



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

Name of designated centre:	Beechwood House
Name of provider:	Beechwood House Nursing Home Limited
Address of centre:	Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	28 June 2018
Centre ID:	OSV-0000409
Fieldwork ID:	MON-0022285

## About the designated centre

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

Beechwood House Nursing home is a two storey premises situated in the town of Newcastle West close to all local amenities. The premises has been substantially renovated and largely extended since it was first built and now provides accommodation for up to 67 residents in a mixture of single and twin en-suite bedrooms. Communal accommodation consists of numerous spacious lounges, two dining rooms and a conservatory area. There was one enclosed garden area for residents use which can be easily accessed from the centre. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care.

Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. The centre employs a full time physiotherapist and two activity co-ordinators. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff and household staff.

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

Current registration end date:	22/02/2020
Number of residents on the date of inspection:	54

## 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
28 June 2018	07:50hrs to 17:00hrs	Caroline Connelly	Lead
28 June 2018	09:30hrs to 17:00hrs	Noel Sheehan	Support

## Views of people who use the service

The inspectors spoke with a number of residents throughout the inspection. Residents said they felt safe and well cared for and knew the names of the person in charge and staff whom they considered to be approachable and helpful.

The majority of residents reported great satisfaction with the food and said choices were offered at meal times. They were particularly complimentary about the home baking which they looked forward to and enjoyed daily. They said there were plenty of drinks being offered to them in the fine weather. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals.

Residents who the inspectors spoke with were generally very happy with the activities and said they particularly enjoyed the music sessions, exercises and bingo. They told the inspectors that the music took place outdoors in the recent fine weather. They were very complimentary about the physiotherapy service and said it was great to have daily access to physiotherapy. Residents said they had regular residents meetings and identified that they would like some trips out which are being looked into. Residents were very complimentary about staff, saying staff were very caring and helpful. A number said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and felt their opinions were valued.

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified.

There were generally effective management systems in this centre, ensuring good quality care was delivered. The inspectors were satisfied that there was a clearly defined management structure in place, which provided an effective governance structure that was accountable for the delivery of the service. However, the inspectors identified gaps in the provision of mandatory training for a number of staff.

The centre was managed by an appropriately qualified person in charge responsible

for the direction of care. She was supported in her role by two Clinical Nurse Managers (CNM)'s, a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. Weekly management meetings took place between the provider representatives and the person in charge. Regular staff team meetings also took place.

There was evidence of good oversight by the provider representative who was in the centre on a daily basis and the service was appropriately resourced with staffing levels in line with that described in the statement of purpose. The inspectors saw that systems had been put in place for monitoring the quality and safety of care provided to residents. Key clinical quality indicator data was collected including pressure ulcers, falls, the use of psychotropic medications, bedrails, medication management and administration, the assessment of risk, and health and safety. Quality management measures such as reviews and audits were in place to demonstrate that the service provided was safe and effective. Incident recording and investigation processes included an assessment with evidence of learning and revised practice taking place.

Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. The Inspector sat in on the morning handover and saw that there were good communication systems in place. There was evidence that staff generally received training appropriate to their roles and staff reported access and encouragement to attend training to keep their knowledge and skills up to date. Although some mandatory training was not in date further dates were planned to address this. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision. There had been a recent shortage of nursing staff and the CNM's were working as nurses to cover the shifts, therefore they had little protected management time. The person in charge informed the inspectors that they had recruited extra nursing staff which will allow the CNM's to undertake their managerial role.

Good systems of information governance were in place and the records required by the regulations were generally maintained effectively. The inspectors did identify that some records required updating such as the training matrix, fire records and contracts of care. The staff member responsible for administration was also the receptionist and part of the activity staff therefore did not appear to have adequate time for the administration function. The person in charge said she would ensure adequate time was allocated to administration going forward. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and beds. Resident records such as care plans, assessments, medical notes and nursing records were complete. Other records such as a complaints log, records of notifications and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description

requirements and probation reviews.

### Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

### Regulation 15: Staffing

The inspectors saw during the inspection that the staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of two nurses on duty during the day and at night, with a regular pattern of rostered care staff and activity staff. Cleaning, catering and laundry staff were also on duty on a daily basis.

Judgment: Compliant

### Regulation 16: Training and staff development

Moving and handling training was provided by the in-house physiotherapist and this was up to date for the majority of staff there was one staff member due this training. There were a number of staff due safeguarding training and a date was scheduled for 05 July 18. There were a number of staff that had not received up-to-date training in responsive behaviours. Overall the inspectors saw that although there was high levels of training in place there were gaps in mandatory training and therefore mandatory training was not in place for all staff. The training matrix was not up-to-date during the inspection, a more comprehensive matrix was forwarded to the inspector following the inspection.

Judgment: Not compliant

### Regulation 21: Records

Records as requested during the inspection were made available to the inspectors. A

sample of staff files viewed by the inspectors were found to very well maintained and contain the requirements of schedule 2 of the regulations. The person in charge confirmed Garda vetting was in place for all staff.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place with the provider representative and person in charge in the centre on a daily basis.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspectors viewed a number of contracts of care and, although they did contain details of the service to be provided and a list of additional charges, some did not contain the fee to be paid, and did not detail the room occupied by the resident as required by the regulations.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents were notified to HIQA in accordance with the requirements of legislation.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was generally a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome documented. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

## Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared for and residents and relatives gave very positive feedback regarding many aspects of life and care in the centre. Improvements were required in the availability of secure outdoor space and in the frequency of fire evacuation drills.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The centre provided in-house physiotherapy and residents were reviewed on admission and regularly thereafter by the physiotherapist who worked full time in the centre and also provided exercise classes for residents.

The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and inspectors were satisfied that residents' healthcare needs were well met.

The centre ensured that the rights and diversity of residents were generally respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Improvements were seen in choice in breakfast times with very few residents currently having an early breakfast and this was by residents choice.

There was evidence of consultation with residents and a residents meeting had taken place on the day of the inspection. Advocacy services were available via an external advocate.

A varied and interesting social programme was seen and the centre employs two activity coordinators and the administration staff member also provided activities such as Sonas therapy and one to one activities including accompanying residents up to town. The inspectors saw some different activities taking place during the inspection from small group activities to a exercise session in the main lounge which were enjoyed by all.

The physical environment was seen to be very clean and of a high standard with plenty of private and communal space for residents use. Residents bedrooms were personalised and had plenty of space to maintain personal belongings. Decor was in keeping with a homely environment and a oratory was available for reflection and quiet time.

The provider had systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety training was provided. An emergency plan was in place with an appropriate response for all emergency situations. The provision of regular fire drills and quarterly servicing of the fire alarm required immediate review.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. Issues had been notified to HIQA as required and appropriate actions taken. There were generally robust systems in place to safeguard residents' money.

## Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal areas and in their rooms. The inspectors saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

## Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked storage space in residents bedrooms.

Judgment: Compliant

### Regulation 17: Premises

The premises was seen to be of a high standard and met residents individual and collective needs in a homely manner. However the inspectors identified that the lack of sufficient safe enclosed outdoor space infringed on residents rights to enjoy the outdoor area particularly in the fine weather.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met, meals and meal times were observed to be an enjoyable experience. The provider had introduced a new catering role since the previous inspection. A dedicated staff member was allocated to ensure all residents were provided with drinks meals and snacks throughout the day. The staff member also assisted in the dining room, with the fortification of foods and with baking with the residents. The staff have reported increases in residents weights and increased hydration of residents since the introduction of the role.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

On the last number of inspections of the centre the inspectors have found the location of the smoking did not allow for easy visibility or supervision of residents when smoking. Following the previous inspection the smoking room had been closed and turned into an activity store room. Residents who smoke now use a much more

visible area in the enclosed courtyard. An awning has been put up there to protect residents from the elements. Risk assessments were in place and fire safety equipment was made available in the area.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

### Regulation 28: Fire precautions

There were a number of arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, and regular checking of the systems including the emergency lighting. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident were documented. Annual fire training was provided to staff and fire evacuation drills formed part of this training. However, regular fire drills had not taken place and there was no evidence of a recent fire drill undertaken and particularly there was not one when there was reduced staffing levels in the centre.

The fire alarm had not been serviced on a quarterly basis as required by the regulations.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place and the

inspectors were informed that the centre is changing to one pharmacy provider to ensure a more robust system is in place.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

### Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational therapist, dietician, speech and language, podiatry and tissue viability as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspectors there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team.

There had been a continued reduction in the use of restraints and alternatives such as low profiling beds and alarm mattresses were being used.

Judgment: Compliant

### Regulation 8: Protection

The inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was provided for staff. Improvements were seen in the management of residents accounts where the provider is a pension agent. Individual accounts had been set up and accounts were all in compliance with the requirements of the department of social protection. There was a very clear system in place in the management of residents' finances and in the invoicing for extra items as outlined in the contract of care. Residents monies handed in for safekeeping were securely stored and regularly audited by the person in charge. However there were a number of transactions that did not have a verifying signature to protect the resident and staff member.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There was evidence of residents' rights and choices generally being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate resident social activities were available in both parts of the centre. The staff and residents informed the inspectors that music sessions had been held outdoors during the fine weather which they all enjoyed. However despite the day of the inspection being particularly warm and sunny the inspectors saw very few residents outside enjoying the weather. All of the activities had taken place inside and access to a secure outdoor area was limited.

Judgment: Substantially compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Beechwood House OSV-0000409

Inspection ID: MON-0022285

Date of inspection: 28/06/2018

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p><b>Mandatory Staff Training</b> is ongoing in the home and will continue to the year end for all staff under the supervision of the Director of Care and her management team, ensuring all staff receive mandatory training on or within a month of their due date.</p> <p><b>A Staff Training Matrix</b> for 2018 was formulated and forwarded to HIQA on July 5<sup>th</sup> 2018, and same is updated as training occurs.  </p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All residents in the home have now a signed copy of their Contract for Care and Services and Administrative Staff informed same must take place on the residents admission.  </p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Residents enjoy the outdoors very regularly here In Beechwood House. Some go for daily walks independently and some accompanied. A sensory garden area is currently being created for residents to enjoy and during the fine weather Activities and Social Care staff have provided activities outdoors and three times a week our live musical entertainers sang and danced for and with the residents</p>	

and their families outdoors and people from our local neighbourhood regularly joined in

With regard to provision of safe enclosed outdoor space will be seeking proposals to secure an enclosed area at the front of the home over the coming months and installation of a gate at the entrance to the home.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire Training and Evacuation Drills take place regularly and same will going forward occur monthly. Training took place July 5<sup>th</sup> and will monthly.

A staff member is booked in for Fire Warden Training in Dublin early August enabling him to give the training on site from there on.

A new Fire Folder has been created placing all Fire related documents in same

Maintenance of Fire equipment is taking place on a quarterly basis, and the deficit noted on the day of inspection has been corrected and brought up to date by the service provider.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

Safeguarding Training of all staff is in place and currently up to date now and will continue as per the Protection regulation 8.

Notifications are submitted to HIQA as required and will continue to do so.

Regarding Residents Finances and Accounts, all transactions going forward are verified by two signatures

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Residents enjoy the outdoors very regularly here In Beechwood House. Some go for daily walks independently and some accompanied.

A sensory garden area is currently being created for residents to enjoy and during the fine weather Activities and Social Care staff have provided activities outdoors and three times a week our live musical entertainers sang and danced for and with the residents and their families outdoors and people from our local neighbourhood regularly joined in

We hold residents meetings every second month and residents enjoy same and give us feedback and suggestions for ensuring both their lives and ours here in beechwood are filled with life, fun and quality

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	Matrix sent to HIQA <b>05.07.2018</b>  Mandatory Training completed for the year by <b>31.12.2018</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	Sensory Garden by <b>01.09.2018</b> Exterior gate and extended car parking to facilitate enclosing the area at front of house by <b>31.12.2018</b>
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be	Substantially Compliant	Yellow	<b>01.08.2018</b>

	provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	Quarterly since <b>20.07.2018</b> (last updated). Next due by <b>31.08.2018 2018.</b>
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	Orange	Monthly Drills taking place  Annual Training took place <b>05.07.2018</b>
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	Compliant since <b>30.06.2018</b>
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	<b>01.09.2018</b> for sensory garden and <b>31.01.2019</b> for exterior work