



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

Issued by the Chief Inspector

Name of designated centre:	Garbally View Nursing Home
Name of provider:	Tony Whyte T/A Garbally View N.H
Address of centre:	Brackernagh, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	01 June 2021
Centre ID:	OSV-0000343
Fieldwork ID:	MON-0033139

About the designated centre

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

Garbally View nursing home is a single storey building developed from a family home in 1992. Garbally View is situated in the relatively busy town of Ballinasloe. The nursing home is located near restaurants, hotels, pubs, libraries and community halls. The centre has secure landscaped gardens that are fully accessible to residents. Garbally View can accommodate up to 36 residents in both single and double rooms. The centre caters for all residents over the age of 18 years for short or long term care. The centre provides care for residents who have assessed as having low, medium, high or maximum care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 1 June 2021	09:00hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection. The overall feedback from residents was that the staff were very kind, that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic.

Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and the centre had remained free of the COVID-19 virus.

The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

On the morning of inspection, some residents were up and about, some were relaxing in the day room areas, others were having their breakfasts in the dining room, some were having breakfast in their bedrooms and other residents were still in bed. A number of residents were viewing the daily mass which was broadcast on the television in the main day room and others were viewing the mass on televisions in their own bedrooms. Residents spoken with told the inspector how they enjoyed viewing the daily mass on television and reading the daily newspapers which were delivered each morning.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There was an activities coordinator on duty who was seen to encourage participation and stimulate conversation. Residents told the inspector how they enjoyed a range of activities particularly bingo, reminiscence, exercise classes, live music and sing songs. Some residents spoke of enjoying a recent day trip to Clonfert, a local religious shire where pilgrimages visit especially during the month of May. They stated that they were looking forward to the local priest returning to celebrate mass in the centre and to the live music session as musicians were due to visit and play outside. During the afternoon, the inspector observed residents reciting the Angelus prayers and enjoying partaking in an exercise activity.

The observation and interaction between residents and staff was positive, engaging, patient and kind. Staff had strived to ensure that the normal routines and schedules of the centre had been disrupted as little as possible while trying to maintain social distancing in line with public health guidelines. There was an obvious, familiar and

comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Residents spoke of their delight that visits to the centre had been eased in line with government guidance. While window visits had been facilitated throughout the pandemic, visits were now taking place indoors. Residents could now meet with their visitors in a large bright reception area and could also meet with visitors in private. Residents commented that they were satisfied and happy with the arrangements and confirmed that they had received recent visits and that other visits were scheduled. The inspector saw that each resident had a documented visiting plan in place.

Residents had access to the enclosed well maintained garden areas. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air. During the afternoon, the inspector observed that several residents were supported to go for walks outside.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. The inspector observed that a variety of snacks and drinks were offered between meals times which included home baked breads and cakes. The inspector noted that modified diets were attractively presented. Residents were appropriately supported at mealtimes to eat at their own pace and were served in accordance with their choices.

The building was found to be warm, comfortably decorated and visibly clean. All accommodation for residents was provided on the ground floor. Residents were accommodated in 10 single and 13 twin bedrooms. Some bedrooms had en suite toilet and shower facilities. There were three assisted shower rooms and a specialised bath for residents who did not have en suite shower facilities. There was a variety of communal day spaces including day rooms, dining room, conservatory, large reception area, smoking room, hair dressing room and visitors room. There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around the centre. Grab-rails and handrails were provided to bathrooms and corridors. Residents were observed to be moving about as they wished within the centre.

Residents spoken with told the inspector how they liked their bedrooms as they were bright, clean and comfortable. The inspector observed that there were televisions in bedrooms and many residents had personalised their bedrooms with their own family photographs, ornaments, furniture and plants.

Overall the general environment, residents' bedrooms, communal areas, toilets, shower rooms, laundry and sluice facilities were found to be visibly clean. Arrangements were in place for the laundering of residents personal clothing and systems were in place for the safe return of laundered clothing to residents. The laundering of bed linen was outsourced to an external launderette.

Staff had access to clinical hand wash sinks which had been installed following the last inspection. In addition there were wall mounted hand sanitizing dispensers at

the entrance to the centre, on the corridors and in the communal areas, these were seen to be used throughout the inspection by 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

This inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- to follow up on non-compliance's identified at the last inspection
- to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Tony Whyte Partnership trading as Garbally View Nursing Home. It is a family run business with family members having key roles in the management and oversight of the business.

There was a full-time person in charge who was supported in her role by the operations manager, clinical nurse manager (CNM) and other staff members including nurses, carers, activities coordinators, housekeeping, catering and maintenance staff. The CNM deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

The management team met each other, residents and staff on a daily basis. The team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. They were positive in attitude and demonstrated a willingness to comply with the regulations.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre free of COVID-19.

This centre had a good history of compliance with the regulations. Issues identified at the last inspection dated November 2019 had been largely addressed, additional shower rooms and clinical wash hand sinks had been provided and the dining room had been extended. Extensive structural works had been carried out in order to address fire safety issues and comply with Condition 4 attached to the registration

certificate, however, a fire safety certificate of compliance had yet to be submitted to the Chief Inspector.

On the day of inspection, the staffing numbers and skill mix were in line with that set out in the statement of purpose. The management team ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had completed all mandatory training.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. There was an audit schedule in place and feedback was sought from residents and families to improve practice and service provision. The management team had continued to evaluate its compliance with relevant standards and regulations and bring about improvements. The management team met regularly to discuss and review the quality and safety of care in the centre.

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

Regulation 15: Staffing

On the day of inspection, there was one nurse and four care assistants on duty throughout the day and evening, one nurse and three care assistants on duty until 22.00 hours and one nurse and two care assistants on duty at night time. The staffing compliment also included laundry, cleaning, catering, activities coordinator and maintenance staff. The person in charge and operations manager worked full-time and were normally on duty during the weekdays. The clinical nurse manager (CNM) also worked evenings and weekends to supervise the delivery of care. The person in charge and operations manager confirmed that staffing levels and work organisation will be kept under constant review having regards to the needs of residents to ensure appropriate and suitable staffing levels are provided.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix reviewed identified that staff had completed all mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. All nursing staff had completed recent medicines management, wound care and nutritional care training. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

The management team had systems in place to ensure oversight of the quality and safety of care in the centre. The management team met regularly to discuss and review key performance indicators including falls, pressure ulcers, wounds, restraint, weight loss, nutrition, complaints and medication errors. An annual review on the quality and safety of care had been completed for 2020 and had identified areas for improvement for 2021. Regular audits and analysis were carried out in areas such as infection prevention and control, hand hygiene and falls. There had been a review and analysis on the effectiveness of their COVID-19 preparedness and contingency plan. Areas for improvement had been identified and been acted upon.

There was evidence of on-going communication and consultation with residents and families. A dedicated 'What's app' had been set up to support communication with families during the pandemic. Weekly meetings were held with residents to discuss the quality of the service provided. Residents could raise any issues of concern and staff used the opportunity to keep residents up-to-date and informed regarding upcoming events, visiting arrangements and to discuss issues such as fire safety and evacuation.

While extensive structural works had been carried out in order to address fire safety issues and to comply with Condition 4 attached to the registration certificate, a fire safety certificate of compliance had yet to be submitted to the Chief Inspector.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving

complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in prominent locations in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

There were no open complaints at the time of inspection.

All complaints were reviewed by the person in charge and discussed at the management meetings.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. 'Key to me' life stories were in place for residents which outlined their individual preferences and interests. There was a range of activities taking place including day trips and regular visits from musicians.

Residents' religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the television, by video links to local churches and receive Holy Communion from a Eucharistic minister. Residents continued to recite the angelus and rosary each day. The local priest had been contacted with a view to returning to celebrate mass in the centre.

Infection control practices were of a good standard. The premises and equipment used by residents appeared visibly clean. The person in charge had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene. All staff had completed training in infection prevention and control, hand hygiene and the use of personal protective equipment.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. Staff spoken with and the management team confirmed that all staff had completed specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Nursing documentation reviewed, indicated that residents needs had been assessed using validated tools and that care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided assurances that a high standard of nursing care was provided to the residents. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. Care plans were individualised, person centred and informative.

The majority of staff and residents had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Infection control practices were generally of a good standard. The premises and equipment used by residents appeared visibly clean. However, a small number of number of chairs, foot plates and cushions showed signs of wear and tear which had the potential to impact on effective infection prevention and control. These are discussed further under regulation 27: Infection prevention and control. The person in charge had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene. All staff had completed training in infection prevention and control and hand hygiene. Nursing management supervised staff to ensure that training was implemented in practice. Staff had access to appropriate hand-washing facilities, two clinical wash hand basins had been provided to the bedroom corridor areas since the last inspection. During the inspection staff were observed to be wearing surgical face masks as per the relevant guidance and further training was taking place on the day of inspection by an external trainer in relation to the correct use of the FFp2 type face masks.

The management team demonstrated good fire safety awareness. Extensive structural works had been carried out since the last inspection in order to address fire safety issues and to reduce the size of individual fire compartments, however, a fire safety certificate of compliance for this work had yet to be submitted to the Chief Inspector. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. Regular fire drills had been completed including the simulation of night time scenarios. Fire drills had been discussed with residents and a recent demonstration of evacuation had taken place to reassure residents. While fire drills had been completed and learning and discussion had taken place, further improvement was required to the recorded evacuation times from each compartment. These issues are discussed further under Regulation 28: Fire Precautions.

Regulation 11: Visits

Visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents. Visits were facilitated seven days a week. All visits were being risk assessed and each resident had a visiting plan in place. Families had been updated regarding the latest visiting arrangements.

Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

Regulation 17: Premises

Issues identified at the last inspection dated November 2019 had been largely addressed.

- Two additional shower rooms with toilets had been provided to improve privacy and dignity of residents.
- The dining room had been extended to provide additional space for residents
- Two clinical wash hand sinks had been provided for staff use in line with good practice in infection prevention and control.
- Extensive structural works had been carried out in order to address fire safety issues

Judgment: Compliant

Regulation 27: Infection control

While the building and equipment used by residents was found to be visibly clean, some coverings to chairs, foot plates and cushions showed signs of wear and tear which had the potential to impact on effective infection prevention and control as they could not be effectively cleaned and decontaminated.

The management team had identified some of these issues during a recent infection control audit and advised that they were due to be addressed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Extensive structural works had been carried out since the last inspection in order to address fire safety issues and to reduce the size of individual fire compartments. A

fire safety certificate of compliance for this work has to be submitted to the Chief Inspector to provide assurance that the the completed works have been carried out in compliance with the relevant regulations.

While fire drills had been completed, further improvement was required to the recorded evacuation times from each compartment in order to provide assurances that residents can be evacuated in a safe and timely manner.

The personal evacuation plans of residents were kept in the office, this posed a risk as they were not readily accessible to staff in the event of an emergency such as fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and nursing documentation. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents.

Each resident's needs were assessed on admission and at regular intervals thereafter. The inspector reviewed the care plans of a number of residents including end of life care, wound care, nutritionally at risk, at high risk of falls, presenting with responsive behaviour, with restraint measures in place and with specific care requirements. Care plans were maintained under regular review, and the sample reviewed by the inspector provided good assurances that a high standard of nursing care was provided to the residents. The care plans of current residents were up to date and contained all of the information required to guide care.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry of later life, dietetics, occupational therapy and physiotherapy. Residents that required assistive devices and equipment to enhance their quality of life were assessed and appropriate equipment provided.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition needs were met. Residents at risk of impaired

skin integrity had specialised pressure relieving equipment in place and a nutritional care plan as recommended by a dietitian or GP.

Judgment: Compliant

Regulation 8: Protection

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had completed specific training in the protection of vulnerable people. The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case. Systems were in place to safeguard and protect residents finances. The provider acted as pension agent for one resident and accounts were managed in line with the Department of Social Protection guidelines.

Staff continued to promote a restraint free environment. There was one resident using bed rails at the time of inspection. The use of the bed rails had been risk assessed, a care plan was in place, resident consent and safety checks in line with national policy were documented.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

There were no restrictions on resident's movements within the centre. Residents were observed to be moving about as they wished both inside and outside the centre. There was a variety of communal day spaces where residents could sit and relax.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) was displayed in the centre.

The hairdresser continued to visit on a fortnightly basis and residents told the inspector how they enjoyed having their hair done.

Residents continued to be kept informed and consulted in the running of the centre. There were regular resident meetings, minutes of meetings were recorded. There was evidence that issues raised by residents were acted upon.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Garbally View Nursing Home OSV-0000343

Inspection ID: MON-0033139

Date of inspection: 01/06/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Our Engineer has been contacted and he is in correspondence with our Fire Officer he predicts it will take 8-10 weeks to receive our Fire Safety Certificate. We will submit this Certificate as soon as we receive same.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All chairs, cushions and footplates will be replaced or repaired to meet infection control guidelines.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>We will continue to train and up skill our staff to improve our time for evacuation.</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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/08/2021
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	26/07/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Not Compliant		16/06/2021

	reviewing fire precautions.			
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.	Not Compliant		16/06/2021
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.	Substantially Compliant	Yellow	16/06/2021