



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	New Lodge Nursing Home
Name of provider:	Bloomfield Care Centre Limited
Address of centre:	Stocking Lane, Rathfarnham, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	30 January 2019
Centre ID:	OSV-0000073
Fieldwork ID:	MON-0024481

About the designated centre

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

The designated centre provides accommodation and services for 36 residents over 18 years old who have long term care needs. Care and services are provided for a range of dependencies from low dependency to maximum dependency. There is a registered nurse on duty at all times in the centre. The designated centre is located on the ground floor of the Bloomfield Campus in South Dublin. Accommodation is provided in a mix of single and twin rooms all of which are en-suite. There is also a well equipped communal bathroom available for residents. All bedrooms overlook the pleasant courtyard garden and have access directly to the garden areas through a patio door. Communal facilities consist of a lounge/dining area and a second main lounge. There is parking to the front of the campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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How we inspect

To prepare for this inspection the inspector or 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
30 January 2019	08:45hrs to 17:15hrs	Ann Wallace	Lead

Views of people who use the service

Residents and their families reported high levels of satisfaction with the care and services that they were receiving in the designated centre. A number of those who spoke with the inspector said that staff were kind and courteous and that they were very well looked after. Residents also said that they felt safe in the centre and that they were always able to talk to a member of staff if they had any concerns.

Both residents and their families commented on the availability of the person in charge and emphasised how much they valued being able to discuss care issues with her. In addition families and residents said that their concerns or complaints were listened to and addressed promptly by staff.

Overall residents said that their accommodation met their needs and that they were warm and comfortable. Many individuals commented on how much they enjoyed the accessibility to the garden from their bedrooms and being able to leave their doors open or go out to enjoy the garden in the fine weather.

A number of residents commented about how the ongoing refurbishment work had affected their comfort and daily routines and they were looking forward to the completion of the work in March.

Residents told the inspector that they enjoyed their meals and that the food was served nicely and they had plenty of choice. Residents and families commented that staff who served the meals and helped those residents who needed assistance at meal times were very accommodating. However some residents said that the quality of the service was sometimes compromised when agency staff were on duty because they did not know the residents and their needs at meal times.

The use of agency staff was commented on by a number of residents who said that these staff did not know them and that they often had difficulty trying to explain to agency staff what they needed or how they liked things to be done for them.

Residents' bedrooms were nicely laid out and personalised. Residents took pride in their personal space and were happy to show the inspector around their rooms. Residents said that they had enough space to store their personal belongings and clothes. In addition residents and families said that they were satisfied with the cleanliness of the accommodation.

There was a daily schedule of activities on offer for residents. Residents said that they enjoyed the activities that were on offer and that activities staff knew them well and knew how they liked to spend their day and which activities they liked to participate in.

A number of families were visiting on the day of the inspection. Relatives and friends

who spoke with the inspector said they were made very welcome by staff and were encouraged to visit and to be involved in the resident's life in the centre.

Capacity and capability

Overall care and services were well managed for the benefit of the residents who lived in the designated centre; however, the arrangements that were in place for the management of staffing shortages and the supervision of agency staff working in the centre were not adequate. Improvements were also required in the overall governance and management of the centre as the provider had failed to adequately address the non-compliances from the previous inspection in relation to care planning and risk management and the current monitoring systems were not identifying some of these failings.

There was a clear management structure in place and staff and residents told the inspector that the managers were approachable and that they dealt with concerns and issues promptly. The person in charge (PIC) had been in post since October 2018 and worked full time in the centre. The inspector observed that the PIC was well known to residents and staff and were knowledgeable about any current incidents or complaints that were happening in the centre.

Personnel issues such as vacancies and staff sickness and absence were managed by the person in charge and the human resource manager. Staff shortages were covered with agency staff and rosters showed that between one and five agency staff were used in the centre every day in January 2019. At a recent weekend more than 50% of the care staff on duty were agency staff. Residents and relatives told the inspector that the use of agency staff had a negative impact on the continuity and quality of their care and preferred daily routines.

Staff had good access to ongoing training and support. The inspector observed that staff took responsibility for ensuring that care and services were delivered to a high standard and that the residents' needs were being met.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full time in the designated centre. They had more than three years experience of working with older persons in a residential setting and held a post registration certificate in management.

The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the designated centre and was available to residents, families and staff working in the centre.

Judgment: Compliant

Regulation 15: Staffing

There was a registered nurse on duty at all times in the designated centre. In addition there was a clinical nurse manager who worked across the campus and was on call for the centre over the 24 hour period to support staff in case of an emergency.

Rosters showed that there were two nurses and eight care staff on duty each day until 2 pm when the care staff reduced to six carers and at night time there was one nurse and three care staff on duty. In response to the findings of the previous inspection a carer now worked a twilight shift to ensure that staff were available to serve residents with supper between 8pm and 9pm.

Rosters showed that agency care staff were used regularly to ensure that staffing levels were maintained however the number of agency staff had increased to five care staff on one weekend in January. The inspector found that this high level of agency usage had not been investigated and addressed by the senior management team. In addition a number of residents had told the inspector that the use of agency staff had negatively impacted on their care and daily routines.

Records showed that the person in charge completed an induction programme with agency staff who were new to the designated centre but when she was not on duty there was no record that this was completed. As a result there was no record that the five agency staff used at a recent weekend had been appropriately inducted to the layout and the emergency procedures in the centre. As a result the inspector found that the current staffing resource was not being effectively managed to ensure that the number and skill mix of staff was appropriate to the needs of the residents and the size and layout of the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training records showed that staff had access to appropriate training and that staff were up to date with their mandatory training requirements in safeguarding, fire safety training and moving and handling.

Staff also had access to training in dementia care and the management of

responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Nursing staff had access to training in wound management, care planning, palliative care, basic life support and falls management. Nurses were supported to attend updates and maintain their professional knowledge and competence through the centre's the professional nurse programme.

Care staff were supported and supervised in their day to day work by the nurses on duty. Nursing staff reviewed the care that had been delivered by care staff and communicated to relevant staff where improvements or changes needed to be made. As a result staff were clear about their roles and responsibilities and the standards that were expected of them in their work.

The person in charge had recently introduced a programme of formal staff supervision however at the time of the inspection only two staff had been involved in the supervision process.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that there was a clearly defined management structure that identified the lines of authority and accountability and that roles and responsibilities were clear for all areas of care provision. This was an improvement from the previous inspection.

The inspector found that the management systems that were in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example records of recent care planning audits showed compliance rates of 90% and above. However the sample of care plans reviewed by the inspector were mostly non-compliant and did not clearly record the residents' current needs and plan of care. In addition the monitoring of agency use in the designated centre had not highlighted that over 50% of care staff one one day were agency carers.

The designated centre did have sufficient resources to provide care and services in line with its statement of purpose and did maintain the staffing levels as required on the roster. However the quality and safety of care was at times negatively impacted by the regular rostering of agency staff who were not familiar with the residents or the premises.

The centre had completed an annual review in 2017 which was made available to residents and their families. The review contained the views of those who used the

service. The 2018 review was in progress.

Judgment: Not compliant

Regulation 34: Complaints procedure

Complaints were well managed in the designated centre and residents and families who spoke with the inspector said that their concerns and complaints had been dealt with promptly and that they were satisfied with the outcome.

There was a clear complaints procedure which stated that the person in charge was responsible for managing complaints in the centre. Residents and their families were made aware of the complaints procedure on admission to the designated centre. A copy of the complaints procedure was displayed in a prominent position close to the nurses station.

Records showed that complaints were investigated promptly by the person in charge and there was a record of any investigation into the complaint, the outcome of the complaint and the complainant's level of satisfaction. Records included the correspondence between the complainant and the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that care was provided by a skilled team of nursing and care staff who knew the residents and their families well. As a result care was person centred. However significant improvements were still required in relation to care plans, communal space and the management of risks in the centre. These issues were ongoing non-compliances from the previous inspection.

In line with the requirements of the previous inspection residents' access to the main lounge had improved in order to ensure that the residents had adequate lounge and dining space. However this arrangement had been impacted by the need to relocate the dining room and satellite kitchen to the lounge during the refurbishment works. During the inspection the lounge was being used as a combined dining/lounge space and contained the relocated satellite kitchen. In

addition two bedrooms had been converted into supplementary dining areas. The provider had sought to mitigate the impact of these changes by reducing the number of residents to 27. However the inspector found that the ongoing refurbishment works had negatively impacted on the residents' daily routines and their access to communal space.

Each resident had an individual care plan which nursing staff developed with the resident and their family. Care plans were reviewed regularly and records showed that the resident and their family were involved in the review process. The inspector reviewed a sample of care plans and found that they did not reflect the resident's current needs and were not person centred. Although staff who spoke with the inspectors were able to articulate the resident's needs and preferences for care this was not reflected in the documentation.

Residents reported high levels of satisfaction with their meals and the meal choices offered to them. The inspector found that improvements were required to ensure that those residents who required textured meals were offered appropriate choices at meal times.

There was a comprehensive range of systems in place to monitor the safety and quality of care and services. Key performance indicators such as falls, pressure sores, incidents and complaints were monitored and managed through the centres quality and safety committee. The provider received regular monthly reports and was aware of the current incidents and complaints in the centre. However some quality audits such as those in care planning had failed to identify significant non-compliances in the care planning process and needed to improve.

Regulation 17: Premises

At the time of this inspection the premises was undergoing comprehensive refurbishment and the provider had reduced the occupancy from 36 rooms to 27 rooms to facilitate the three phases of the refurbishment programme.

During the inspection the inspector found that a number of rooms were de-commissioned or were being used for storage or other purposes. For example the main dining area and satellite kitchen were closed to facilitate the ongoing building work and had been relocated to the main lounge. Supplementary dining space had also been arranged in two bedrooms along this corridor. As a result the premises was not being used in accordance with the statement of purpose. In addition the residents' dining and lounge facilities had been significantly impacted by the ongoing refurbishment works.

Following the previous inspection residents access to the main lounge had increased

so that resident's had access to comfortable seating and lounge facilities. However during the current refurbishment of the premises this room was being used as a combined lounge/dining area. The inspector noted that comfortable seating was provided and residents were not left sitting at the dining tables for long periods. Managers were expecting to open the refurbished main dining room within the next two weeks so that residents would have access to separate lounge and dining room facilities.

The designated centre located on the ground floor of the South Dublin hospital campus. The centre is registered for 32 single and two twin bedrooms. All bedrooms are en-suite and were of a good size. Bedrooms provided comfortable accommodation and all rooms overlooked one of the secure gardens with patio door access to the garden areas. Residents and their visitors told the inspectors how much they enjoyed the access to the garden in the warmer weather.

Screening was available in the twin rooms. All bedrooms had sufficient storage for the resident's clothing and personal belongings. Call bells were located in each bedroom and were in working order. Residents took a real pride in their personal space and a number of bedrooms were personalised with photographs and small items of furniture.

The inspector found that there were sufficient bathrooms and toilet facilities for the current reduced number of residents. Bathrooms and toilets had grab rails and shower seats for residents when required.

The premises was clean and comfortable with adequate lighting and ventilation. The provider had taken appropriate measures to reduce the noise and dust from the refurbishment works that were in progress.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water and other drinks throughout the day.

Residents were offered a choice of two dishes at meal times however the inspector noted that those residents on textured diets were not offered a choice. These meals were plated up in the kitchen and delivered at a suitable temperature and stored safely until they were served to the residents. Although the meals were nicely presented and each food item was served individually on the plate, all the meals contained pork as the meat option.

Records showed that the food served to resident's met their dietary needs as prescribed by health care or dietetic staff,for example; textured meals were served at the right consistency and appropriate meals were served to residents with diabetes in accordance with their care plan.

Residents said that they had enough food and that drinks and snacks were available throughout the day. In response to the previous inspection the evening supper meal had been rescheduled and was now served between 20.10 hrs and 21.00hrs to ensure that residents did not have longer than twelve hours between mealtimes.

The inspector observed that there were adequate staff available to assist residents at meal times and that staff offered discreet support and encouragement to ensure that they received adequate diet and fluids in line with their nutritional requirements.

Judgment: Substantially compliant

Regulation 26: Risk management

The designated centre had completed a separate risk assessment for the current refurbishment works. Improvements were still required in the risk management procedures in the designated centre. The risk register did not contain a number of risks that were present in the centre during the inspection. This was an outstanding non-compliance from the previous inspection.

There was a comprehensive range of health and safety policies and procedures in place which included a risk management policy and an emergency plan. Staff were trained on health and safety policies relevant to their area of work.

Staff demonstrated a good awareness of infection control procedures and there were adequate hand washing and hand sanitizers throughout the designated centre. Staff had access to appropriate personal protective equipment.

The risk register that was in place was not centre specific and did not contain all of the risks in the designated centre. For example during the current refurbishment the kitchen/pantry was re-located to an area in the temporary dining room and there was no record that this change had been identified and risk assessed. in addition the main kitchen/pantry door had been fitted with a sound activated door stop that would close in the event of a fire in contrast to ensuring that the door to the kitchen was closed at all times. The inspector was informed that this measure was necessary as the door opened inwards. This was not recorded in the risk register.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector found that the actions from the previous inspection in relation to bedroom door closures had been addressed however fire safety precautions required further improvements in night time fire drills and in ensuring that agency staff working in the centre were familiar with the fire safety procedures.

Records showed that all staff employed by the provider had attended fire safety training however the inspector found that the current management arrangements did not ensure that agency staff working in the designated centre received appropriate instruction in relation to the layout of the premises and the location of fire safety equipment and emergency procedures. In addition the centre had not completed a night time simulated fire drill with the reduced staff numbers that would be available on a night shift.

The provider had a comprehensive range of fire fighting equipment, suitable building services and suitable bedding and furnishing. There was good management oversight of the arrangements in place for the testing and maintenance of fire safety equipment. The fire procedure was displayed in prominent positions around the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector found that the registered provider had arranged suitable nursing, medical and other health and social care services to ensure that the needs of the residents could be met in a person centred way. However this was not reflected in the resident's care plans and the inspector found that care plans did not reflect the resident's current needs and were not person centred. This was a non-compliance in previous inspections.

Each resident had a comprehensive assessment of their needs prior to their admission to the centre. This helped to ensure that the centre would be able to meet the needs of the person and that there was a good client/home fit. Following admission nursing staff worked with the resident and their family to develop a care plan. Records showed that residents and their families were involved in the care planning and review processes. However the inspector reviewed a sample of care plans and found that they did not reflect the resident's current needs or preferences for care. For example in one care plan the mobility assessment stated that the

resident was immobile whilst the care plan stated that the resident was able to take a few steps with two members of staff. As a result the record did not provide clear guidance to staff who were caring for that resident. In another record the resident had been identified as at risk of wandering off the unit. The resident was wearing a wander alarm and was regularly monitored by staff on the unit but there was no care plan in place for this risk.

The inspector found that residents had access to appropriate medical and health care. There was an out of hours medical service available when required. Records showed that residents' medications were reviewed regularly. Where additional expertise was required such as physiotherapy, occupational therapy, speech and language therapy (SALT) and specialist nursing services nursing staff made appropriate referrals and where treatment was recommended by a specialist this was implemented by nursing and care staff.

Judgment: Not compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse. There was a comprehensive policy for the prevention of abuse and the procedures to take if there was a concern. All staff had attended training in the prevention of and how to respond to abuse. Staff who spoke with the inspector were aware of what constituted abuse and were clear about their responsibility to keep residents safe.

The inspector observed that staff interactions were respectful and that staff demonstrated empathy with the residents they cared for and with their families.

Residents told the inspector that they felt safe in the centre and that they could talk to staff if they had any concerns.

The inspector found that a recent concern had been investigated by the person in charge and that appropriate actions had been taken to protect the residents. However improvements were required in relation to the record of the outcome of the investigation and subsequent safeguarding plan and that these records were communicated to the relevant authorities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for New Lodge Nursing Home OSV-0000073

Inspection ID: MON-0024481

Date of inspection: 30/01/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> - 1 staff member commenced working on the 28th January 2019 - 1 staff member is recruited and awaiting completion of compliance - 5 Permanent regular relief staff are now on the panel for New Lodge Nursing Home - Vacant posts advertised on website and recruitment agency - Induct all regular agency staff with immediate effect and educate all nurses that this must be completed for all agency staff (Communicated through Handover meeting and sign in sheet available) - Two weekly review of rosters by PIC and DON to identify gaps where agency staff are required. Where gaps are identified regular relief panel will be utilized when all other avenues have been exhausted. - Where an increase in agency is required this is escalated to the DON or CNM oncall and resource staff from in house. All staff educated on same. - PIC to monitor absences on a monthly basis 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - PIC to complete informal care plan training with each nurse March 2019 - Formal training for all staff on care planning by (September 2019) - PIC and DON to review the current care plan audit tool and ensure that is captures meaningful data. (May 2019) - As per regulation 15, PIC and DON to review rosters on a 2 weekly basis to identify 	

gaps - Annual Review completed by (March 2019)	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Updated revised statement of purpose will be submitted to the authority By 4th March 2019	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Staff to offer residents on modified diet two choices on a daily basis and ensure that residents preferences are considered PIC to monitor menu choices for residents on a modified diet on a weekly basis.	
Regulation 26: Risk management	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: - Risk register developed to be Centre specific- (April 2019) - The Risk register will incorporate risks identified in previous reports such as fire doors, use of agency staff and care planning documentation. - Door stop resolved – immediate - The risk register specific to building works will be reviewed on a monthly basis during remedial works	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - All agency educated at beginning of shift on fire safety procedures for day and night shift. Communicated via one sessions and handover - Night time fire drill completed on 12.02.19 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> - All staff to be educated on care planning- to ensure care plans are person centred and individualised. (September 2019) - Formal supervision to include care plan reviews between PIC and Staff Nursing (September 2019) - New audit tool to be developed to capture meaningful data (May 2019) - Monthly Care Plan audits to be completed by PIC, Peers or Quality Manager - Key Workers are have been identified for each Resident (February 2019). 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Safeguarding report outcome to be submitted to the Authority 4th of March 2019</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.	Not Compliant	Orange	31/12/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2019
Regulation 17(2)	The registered provider shall,	Substantially Compliant	Yellow	31/03/2019

	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.			
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	28/02/2019
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.	Not Compliant	Orange	30/09/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	30/04/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks	Not Compliant	Orange	30/04/2019

	identified.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	28/02/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/02/2019
Regulation 5(3)	The person in charge shall prepare a care	Not Compliant	Orange	30/09/2019

	plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	31/03/2019