experience of living in St. Augustines. They spoke fondly of staff and management, explaining that they were showed kindness and respect at all times.

This inspection took place during the COVID-19 pandemic. The centre had recovered from an outbreak of COVID-19. There were no residents or staff in the centre who were COVID-19 positive on the day of inspection. Residents told the inspector that the outbreak had been very difficult for them. They stated that they found the restrictions, such as the limitations of visits, very difficult but they understood why the restrictions had been necessary. Residents told the inspector that window visits and visiting on compassionate grounds had been facilitated throughout the outbreak. There was evidence that the staff communicated well with residents throughout the outbreak. Residents were kept informed in relation to visiting restrictions and infection control practices. Residents told the inspector that they were looking forward to things getting back to normal.

Inspectors observed the residents to be comfortable and relaxed in both the communal areas of the centre and in the residents bedrooms, which had been decorated in a person-centred way, according to the residents wishes. One resident told the inspector that they could see birds in a tree just outside their bedroom window. they loved waking up to the birdsong ever morning. Residents told the inspector that they felt safe in the centre and that they would have no hesitation to inform staff of any issue or concern they may have. Residents were observed chatting and laughing with staff in a comfortable and familiar manner.

Some residents were observed mobilising independently throughout the centre on the day of inspection. Others preferred to spend time in their bedrooms where they had access to a television, radio and activities of their choice. One resident told the inspector that they were preparing to make Easter cards and to send them out to family and friends. The resident explained how staff helped them to stay connected with their family and noted that this was very important to them.

Residents were complementary of the food, stating that it was always of a high standard. Dining rooms were arranged to facilitate safe communal dining.

The centre is located close to the town of Ballina and the communal day room had views of the town from the front windows. The inspector noted that residents could observed the comings and goings of the community from the comfort of their day room. A number of residents were observed to enjoy spending time in this area of the centre.

Capacity and capability

This was an unannounced risk inspection by an inspector of social services to follow up on the action taken since the last inspections held in February and October of 2020. The centre had submitted an application to renew the registration of the centre. This application was also reviewed on this inspection.

The inspector found that significant action had been completed in the centre in line with the centre's submitted compliance plans following the last inspections. The inspector reviewed 13 regulations and found that continued improvement was required in staffing, governance and management, and fire precautions. All other regulations reviewed were found to be substantially compliant or compliant.

The provider of this centre was the Health Service Executive (HSE). Overall, the management of the centre was well organised. There was a clearly defined management structure. The management team consists of a general manager, a manager of Older Persons Services within the HSE and the person in charge. The person in charge was supported in the centre by a clinical nurse manager and a team of nurses. There were clear lines of authority and accountability. Requested information was made available to the inspector in an organised and timely manner.

The provider had management systems in place to ensure that the service was safe, appropriate, consistent and effectively managed. Regular meetings took place with the management team. The documentary record of these meetings identified issues of concern including staffing, risk management and COVID-19 contingency. The person in charge had developed an effective system of communication with all staff in the centre. Staff meetings were used to discuss audit outcomes, risk assessments, complaints and incident reviews. A daily safety pause was scheduled to discuss on-going risks and actions required.

A system of audit was in place. The audit schedule included a review of the management of the COVID-19 outbreak and had identified learning and areas of quality improvement. All audits had an identified action plan, which was allocated to an appropriate staff member and reviewed in a timely manner. An annual review of the quality of the service for 2020 was available for inspection.

There were 22 residents accommodated in the centre on the day of the inspection. While the staffing levels were adequate to meet the needs of the residents on the day of the inspection, they were not in line with the levels outlined in the statement of purpose. This meant that the centre could not be safely staffed when fully occupied. Furthermore, a day care service operated from the centre providing a service for up to nine clients was not staffed independently. Day care included meals and activities. It did not provide personal care. Although the service was suspended during the COVID-19 outbreak, staffing levels were not adequate to support this service recommencing.

The staff consisted of nurses, multi-task attendants (MTA), kitchen staff,

administration staff and maintenance. The staffing levels were supported by agency staff. The MTA's rotate duties including caring, cleaning, laundry and kitchen assistant. MTA duty was clearly identified on the daily roster.

A review of staff files found that they contained all information required under regulation, including a Garda (police) vetting certificate. All staff had received training commensurate to their role. This included the agency staff.

The centre used a paper-based documentation system to document residents nursing notes. While the records had been updated in line with regulatory requirements and to a satisfactory standard, the system posed a risk in terms of the accuracy of information available for review. For example, in one file reviewed, an out-of-date care plan detail had not been filed as a historical record and remained on the residents file, contradicting more up-to date records. This meant that the detail of the care plan was not clear or easy to follow. A review of how information was processed and updated was required.

A review of the complaints log found that complaints were managed in line with regulation 34.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted a completed application form to register 33 beds in the centre. The associated fee for the renewal of registration for this centre was also included.

To progress this application a number of assurances were required. These included

- a review of the staffing levels available to meet the needs of all residents when the centre is fully occupied, including the day care facility,
- assurance relating to the fire safety systems in the centre,
- a review of resident access to showering facilities,
- assurances relating to fire safety work completed on the fire doors in the centre.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge is a suitably qualified and experienced nurse who demonstrated a good knowledge of the needs of the residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

A review of the rosters found that the centre did not have the staffing resources in place to ensure safe staffing levels when the centre was fully occupied and the day care service had resumed. A review of staffing recruitment was required.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector reviewed the training record and found that staff had completed all mandatory training. Appropriate and up-to-date training was delivered to all staff commensurate to their role. Fire warden training was scheduled for all staff.

A review of staff files found that an appropriate staff induction was in place for all newly recruited staff. Staff were well supported and supervised by the management team.

Judgment: Compliant

Regulation 21: Records

A review of the nursing documentation system was required to ensure all relevant information relation to a residents individual assessment and care plans is up to date.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management in the centre was generally well organised, with systems in place to enhance effective monitoring of the service, and effective staff communication. However, improvement was required in relation to

- staffing
- providing assurance of fire safety systems
- provision of bathroom access when centre is at full occupancy
- maintenance of the premises

- nursing documentation system.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre had robust policies and procedures in place to manage complaints. The complaints procedure was displayed in the communal area of the centre. A review of the complaints log found that the staff documented every dissatisfaction with the service, investigated each complaint. A plan was put in place to resolve issues to the satisfaction of the complainant. Each complaint was documented in line with the requirements under regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents were found to received a high standard of health and social care. A review of the documented assessments and care plans for each resident reflected the care received by residents observed by the inspectors on the day of the inspection. Care plans were appropriate, detailed and person-centred. Residents had unrestricted access to a doctor of their choice, and were supported by a team of allied health care professionals.

Residents told the inspector that their rights were respected in the centre. Staff were observed to talk to residents in a kind and respectful manner. Staff was seen knocking on residents doors before entering. Residents were discreetly asked for consent prior to every every care intervention observed by inspectors.

A review of the residents meeting notes found that residents were actively involved in decisions made in relation to changes in the centre. Issues such as Infection control, COVID-19, hand hygiene, visiting and complaints were discussed at the residents meetings. Concerns or complaints arising in the residents meetings were documented in the complaints log and addressed to the satisfaction of the complainant.

There was a system in place to manage identified risks. Interventions to control risks in the centre were communicated to all staff.

The centre had recovered from an outbreak of COVID-19 which occurred in November 2020. A COVID-19 contingency plan remained in place, updated with learning identified from the outbreak. The staffing remained allocated to two zones within the centre. A daily allocation sheet was in place for staffing, cleaning and

activities.

There was a screening system, including temperature recording, symptom check and hand hygiene gels in place for all staff and visitors to the centre. The system was monitored by the person in charge and the clinical nurse manager. Visiting facilities had been organised in the oratory, located at the entrance of the building. The centre was visibly clean on the day of inspection.

The inspector found on-going non-compliance in fire precautions. Some findings from previous inspections had been addressed. For example, the inspector observed that some work had been completed on the fire doors in the centre. The fire safety systems in the centre, including the fire fighting equipment, had been serviced and certificates were made available for review. All staff had received fire safety training and fire warden training had been scheduled for all staff. The inspector reviewed the records of the fire drills. The drills were detailed and timings of each drill had been recorded, however, the drills did not document the evacuation of a full compartment, as the compartment boundaries had yet to be clarified. This meant that staff were unclear as to where residents should be safely transferred to, during an evacuation. A number of fire safety assurances had been requested from the provider following the last two inspections. While a fire safety review had been submitted to the Chief inspector in January 2021, it did not contain the information required to provide assurance of resident safety in the event of a fire in the centre.

The centre was observed to be warm and comfortable on the day of inspection. The building was in a satisfactory state of repair. There was a maintenance plan in place to paint some areas of the centre. The planned colours on the walls in the dining room, day room and internal court-yard area had been discussed and agreed at a residents forum. A review of the roof was required to ensure that it was intact.

Residents bedrooms were found to be compact but well organised. Residents stated that they found their rooms manageable and that they felt that they had plenty of space. Each bedroom had an integrated hoist to facilitate the accommodation of residents with complex mobility needs. A review of the number of showers available to the residents was required to enhance resident choice in relation to their personal care needs.

Regulation 17: Premises

The centre had one double bedroom with en-suite shower facilities. The remaining bedrooms, accommodating 31 residents shared two showers and one bathroom. This meant that access to showers was not equitable. A review of the residents ability to access a shower in a timely manner was required to ensure that residents care needs could be met when the centre returned to full occupancy.

The inspector found a number of areas with stains on the ceiling which may have indicated a leak. A review of the roof was required to ensure that the roof was in a

good state of repair.

Judgment: Substantially compliant

Regulation 26: Risk management

A review of the risk policy and the risk register found that risk was well management in the centre. Hazards were appropriately identified and controls were in place to manage the identified risks. Non-compliance's found on previous inspections had been added to the risk register and a plan to address the non-compliance had been documented.

Judgment: Compliant

Regulation 27: Infection control

The provider had systems in place to ensure that the centre had infection prevention and control procedures that were in line with the national guidelines, including a on-going COVID-19 contingency plan.

Judgment: Compliant

Regulation 28: Fire precautions

Following the last two inspections, a number of requested assurances relating to fire safety issues in the centre remained outstanding. The issues include

- a fire risk assessment, identifying and risk rating any fire safety risks within the centre, and the action required to reduce or eliminate the risk,
- an updated progress report on the works completed on the fire doors,
- a detailed fire plan identifying the compartment boundaries within the centre,
- documented fire drill records demonstrating compartment evacuation in a timely manner, using night time staffing levels.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents files found that each residents had a comprehensive assessment of their care needs assessed. Care plans reviewed were informed by the assessments. Care plans were detailed and person-centred.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a doctor of their choice. Allied health care professionals such as dietitian, speech and language therapist, psychiatry of later life and palliative care were also available to the residents. Recommendations from the allied health care team were documented in the residents notes and integrated into the residents care plan.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to an independent advocate. Contact details of an advocacy service was displayed prominently around the centre. Residents had access to television, radio and local and national newspapers and were facilitated to attend religious services on-line.

An activities schedule was in place. Activities and social engagement was facilitated by an MTA, allocated to activities, and day room supervision, on a daily basis.

A review of residents' access to showering facilities was required to ensure that all residents had access to facilities to meet their personal care needs.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Augustine's Community Nursing Unit OSV-0000649

Inspection ID: MON-0032309

Date of inspection: 26/03/2021

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 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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Staff/Resident ratios are calculated on a standard norm per bed and skill mix between nursing and HCA. Bed occupancy is related to the number staff available to the roster All vacant posts have been identified, all are approved for replacement and recruitment is in progress.</p> <p>This unit was refurbished in 2015 in line with the then National Quality standards for residential care settings at a ratio of 1 assisted bathroom/shower to 11 residents. At present we feel we are conforming to regulation 17(2) schedule 6 in regards to providing a sufficient number of assisted bathrooms/showers to meet the needs of our current residents. We are satisfied that the operational plan for bathing can satisfactorily achieve the bathing of all residents within an acceptable timeframe at full occupancy. There have been no complaints or incidents around the bathing/showering of residents. We will continue to review this situation as new residents are admitted</p> <p>Fire drill records were reviewed and amended to include clear instruction on compartments. Fire Evacuations have been carried out in the largest compartment using Night duty staffing levels. The issues with the Addressable Fire Alarm System have now been resolved</p> <p>Works are completed on the fire doors and certificate of completion available in the unit.</p>	
Regulation 15: Staffing	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staff/Resident ratios are calculated on a standard norm per bed and skill mix between nursing and HCA. Bed occupancy is related to the number staff available to the roster All vacant posts have been identified, all are approved for replacement and recruitment is in progress. Staffing Levels are appropriate for current occupancy of 22, occupancy will increase when staff return from leave based on the standard norms</p> <p>Please be assured that admissions and occupancy are based on safe standard levels of staffing. No admissions will take place unless staff are in place either through returning from leave or via recruitment process</p> <p>There is no plan to open Daycare at this present time, if this becomes an option in the future we will submit a plan to HIQA to ensure you are assured that compliance is met.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Protected time is now in place for staff to carry out regular reviews of each DML ensuring all are up to date and obsolete documents are filed appropriately.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Staff/Resident ratios are calculated on a standard norm per bed and skill mix between nursing and HCA .Bed occupancy is related to the number staff available to the roster All vacant posts have been identified, all are approved for replacement and recruitment is in progress.</p> <p>Fire drill records were reviewed and amended to include clear instruction on compartments. Fire Evacuations have been carried out in the largest compartment using Night duty staffing levels. The issues with the Addressable Fire Alarm System have now been resolved</p> <p>This unit was refurbished in 2015 in line with the then National Quality standards for residential care settings at a ratio of 1 assisted bathroom/shower to 11 residents. At</p>	

present we feel we are conforming to regulation 17(2) schedule 6 in regards to providing a sufficient number of assisted bathrooms/showers to meet the needs of our current residents. We are satisfied that the operational plan for bathing can satisfactorily achieve the bathing of all residents within an acceptable timeframe at full occupancy. There have been no complaints or incidents around the bathing/showering of residents. We will continue to review this situation as new residents are admitted

It is noted that there has been remedial repairs done to the roof, and what is required is a survey of the whole roof structure. A submission is to be made to estates by end of the May 2021 in relation to this

Protected time is now in place for staff to carry out regular reviews of each DML ensuring all are up to date and obsolete documents are filed appropriately

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: All maintenance issues are reported to maintenance and responded to in a timely manner. It is noted that there has been remedial repairs done to the roof, and what is required is a survey of the whole roof structure. A Minor Capital submission is to be made to estates by end of the May 2021 in relation to this

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Documented Fire drills demonstrating compartment evacuation out in the largest compartment using Night duty staffing levels are available for inspection. They are running weekly at present.
A detailed fire plan identifying compartment boundaries is now available in the unit Works have been completed on the fire doors and completion report is now available in the unit and was submitted to HIQA for review.
A Fire risk assessment was carried out by the HSE Fire officer and submitted to HIQA for review. Any Actions from the assessment will be completed by 29/10/2021

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: This unit was refurbished in 2015 in line with the then National Quality standards for residential care settings at a ratio of 1 assisted bathroom/shower to 11 residents. At present we feel we are conforming to regulation 17(2) schedule 6 in regards to providing a sufficient number of assisted bathrooms/showers to meet the needs of our current residents. We are satisfied that the operational plan for bathing can satisfactorily achieve the bathing of all residents within an acceptable timeframe. There have been no complaints or incidents around the bathing/showering of residents. We will continue to review this situation as new residents are admitted.</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
Registration Regulation 4 (2) (b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who participates or will	Substantially Compliant	Yellow	30/06/2021

	participate in the management of the designated centre.			
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.	Not Compliant	Orange	29/06/2021
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	31/12/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	10/05/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	10/05/2021
Regulation 23(c)	The registered provider shall	Not Compliant	Yellow	30/06/2021

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	29/10/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Yellow	30/06/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	10/05/2021