



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

## Issued by the Chief Inspector

Name of designated centre:	Valentia Hospital
Name of provider:	Valentia Community Health & Welfare Association Company Limited by Guarantee
Address of centre:	Farranreagh, Valentia Island, Kerry
Type of inspection:	Unannounced
Date of inspection:	22 June 2021
Centre ID:	OSV-0000571
Fieldwork ID:	MON-0033421

## About the designated centre

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

Valentia Hospital is set in a peaceful and relaxing surroundings with beautiful sea views. The Hospital consists of one story building. It has 22 bedrooms, 20 single en-suite bedrooms and two double en-suite bedrooms. Accommodation is provided for male & female residents who are usually over the age of 65 years. A day care service is also provided for the local elderly population. The hospital is a 24 hour Nurse-Led service supported by the General Practitioner. We aim to achieve person centred care by, leadership, teamwork, respect and support for each other. Prior to admission, a full consultation process is carried out with resident and/ or their representative. All admissions to Valentia Hospital are planned admissions. The assessment and care planning process in Valentia Hospital is underpinned by our person-centred ethos. All residents have an assessment of their physical, emotional, cognitive, social and spiritual needs soon after they are admitted. Each resident's activity programme is tailored to meet each person's needs and it promotes a person centred approach to the provision of meaningful activities for each resident. A full schedule of activities is provided: physical programmes, creativity sessions, beauty treatments, T.V, newspapers, music sessions and during the winter months there is card playing every Tuesday night. Facilities and arrangements are in place to provide residents with the opportunity to practice whatever faith they chose. Catholic Mass is held monthly and Holy Communion provided every Sunday. Visiting policy states that both residents and staff welcome visitors on an informal basis but to respect the privacy and dignity of all our residents, visitors are requested not to be in the dining room or dayroom during lunch time 12 midday – 2pm, and at tea-time 4.30om – 6pm, unless agreed by Nurse on duty. Visitors are asked to partake in precautionary infection control measures and adhere to the hand-washing procedures when entering and leaving the building.

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

Number of residents on the date of inspection:

23

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 22 June 2021	09:15hrs to 17:00hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

This was a pleasant and welcoming centre located in a rural community on Valentia Island in South Kerry. The inspector found that the residents were cared for by a well established staff team, who knew them well. The overall feedback from residents was that the person in charge and staff were kind and caring, and that they were very happy living in Valentia Hospital, which was homely and met their needs. The inspector met the majority of the residents during this one day inspection, and spoke in more detail with eight residents throughout the day.

On arrival to the centre, the inspector was met by a the person in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented, prior to accessing the centre. After an opening meeting, the inspector was guided on a tour of the centre. The centre was clean, homely, warm, had a good standard of decor and was very well maintained. Valentia Hospital is laid out over one floor, and the design and layout of the building supported residents to move about the centre as they wished. There were 23 residents living in the centre on the day of this inspection. On the tour of the premises the inspector was made aware that additional work to the premises had taken place since the previous inspection and a tranquility room and a hairdressing room were now available for residents. Staff took pride in the centre and worked hard to provide an environment that was relaxed and comfortable and homely.

The inspector met with residents in their bedrooms and in the communal areas. Bedroom accommodation consists of twenty single rooms and two twin rooms. Residents told the inspector that they were happy and comfortable in their rooms. Residents' bedrooms were observed to be spacious, comfortable, pleasantly decorated and had sufficient storage for residents' personal belongings. All bedrooms in the centre had access to an en suite facility, flat screen television, overhead hoist and an armchair. The inspector observed that many bedrooms were personalised and residents had been encouraged to bring in belongings and pictures from home.

There were a number of communal facilities available, including a sitting room and two dining rooms. The indoor communal spaces were large and nicely decorated, with appropriate furniture and seating available. The centre had large framed pictures in the hallways of local areas and landmarks around South Kerry, such as Valentia lighthouse, Portmagee and the Blasket Islands. On the day of inspection a staff members dog was visiting residents. The inspector was informed that this dog visited the centre a few days a week. Residents spoke very positively about the animals presence in the centre, stating that it made the centre feel more like a home.

Visiting in the centre had re-commenced and both residents and relatives spoken with were happy about this. Visiting in the centre took place seven days per week,

in line with visiting guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). The inspector met with three visitors on the day, who all described their experience of the centre in very positive terms.

To the back of the centre was a secure garden, overlooking the sea. It was well maintained with plants, a water feature and bird feeders. Residents told the inspector that they enjoyed sitting out during the fine weather and garden furniture was available for their comfort. On the day of this inspection residents were observed going for walks outside, independently or supported by staff, and receiving visitors outdoors also. It was a pleasant space, with attractive landscaping and planting.

The inspector observed that there was an activities schedule on display in the centre, however, this was not reflective of activities taking place on the day of inspection. For example on the day of inspection the schedule stated that there was a bingo session on in the evening, however, this did not take place. The inspector was informed that there was an activities coordinator rostered three days per week and access to activities was limited on the other four days. In the absence of a dedicated staff member to coordinate an activity, there was little stimulation for the residents and opportunities for social engagement. This is discussed further under Regulation 9.

The centre was exceptionally clean and there were effective systems in place to monitor cleaning practices. Cleaning staff spoken with were knowledgeable regarding procedures and systems in place to minimise infection transmission. The inspector observed good infection control practices during the inspection. Staff were maintaining social distancing and there were complaint with hand hygiene and in the wearing of face masks. There were hand sanitizers available to staff on corridors

The inspector found that overall care was person centred and residents rights were respected. Residents that spoke with the inspector reported that their views were listened to, and records of residents meetings evidenced that any issues or suggestions made by residents were acted upon. Many staff lived locally and were familiar with the residents' past lives and their families. Residents who spoke with the inspector said that they were happy living in the centre, and that staff were very kind and always approachable. On the day of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. Staff who spoke with the inspector were knowledgeable about the residents and their individual needs. Residents who chose to stay in their bedrooms were checked regularly.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection conducted over one day, to monitor ongoing compliance with the regulations and standards. The last inspection of this centre had been in June 2019. Overall, the findings were that the registered provider had effective management systems in place, which ensured a good standard of service was provided for residents. Systems in place to monitor the quality and safety of the service provided, and high standards of clinical oversight by the person in charge, ensured the standard of clinical care and quality of life for residents was optimised in the centre. The governance and management team were committed to providing a good service, and sought regular feedback from residents and families, to improve practice and service provision. This inspection found that some improvements were required in ensuring that access to an activities programme was available to residents, on a daily basis.

The registered provider of this centre is Valentia Community Health & Welfare Association Company Limited by Guarantee. The management structure consists of the registered provider, a voluntary board, comprised of ten directors, with responsibility for the running of the centre. The centre is managed on a daily basis by an appropriately qualified person in charge, responsible for the direction of care. She was supported in her role by a team of nurses, healthcare attendants, an administrator, catering and household staff. The lines of accountability and authority were clear, and all staff were aware of the management structure. The person in charge confirmed that appropriate support was received from the provider representative and the board.

Overall, the inspector found that there were adequate resources in the centre to ensure the effective delivery of care to residents, in line with the centre's stated purpose. The staffing number and skill mix on the day of inspection was appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. Records of staff meetings showed good evidence of consultation with all staff, and staff feedback was actively sought for the adoption and implementation of improvements within the centre. Staff were confident in their roles and demonstrated competence in their work.

The registered provider had put adequate resources in place in response to the COVID-19 pandemic. A COVID-19 contingency plan was available, as well as a COVID-19 resource folder for staff, to source current Health Protection and Surveillance Centre (HPSC) guidance. This plan had been communicated to all staff at regular meetings. The inspector acknowledges that residents and staff living and working in the centre has been through a challenging time, and they have been successful to date in keeping the centre free from a COVID-19 outbreak. Staff were seen to abide by best practice, in the sanitising of hands and wearing of Personal Protective Equipment (PPE). Up-to-date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE.

Records viewed by the inspectors confirmed that there was a high level of training provided in the centre. Training courses were a mixture of online and in-person through an external training company. All staff had received up-to-date mandatory training specific to their roles in the majority of areas, however, training in

managing responsive behaviours was expired for some staff. A large number of staff had completed training in a human rights based approach to providing care to residents.

There were good systems of information governance, and all documentation required by the regulations were maintained in the centre. Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All notifications required to be submitted to the Chief Inspector were submitted, within the required time frame. There was a robust complaints management system in place, which was being monitored by the person in charge. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse working full time in the designated centre. She was actively engaged in the governance and day-to-day operational management, and administration of the service. The person in charge was knowledgeable of the regulations, national standards and of her statutory obligations. She demonstrated a commitment to continuous quality improvement and person centred care.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the care needs of residents, in line with the statement of purpose. However, there was no member of staff allocated to activities, on the day of this inspection. In the absence of designated activity staff on some days, the provider was requested to review the roster for activity staff, to ensure that activities were available for residents seven days per week.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up to date training to enable them to perform their respective roles. However, training in management behaviors was expired for some staff. The inspector was informed that it was difficult to source training due to the global



pandemic.

Staff were supervised in their roles daily by the person in charge. Staff turnover in the centre remained low. The provider had good procedures in place for the recruitment and retention of suitable staff. There was an induction programme completed for newly recruited staff. Up to date appraisals were not in place for staff, the person in charge informed the inspector that she was hoping to commence this process in 2021.

Judgment: Substantially compliant

### Regulation 21: Records

Requested records were made available to inspector and were seen to be well maintained. The majority of staff files reviewed met the requirements of Schedule 2 of the regulations, however, one staff file contained a character reference as opposed to a reference from an employer. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place for staff prior to commencing work in the centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. The inspector saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken for the year 2020, in accordance with the standards. The annual audit schedule indicated regular audits were taking place in areas such as infection control, privacy and dignity, residents rights and complaints. Issues identified for improvement through the audit process were addressed in a timely manner.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents had been

reported in writing to the Chief Inspector, as required under the regulations within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations.

Judgment: Compliant

### Quality and safety

Overall, residents were seen to have a good quality of life, which was encouraged by staff who were kind and supportive. The ethos of care was one where the resident's independence was promoted, and their rights were upheld. This was central to service provision in the Valentia Hospital. There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services and some opportunities for social engagement. However, this inspection found that residents quality of life could be further enhanced through increased access to activities.

Residents nursing and care needs were comprehensively assessed and were met to a high standard. There was satisfactory evidence that residents had timely access to healthcare and medical services. High standards of evidence-based health care were provided for residents. Good clinical oversight and staff knowledge of residents needs resulted in good outcomes for residents. For example, there were no residents with pressure ulcers in the centre and residents at risk of malnutrition were identified early and appropriate interventions were put in place. There was evidence of ongoing review by the general practitioner and allied health professionals. Monitoring procedures were in place to ensure any deterioration in residents' health or well being was identified without delay. Monitoring procedures also included indicators of COVID-19 infection. A review of a sample of care plans indicated that residents were assessed regularly and care plans were reviewed to reflect changing needs. Care plans were personalised and provided good guidance in the care to be delivered.

There were suitable fire management arrangements to promote residents' safety and fire drills were carried out to ensure staff had the required skills to safely evacuate the residents in the event of fire. However, some improvements were required as further discussed under Regulation 28. The provider had policies and

procedures in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified risks. The infection prevention and control procedures in place were seen to be well-managed and in line with current guidelines to ensure the ongoing safety of residents and staff.

There was good evidence of consultation with residents via monthly residents meetings. Minutes of residents meetings indicated that issues raised were addressed by the management team.

### Regulation 11: Visits

Visiting had resumed indoors, in line with public health guidance and there were systems in place to facilitate scheduled safe visiting for residents. Residents care plans contained information regarding visits from families and how family contact was maintained during the period of restrictions on visits. The provider had made available a range of facilities for safe visiting to occur.

Judgment: Compliant

### Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified risks. A comprehensive contingency plan was in place which included strategies that were specific to the centre, its staff, management and resident profile, to ensure that risks related to COVID-19 were mitigated. The risk register was a live document which was maintained up-to-date to reflect risks related to the environment and people in the designated centre.

Judgment: Compliant

### Regulation 27: Infection control

The inspector acknowledged the effective infection control procedures adopted by staff, which had resulted in the centre remaining clear of COVID-19 to date. Staff had access to personal protective equipment, and there was up to date guidance on the use of this available. All staff were observed to be wearing surgical face masks in accordance with the current HPSC guidance. Hand hygiene notices were displayed, and staff and residents had information and training on infection prevention and control practices. The centre was clean and well maintained. The cleaning schedule had been reviewed, and cleaning had been enhanced in response

to the global pandemic. Cleaning was being monitored effectively by the person in charge.

Judgment: Compliant

### Regulation 28: Fire precautions

Improvements were acknowledged in fire precautions since the previous inspection. Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Annual fire training was completed by staff and monthly fire drills were undertaken, which included the simulation of a full compartment evacuation. Two areas required to be addressed following this inspection which were:

- Ensuring that the procedures to be followed in the event of a fire are displayed in a prominent place in the centre. There was no signage on display indicating where you are in the centre in relation to the closest emergency exit. This was also a finding on the previous inspection.
- Ensuring fire drills were undertaken with minimal staffing levels to provided assurances regarding suitable evacuation times.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised, updated regularly, contained detailed information specific to the individual needs of the residents, and were sufficiently detailed to direct care.

Judgment: Compliant

### Regulation 6: Health care

The healthcare requirements of residents were well met. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents'

nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques, and ways to effectively respond to behaviours. There was evidence of appropriate risk assessments and care plans in place for all uses of restraint in the centre. These included multidisciplinary and general practitioner (GP) input, evidence of regular reviews in consultation with the residents, and measures to control the risks of restraint use, including documented monitoring and scheduled release of the restraints as required.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre, and this was confirmed by residents. The provider was keen to ensure residents views were obtained regarding the quality of service provided. This was achieved through residents meetings, as well as a recent satisfaction survey, which was incorporated into the centre's annual report on quality and safety. Arrangements for accessing an advocacy service were displayed in the centre.

Overall, residents' right to privacy and dignity were respected and positive respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. A review of the current activities programme was requested, as it was found that activities were only available three days per week. This required review to ensure the social care needs of the residents were met.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Valentia Hospital OSV-0000571

Inspection ID: MON-0033421

Date of inspection: 22/06/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The roster for activity staff is currently under review. Activity programme will increase from 3 days to 4 days per week by middle of August and will increase to 5 days per week by the 1st of September</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff training in Challenging Behaviors is scheduled to be completed on 18th and 19th of August 2021 for all staff members.</p> <p>Staff appraisals have commenced and will be completed by the 31st December 2021</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Employer reference is being sought to replace Employee character reference by 1st of August 2021</p>	



Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  There is and was signage in each bedroom in relation to the closest emergency exit.</p> <p>Appropriate signage and procedures to be followed in the event of a fire are planned to be displayed in a prominent place's in the building by the 15th of September 2021</p> <p>Future fire drills will be undertaken with the minimal staffing levels to provide assurance regarding suitable evacuation times.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The roster for activity staff is currently under review.</p> <p>Activity programme will increase from 3 days to 4 days per week by middle of August and will increase to 5 days per week by the 1st of September</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	19/08/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/08/2021
Regulation	The registered	Substantially		04/08/2021

28(1)(e)	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.	Compliant		
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	15/08/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	01/09/2021