



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

## Issued by the Chief Inspector

Name of designated centre:	Newtownpark House
Name of provider:	Nursing & Caring Services Limited
Address of centre:	Newtownpark Avenue, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 June 2021
Centre ID:	OSV-0000075
Fieldwork ID:	MON-0033309

## About the designated centre

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

Newtownpark House is a family run nursing home, located in Blackrock, Co. Dublin and can accommodate 63 residents, male and female over the age of 18. The centre provides 24-hour nursing care to long term residents with low, medium, high and maximum dependency levels. With the support of individual nursing care, each resident is encouraged to reach and maintain their full potential in terms of independence, ability and quality of life.

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

Number of residents on the date of inspection:	55
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 15 June 2021	08:45hrs to 18:05hrs	Niamh Moore	Lead
Tuesday 15 June 2021	08:45hrs to 18:05hrs	Margaret Keaveney	Support

## What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, this was a good centre where a relaxed and friendly atmosphere was seen. There was a clear focus on person-centred care. Residents spoke with high praise for the staff within the Newtownpark House. They told inspectors that the staff team were kind to them, with one resident reporting that the “staff in the centre were exceptional”.

Shortly after the inspectors’ arrival at the centre, inspectors were guided by a staff nurse and the person in charge through the infection prevention and control measures necessary on entering the designated centre. This included a temperature check, completing a questionnaire, hand hygiene and the wearing of a face mask.

A short opening meeting was held with the person in charge (PIC). Following this, inspectors were guided on a tour of the centre. The designated centre comprised of two buildings, named as house one and house two. A clinical nurse manager assigned to each house accompanied inspectors on the tour. During this tour, inspectors greeted staff and residents in the corridors, in communal areas, and in some bedrooms. Inspectors observed interventions between staff and residents and spoke at length with six residents to gain an insight of the lived experience in the centre.

House one was the older of the two buildings, with 27 bedrooms and was across three floors. House one was a period house and the decor in the communal areas reflected this. House two was built in 1987 with 32 bedrooms and was across two floors. The inspectors found that there was storage and premises issues across both buildings which will be discussed later in the report.

The general physical environment of the centre was found to be bright and welcoming. Each resident had their own bedroom, the majority of which were en-suite. Residents told inspectors that they were happy with their bedrooms and had sufficient space to store their clothes and belongings. Bedrooms were seen to be decorated nicely and contained personal items such as residents’ own ornaments and family photographs.

Inspectors spent time within communal areas, observing and speaking with a number of residents and staff. Staff were patient, respectful and friendly with residents. Inspectors found that there was a calm atmosphere within both houses. All residents that inspectors spoke with said that they were supported with their assessed needs, felt safe and were well cared for. One resident told inspectors that “the living was free and easy” in the centre.

Inspectors observed a number of comfortable and tastefully decorated communal areas available for resident use. These areas included sitting rooms, dining areas and conservatories. Inspectors observed many residents enjoying the use of these areas throughout the day of the inspection. Residents also had access to a large

well-kept enclosed garden with mature trees, planting and seating which provided a pleasant outdoor area for residents to enjoy.

At the time of inspection, some residents were in their bedrooms while others were in the gardens enjoying the sunshine or within communal areas participating in activities such as watching television or chatting with staff. Inspectors found items such as sun hats and sun screen available for residents' use. Inspectors observed a group of six female residents enjoying sitting in the sun and staff were assisting them to use sunscreen.

Visits between residents, their families and friends were seen to take place in the garden on the day of the inspection. Inspectors spoke with one family member who said that the care provided to their loved one was exceptional and that they felt very fortunate to have found the home. They reported that they were kept well informed by the management team throughout periods when visiting was not allowed due to COVID-19 restrictions.

Inspectors observed that there was COVID-19 guidance advertised in key locations throughout the centre. Staff who spoke with inspectors said that they felt supported by management throughout the COVID-19 pandemic.

Staff members were observed assisting residents with their meals in a patient and respectful manner. Some residents spoke of dissatisfaction with the food provided within the centre. Inspectors saw that food had been the subject of a number of verbal complaints logged but that the management team had quickly addressed this by changing the menus based on residents' feedback. The centre also planned to review residents' meal preferences regularly through surveys.

Inspectors reviewed documentation relating to residents rights on noticeboards throughout the centre. Noticeboard information included daily visits, newspaper preferences, schedules of virtual calls and "days to remember". Inspectors were told that birthdays were celebrated with a cake and a song within communal areas.

The following section will provide a brief overview of the capacity and capability of the provider to provide and sustain a safe and quality service under each pillar, and detail the specific improvements needed under their respective regulations.

## Capacity and capability

This was an unannounced inspection of Newtownpark House Nursing Home. This was a well-managed centre with good systems and processes in place to monitor the quality of care provided to residents in the centre. Residents received good care and support from staff, had access to recreational opportunities and could make choices on how they spent their day.

The centre is owned and operated by Nursing and Caring Services Limited, who is

the registered provider. It is part of the Carechoice Group and inspectors were made aware of oversight arrangements in the centre by senior managers within the Carechoice group. There was a clear management structure and the roles and responsibilities of personnel were evident. The structure was understood by staff who knew who to report to. The person in charge (PIC) was a qualified nurse with the experience and skills necessary for her role and responsibilities.

Inspectors found that there was sufficient staff resources to meet the assessed clinical needs of residents, having regard to the size and layout of the centre. Inspectors were told that the provider was actively recruiting healthcare assistants to fill vacancies in the centre. Inspectors saw that when necessary, the centre's own nursing staff, supernumerary to nursing rosters, and agency staff covered gaps in healthcare assistant rosters. The centre had a full-time activities coordinator who organised and led a range of activities for residents to enjoy over seven days. The person in charge informed inspectors that an additional part-time activities coordinator had been recruited to assist with activities and was soon to start their role.

Inspectors reviewed the centres training matrix. Inspectors found that mandatory training in infection prevention and control, fire safety, manual handling and safeguarding the vulnerable adult was available to staff. Refresher training was out of date for a number of staff in all modules, and inspectors were told that this was due to connection issues with the online training portal. Inspectors saw that some staff had also completed complementary training such as managing responsive behaviours and cardio-pulmonary resuscitation.

Inspectors reviewed a sample of staff appraisals that had been completed by line managers. In doing so, inspectors were assured that the provider had completed the compliance plan action on staff appraisals from the previous inspection.

Inspectors reviewed a sample of staff records and were assured that safe and effective recruitment practices were in place to recruit and develop staff. Each record reviewed met the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The provider had robust quality assurance frameworks such as audits and monthly governance reports which tracked clinical and non-clinical data, for example incidents, falls and weight loss by residents within the centre. Inspectors were assured that there was a clearly defined management structure which allowed for effective communication and reporting. Inspectors saw evidence that a range of management meetings were regularly held which facilitated good oversight of and decision making on issues such as audit outcomes, key performance indicators, complaints and incidents.

A COVID-19 contingency plan had been developed in April 2020 but had not been updated to reflect changes in national agency advice and learning since that time. An up-to-date contingency plan was submitted by the person in charge days following the inspection. This plan included actions required if there was a significant

reduction in staff levels, arrangements for cohorting of staff and residents, procurement of Personal Protective Equipment (PPE) and emergency contact details for relevant members of the management team, public health personnel and healthcare services.

Inspectors reviewed a sample of complaints from the complaints log for 2020. Overall complaints were seen to be recorded and investigated in a timely manner by the person in charge. Complainants had been informed of the outcome and satisfaction levels were seen to be recorded. Inspectors saw that the provider had used complaint's information to implement quality improvement changes in areas such as catering. Residents were aware of the complaints procedure within the centre and one resident told inspectors that things did improve when a complaint is made. Residents also had access to an advocacy service.

### Regulation 15: Staffing

The number and skill mix of nursing and care staff were appropriate to the assessed care needs of residents. This was confirmed by the staff duty rosters examined. There was at least one registered nurse on duty at all times of the day and night in each house.

Judgment: Compliant

### Regulation 16: Training and staff development

Mandatory training for staff in safeguarding residents from abuse, safe moving and handling procedures and fire safety was in place and the person in charge confirmed that training schedules were actively monitored.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) were available to inspectors on the day of the inspection.

Judgment: Compliant

## Regulation 23: Governance and management

There was evidence that the centre had sufficient resources to ensure that care and services were provided in line with the statement of purpose. There was a quality assurance programme in place to monitor and review the care and services provided for residents.

The annual review of the quality and safety of care delivered to residents for 2020 was completed. Feedback from residents and their next of kin was incorporated into this review.

Judgment: Compliant

## Regulation 34: Complaints procedure

The centre had a complaints policy which was reviewed in August 2020. The policy stated that the Director of Nursing and a Nominated Person were assigned to deal with complaints.

The complaints procedure was prominently displayed in the entrance hall of each house in the centre. A comprehensive complaints register was made available to inspectors.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The finding of this inspection showed that residents' needs were being met through good access to health care services and opportunities for social engagement. However, the inspector identified that some improvements were required with the premises, managing behaviours that challenge, infection control and fire precautions.

Inspectors reviewed a sample of residents care records and also spoke to staff regarding residents care preferences. A range of nursing assessment tools were in place to assist staff to monitor resident's needs, such as manual handling, skin assessments, Scott falls risk and Barthel activities of daily living. Records showed that residents' assessments reflected their needs. Care plans were person centred and outlined the care residents required to meet their needs.

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, residents had comprehensive access to general practitioner (GP) services and to a range of allied health professional services. Records showed that where medical and allied health professionals made recommendations for care, these were implemented.

Inspectors reviewed monitoring documentation relating to the use of restraint within the centre. There was evidence of consultation in the management of challenging behaviour with residents' GPs and where appropriate their families. Inspectors found evidence that for residents with a physical restraint such as bed rails, care plans were in place. However, inspectors saw for some residents, there were incomplete care plans on the use of restrictive practices that monitored residents' movements.

Communal areas and dining areas were suitably furnished and decorated to provide a welcoming and homely environment. However there was storage issues identified in communal bathrooms and other areas identified on the day of inspection. Inspectors were informed that plans were in place to complete weekly cleaning audits and regular environmental audits. Inspectors were told the provider had plans to refurbish the premises in the weeks following the inspection.

Overall the centre was clean with the exception of sinks seen in sluice rooms. Improvements were required with the oversight of cleaning schedules to ensure that good standards of infection prevention and control (IPC) were maintained.

Inspectors were told that the registered provider was in the process of increasing their activity staff levels. The daily activity schedule, which contained a variety of activities for residents to participate in, was displayed within both houses.

Residents received visitors by appointment and the visiting arrangements in place were safe. Residents told the inspector that they were happy to have their families and friends visiting them once again.

It was acknowledged that the centre had oversight in relation to fire precautions within the centre. Records reviewed showed that the centre were completing weekly fire panel tests with staff. All residents had personal emergency evacuation plans (PEEP) and staff were knowledgeable relating to fire procedures. However, further improvements in the completion and recording of fire evacuation drills was required which will be discussed under Regulation 28. This was acknowledged by the management team on the day of inspection. Changes to flooring in carpeted bedrooms to facilitate easy evacuation had also been identified during fire drills.

The provider had a risk management policy in place which outlined the arrangements to monitor and manage risks within the centre. Management had compiled a comprehensive list of both clinical and operational risks which were recorded in a risk register. Identified risks were controlled through the risk assessment process where risks were identified and control measures put in place to reduce risks. Inspectors saw that the risks identified were regularly discussed at management meetings.

## Regulation 17: Premises

Storage practices across both houses in the centre required review from an infection prevention and control perspective and a resident's rights perspective:

### House 1:

- Storage of cleaning supplies such as mops, a Hoover, spare mop heads, a box and plastic bag were inappropriately stored in one assisted bathroom on the middle floor.
- In communal areas there was inappropriate storage of an empty packet of residents' medication, items of residents clothing and incontinence wear with a sticker identifying a resident dated January 2021.
- The hand hygiene sink in the nurses station worktop was sticky with residue, chipped and had holes which prevented sufficient cleaning.
- A hoist was inappropriately stored and blocking the entrance into a communal toilet
- A communal shower room had residents' equipment stored in it such as two commodes and shower chairs.
- Two communal rooms had residents' equipment stored such as four wheelchairs, two rollators and a weighing scales.
- There was inappropriate storage on sinks, for example used drinking cups were sitting on the sink counters in corridors.
- The oratory was not available for residents use and was used for storage of items such as chairs, residents' equipment and personal protective equipment (PPE).
- A wheelchair was stored at the top of a stairwell.

### House 2:

- A mattress was stored in a communal sitting room.
- Walls were damaged with paint cracked in one bedroom and in the corridor.
- Boxes of supplies of handtowels were stored in corridors.

Judgment: Substantially compliant

## Regulation 26: Risk management

There was a risk management policy in place to inform staff in the centre. There were also policies on the five specified risks as required by Regulation 26.

The provider had compiled a risk register which covered a range of clinical and environmental risks and appropriate controls for these risks. There was a plan in

place to respond to major emergencies.

Judgment: Compliant

### Regulation 27: Infection control

Improvements were required in the oversight of infection control practices within the centre which impacted on the cleanliness and safety of residents:

House 1:

- Two communal shower rooms had personal hygiene items stored which presented a risk of cross contamination. For example, bottles of shower gel and a bar of soap.
- Used incontinence wear was disposed of in an open bin.
- A sluice hopper in one utility room was not clean. Cleaning schedules for this room were recorded as being complete.
- A radiator cover in a communal bathroom was badly damaged and chipped which prevented effective cleaning.
- Cleaning schedules were seen to have gaps in the sign off of completed tasks.

House 2:

- The walls in the corridor were badly damaged with some areas chipped which prevented affective cleaning.
- A sluice hopper in the utility room of this house was not clean. Cleaning schedules for this room were recorded as being complete.
- Cleaning schedules were seen to have gaps in the sign off of completed tasks.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Inspectors were not assured that persons working in the centre were adequately prepared in fire evacuation procedures that would ensure the safe and timely evacuation of residents. For example:

- Fire Drill reports did not demonstrate that staff were aware of the actions to be followed during the evacuation of a fire compartment.
- The centre had not completed a night time evacuation to test the time taken to evacuate a compartment. Therefore inspectors were not assured that staff

could evacuate a compartment with night time staffing levels in a timely manner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a number of care plans focusing on residents who were recently admitted to the centre, residents who were a high risk of falls, had wound care needs, residents who were losing weight and supports for social activities.

Assessment tools were used to inform the care supports and assistance each resident required and to assist staff in the development of care plans. Inspectors found that care plans were based on the pre-admission assessment prior to moving into the centre and were prepared within 48 hours of a resident's admission.

Inspectors found that care plans were formally reviewed and where a change to resident's care needs occurred in between formal reviews, care plans were seen to have been updated to reflect this change.

Judgment: Compliant

### Regulation 6: Health care

Residents in the centre were facilitated with good access to medical care. There was a choice of GPs that supported the centre. On the day of inspection, inspectors observed two GPs visiting the centre. Access to specialist consultants such as geriatrician, psychiatry of later life and palliative care was available.

Residents also had access to a range of allied healthcare professionals such as physiotherapy, dietitian, tissue viability nursing, and speech and language therapy. There was access to community services locally for services such as dental and chiropody as required.

Access to the National Screening Programme was available to residents that were eligible.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Inspectors found that for two residents who were in receipt of restrictive practices there was insufficient guidance available to direct staff. For example, a resident who had a monitoring device had no consent form or care plan to evidence its correct use. Also a care plan had not been accurately updated to reflect the use of restrictive practice for another resident. Therefore, inspectors were not assured that the review and evaluation of restrictive practices was sufficiently robust within the centre.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Inspectors saw that resident's privacy and dignity was upheld. Residents spoke positively about the care and support they received from staff and confirmed that they felt safe within the centre.

Residents had opportunities to participate in the organisation of the centre. Inspectors reviewed minutes of residents meetings where there was feedback and consultation regarding dissatisfaction with the food options. Inspectors found evidence that the registered provider had an action plan to address this dissatisfaction.

Radio, televisions and newspapers were provided. Inspectors saw records of individual resident preferences regarding the newspapers they received.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Newtownpark House OSV-000075

Inspection ID: MON-0033309

Date of inspection: 15/06/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            A further review of storage practices across both houses has been completed from an infection prevention and control perspective and a resident's rights perspective, and a plan is in place to improve this on refurbishment of the home. A shed had been ordered at the time of the inspection, in order to remove PPE from the Oratroy, this will be completed on it's delivery.            A new Household Supervisor recently commenced and will ensure all items of household equipment is stored appropriately.</p> <p>A daily check will be completed by the Household Supervisor of communal areas to ensure there is no inappropriate storage in these areas.</p> <p>Household staff will be reeducated on cleaning practices to ensure cleaning is at a high standard.</p> <p>All damaged equipment is to be replaced.</p> <p>Walls will be repaired as part of the refurbishment programme.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:            A new Household Supervisor has recently commenced, and with the IPC Link Nurse will oversee environment hygiene practices and the storage of resident toiletries.</p>	

Household staff education will be completed on the importance of documenting accurately, this will be monitored by their Supervisor.

Damaged furniture will be replaced, this includes a refurbishment programme over the coming months. This includes as a priority carpet replacement in all bedrooms and corridors and the replacement of beds and bed tables.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- 2 Fire Evacuation drills were conducted by an External Fire Safety Company on 22/02/21, 1 in each House.
- An unannounced drill was conducted in House 2 by an External Fire Safety Company on 03/03/21, with evacuation of compartment.
- Fire risk assessment of both houses completed on 12/07/21, actions arising will be implemented.
- Weekly fire drills being conducted on an ongoing basis.
- Plan in place to complete full compartment and nighttime fire drills.
- Fire drills and evacuation drills conducted 20th & 21st July for both day and night staff.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- Residents with monitoring devices now have consent forms and care plans updated to reflect this.
- All restrictive practices updated on care plans as required.



## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre	Substantially Compliant	Yellow	31/07/2021

	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.			
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	31/07/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the	Substantially Compliant	Yellow	01/07/2021

	Department of Health from time to time.			
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