



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Circular Road, Ballaghaderreen, Roscommon
Type of inspection:	Unannounced
Date of inspection:	17 February 2021
Centre ID:	OSV-0000373
Fieldwork ID:	MON-0032068

About the designated centre

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

The centre is a purpose-built facility that can accommodate a maximum of 61 dependent persons aged 18 years and over. It is situated in a residential area in Ballaghaderreen and is a short drive from the town. Bedroom accommodation consists of single and double rooms some of which have ensuite facilities. The original part of the building is single story and the new extension is organised over two floors with lift and stair access. Sufficient communal accommodation is available and includes sitting rooms, dining areas, an oratory and visitor's room. There are a number of toilets and bathrooms throughout the building that are accessible to communal areas. There is a courtyard garden that is centrally located and is safe and accessible to residents.

The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs.

In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care that enables residents to exercise choice and personal control over their lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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
Wednesday 17 February 2021	12:00hrs to 19:00hrs	Niall Whelton	Lead
Wednesday 17 February 2021	12:00hrs to 19:00hrs	Brid McGoldrick	Support

Capacity and capability

The registered provider had not taken adequate precautions to protect residents from the risk of fire or to ensure that adequate systems were in place for the safe and effective evacuation of residents. Significant improvements were required to ensure that the systems of governance and management in relation to fire safety and building maintenance were effective and ensured that the service provided was safe.

The previous inspection in September 2020 raised concerns regarding the evacuation of large building compartments in a reasonable time. Since that inspection, the registered provider had arranged for works to be carried out to reduce the size of the compartments. The inspectors found this work had improved the level of safety for residents in this area of the centre.

In 2017, the floor plans submitted to the Chief Inspector for Registration, showed each apartment to have a corridor leading from the bedrooms to the apartment entrance. The current set of floor plans, submitted to the Chief Inspector in 2020 as part of the application to renew the registration of the designated centre, showed a different layout with two inner rooms being used as bedrooms in each apartment with escape through the living area of the apartment. There was no apparent alterations to the building during this period.

From a review of floor plans following the inspection in September, further concerns were raised with the registered provider regarding the layout and means of escape for residents in the two storey section of the designated centre.

The registered provider was invited to a provider meeting on 16 November 2020 to discuss the identified concerns. Following this meeting, the registered provider sought advice from an architect and a fire consultant was retained to review fire safety in the building. This review was not complete at the time of this inspection, but the fire consultant was due back in the centre on 04 March 2021 to complete the review. On 14 December 2020, the provider had rostered an additional dedicated staff member to be located within the apartment block area at all times. The provider has committed to this staffing continuing to this area until it is safely reconfigured.

This inspection was an unannounced one day inspection carried out by two inspectors of social services, one of the inspectors is an estates and fire inspector with particular knowledge and expertise in the area of fire safety. The building was reviewed in the presence of the Person in Charge (PIC) who was also the Registered Provider Representative (RPR).

Inspectors noted many good practices in relation to fire precautions; staff spoken with were knowledgeable on the evacuation procedures in place in the event of a fire, had attended fire safety training and participated in fire drills. Escape routes

were noted to be clear and unobstructed.

However, during the review of the building the inspectors had significant concerns regarding the safety of residents in the centre due to the combined fire safety risks associated with the design and layout of the escape routes from the apartment block and concerns regarding fire containment in the building. Such were the concerns of inspectors, a referral was made to the local fire authority with details of the fire safety concerns identified on this inspection.

Further details of the findings from this inspection are in the next section of this report : Quality and Safety.

Regulation 23: Governance and management

The were clear lines of responsibility and accountability. The person in charge worked full time in the centre.

Owing to the fire safety risks identified during the inspection, inspectors were not assured that appropriate management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider, for the following reasons;

- risks associated with the use of the two storey apartment section of the designated centre where it was not suitable for use as a nursing home
- the process for identification and management of fire risk was not adequate
- deficiencies noted in the arrangements for containing fire in the centre
- variations of the floor plans submitted for registration in 2017 and 2020, with no apparent alterations to the building during this period
- issues identified with regard to the premises
- while an additional dedicated staff member had been rostered within the apartment block area, owing to the risk identified during the inspection, inspectors sought further assurance regarding staffing arrangements in the apartment block area at night time to ensure that residents could be safely evacuated in the event of a fire.

Judgment: Not compliant

Quality and safety

In view of the fire safety concerns identified during this inspection, the inspectors were not assured that the fire safety arrangements adequately protected residents from the risk of fire in the centre, nor their safe and effective evacuation in the

event of a fire.

While staff spoken with had a good knowledge of the fire evacuation procedures in the centre, had attended fire safety training and participated in fire drills, inspectors found a number of areas of concerns for residents safety in the event of fire.

The designated centre consists of a single storey purpose built nursing home and a two storey apartment building. The two storey section was previously a detached apartment building, with four individual apartments at each level, each with two bedrooms. A link corridor now connects the two buildings forming one building.

The main concern is that this two storey section of the building was not suitable for nursing home use in its current configuration for the following reasons:

- the two-storey section of the building has one single means of escape from all areas to the link corridor at ground floor
- the escape from each bedroom in the apartment block was through a living room in each apartment. This meant that inner rooms were being used as bedrooms. In a building of this type and occupancy, inner rooms are not permitted to be used as bedrooms as the residents are not afforded adequate means of escape directly to a defined protected escape corridor
- there are excessive travel distances in one direction from the bedrooms within the apartments to the exit.

Considering the single route of escape, the risk was greater at the upper floor. Since the inspection, the provider made arrangements for the residents at the upper levels to be moved to another area of the designated centre. The provider has also made progress in reducing the number of residents at the ground floor level of the apartment block, with a view to moving all residents out of this area until it has been reconfigured to be safe.

While each apartment appeared to be contained within it's own fire compartment, the inspectors were not assured that the risk was sufficiently mitigated due to the increased travel distance and single route of escape beyond the apartment entrance doors to an exit.

To provide assurance to the Chief Inspector on the day of inspection, the registered provider committed to the following interim actions:

- while residents were accommodated on the first floor, a staff member would be located within the first floor lobby at all times during the night to ensure a faster response
- all televisions within the living rooms of the apartments would be unplugged at night time
- the registered provider committed to the inspectors that no further residents would be admitted to the first floor with a view to finding alternative accommodation in the centre for those residents already accommodated on the first floor
- a commitment to completing a fire drill simulating the evacuation of the residents accommodated on the first floor. This was completed the day

- following the inspection and the report was submitted to the Chief Inspector
- a staff member, other than the one located on the first floor, would carry out the regular 15 minute resident care checks in the apartment building to ensure the staff member on the first floor would not need to leave the first floor area
 - there was an emergency bell located beside each resident's bed. Inspectors tested the emergency button and the staff response was swift to assist.

Improvements were required in the centre to ensure adequate containment of fire. Deficiencies noted to fire doors, penetrations through ceilings and unprotected glazed areas meant that inspectors were not assured that the fire safety arrangements in place adequately protected the residents from the risk of fire in the centre.

Fire doors to bedrooms were not fitted with automatic self-closing devices. An assessment of the fire risk associated with not providing a means to close the door was not available. The practice of keeping doors open and the absence of automatic door closers, meant that inspectors were not assured that fire safety arrangements in place adequately protected the residents from the risk of fire in the centre.

Where fire doors were routinely left open by means other than suitable hold open devices connected to the fire alarm system, this increases the risk of uncontrolled spread of smoke escape routes, potentially hindering evacuation of residents and staff. The inspectors noted doors to rooms other than bedrooms which were also not fitted with devices to automatically close the door in the event of a fire.

The fire alarm panel was located remotely from the main entrance. While it was located in direct view of the entrance in the nurse's station, it was 30 metres away, with no repeater panel at the main entrance. This may present difficulties when the fire service arrive to an incident.

The front main entrance was locked with a key at night with the only key available held by the nurse on duty. There was no backup key in a break glass unit adjacent to the door. The registered provider confirmed they would replace this with a thumb turn lock to ensure it is easily opened at night when required.

With respect to the premises, inspectors noted improvements were required with regard to hand hygiene facilities, sluicing facilities and storage arrangements. The layout and configuration of some double bedrooms required review to ensure compliance with SI 293 by 31 December 2021 and for the privacy and dignity of residents.

Infection control issues identified included the absence of a bed pan washer, maintenance of the sluice room. The location identified for the proposed bed pan washer was not adequate to ensure effective infection prevention and control measures.

Regulation 17: Premises

Some areas of the premises required maintenance and upgrade to ensure the premises could be effectively cleaned. Inspectors acknowledge that plans were in place for painting and refurbishment which would address this.

Aspects of the premises required review. For example

- there was a lack of hand hygiene facilities which meant that staff had to use resident bedrooms for hand hygiene.
- some bathrooms were not ventilated
- the sluice room was small, not ventilated and fixtures could not be effectively cleaned
- there was inadequate provision of storage for example a cleaning trolley was stored in the sluice room
- facility for cleaners to empty buckets and store equipment was required
- double bedrooms required review to be in compliance with SI 293 by January 1st 2022.

Judgment: Not compliant

Regulation 27: Infection control

All staff have access to personal protective equipment. Alcohol gel was available throughout the centre. There was signage on bedroom doors to ensure staff were aware of infection protocols in place.

Fixtures and fittings in the sluice room were poorly maintained, did not facilitate effective infection prevention and control measures and were not in line with required specifications. The proposed room for location of bedpan washer was small sized, poorly ventilated and did not facilitate effective infection prevention and control measures.

A bedpan washer was on order and due for delivery.

Some infection control practices required improvement to ensure that residents were adequately protected:

- not all slings in use were individually labelled
- residents personal hygiene supplies were left behind in shared areas.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

The registered provider was not taking adequate precautions against the risk of fire:

- the absence of automatic door closers to bedrooms doors and other rooms such as day rooms, dining rooms and offices. There was no specific risk assessment in place to manage the absence of door closers to fire doors
- fire doors to bedrooms and a number of other rooms were not generally closed
- poor practices were observed in the laundry room where a large accumulation of lint was observed in the commercial dryer
- towels were noted hanging across the top of two fire doors. This may prevent the fire door from being effective in its function as a fire door.

Inspectors were not assured that adequate means of escape was provided throughout the centre:

- inspectors were not assured that adequate means of escape was provided for the residents in the two storey apartment block. While there was two residents on the first floor, the ground floor was at full capacity. It was noted that sixteen bedrooms in the apartment block were inner rooms, there was excessive travel distance in one direction to an exit and there was just one exit serving this two storey section
- due to the lack of automatic closers to bedroom doors and other fire risk rooms, the escape corridors were not adequately protected from the risk of fire
- the identified escape route through the courtyard was not provided with adequate emergency lighting. The provider indicated this was a surplus escape route. The inspector was of the view that if it is being used as an escape route, appropriate escape lighting would be required
- the front main entrance was locked with a key at night with the only key available held by the nurse on duty and no backup key in a break glass unit adjacent to the door.

Adequate arrangements were not in place for maintaining all fire equipment and means of escape:

- while weekly checks of fire doors were taking place, due to the observed deficiencies to fire doors in the centre, improvements were required to ensure the checks of the fire doors were of adequate extent, frequency and detail
- the thumb turn fastening to one exit was difficult to operate.

Improvements were required in the arrangements for evacuating residents in the

event of a fire:

- while staff were knowledgeable on the principles of the evacuation strategy, there was inconsistencies in relation to the types and availability of certain evacuation aids for residents.

Adequate arrangements had not been made for detecting fires:

- the service reports for the fire detection and alarm system indicated that the system is not an L1 category system.

Inspectors were not assured that adequate arrangements were in place for containing fires:

- a significant number of bedroom doors were in the open position
- a number of doors to rooms other than bedrooms were not fitted with automatic closing devices and were found to be in the open position
- some rooms were not provided with fire doors, such as a sluice room and small store rooms
- inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery) and noted that a fire door assessment was required in this regard. Gaps around doors were observed, fire doors were noted with just two hinges, screws were missing to hinges, some were not fitted with smoke seals and a compartment door was warped and not able to close fully
- a number of attic access hatches, recessed lighting, extract fans and other services were mounted in the ceilings, creating potential breaches to the fire resistance of the ceiling
- inspectors noted a small number of gaps or holes within fire barriers which require sealing to ensure smoke and fire did not spread through the fire barrier
- inspectors were not assured that the glazing located within the wall separating the escape corridor from the dayroom and dining room provided sufficient fire resistance
- the enclosure to the electrical room under the stairs was not adequately enclosed in fire rated construction.

The person in charge did not ensure that procedures to be followed in the event of a fire were adequately displayed:

- inspectors noted additional exit signage was required from some areas of the centre to ensure escape routes were readily apparent
- while 'action on discovering a fire' notices were displayed, the evacuation procedures were not displayed. This is of particular importance where the closing of bedroom doors is reliant on those procedures
- zoning floor plans were not displayed next to the fire alarm panel.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were supported to retain as much of their usual routine as was safe to do so. Inspectors observed that residents engaged with a sing-along session in the afternoon. Others were facilitated to make telephone calls with their loved ones.

Areas of improvement included:

- privacy screens did not extend to ensure privacy for both residents in the double rooms. While inspectors acknowledge that the double bedrooms were occupied by one resident only on the day of inspection, the rooms remained set up to accommodate two residents. This meant that the layout did not provide space for residents for their individual use
- double rooms has one television only which meant if occupied by two residents only one of the two residents could view a programme of their choosing. The location of the wardrobes in some of the double rooms meant that one resident would impinge on the privacy of the other to access their personal possessions
- it is acknowledged that the provider has planned a refurbishment programme which will include upgrading, of bedrooms to include replacement of bedside lockers and wardrobes, placement of new floor covering and painting in the main building. The provider has also agreed to review the suitability and layout of the double bedrooms.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000373

Inspection ID: MON-0032068

Date of inspection: 17/02/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>When we became aware the two-storey part of the nursing home was not in full compliance, we immediately set about resolving the situation. We have engaged an architect and a fire consultant and we have submitted plans with the county council. We will be commencing necessary works to the two-storey wing when the plans are passed.</p> <p>A fire consultant continues to work with us assessing the entire centre to identify any risks. He has identified repair and replacement work required. Some of these works have commenced and all works will be carried out on a phased basis. I have requested a schedule and risk rated action plan with timelines of these works which I will forward to you.</p> <p>Staffing was reviewed and on 14th December 2020 additional staffing was rostered to ensure safe evacuation and this continues to be the case.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Staff hand washing sinks have always been available at various locations throughout the nursing home. Alcohol dispensers are always located at the entrance to all bedrooms and communal toilets. In addition, there are always alcohol gel dispensers at various locations throughout the centre.</p> <p>All bathrooms have window ventilation and have now been fitted with extractor fans also.</p>	

There is an extractor fan fitted in the sluice room. As with all areas of the nursing home the sluice room is at all times maintained in a clean condition. The storage area for cleaning trollies has been redeployed as a visiting room with fitted screen as advised by HSE to reduce the risk of covid-19 transmission. This has resulted in the cleaning trolley needing to be stored in the sluice area in the interim. This does not impact on daily thorough cleaning of the sluice area.

Bedrooms are under review to ensure we meet the upcoming regulation changes due to come into effect in January 1st 2022 on room size.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The clinical wash hand basin in the sluice has been fixed. There has been a second sink available for hand washing while awaiting this maintenance. The area is at all times maintained in a clean and tidy manner.

The bedpan washer area is fitted with an extractor fan. There is a hand washing facility nearby and alcohol hand rub available at the entrance to the bedpan washer area. Each resident requiring hoisting has their own sling which is stored in their bedroom and is now clearly labelled with room number.

Staff are reminded to return resident's personal items if used by the resident outside of their room.

Regulation 28: Fire precautions

Not Compliant

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

An assessment of all fire doors is planned for 30/04/2021 and work on fitting automatic self-closing devices has already commenced.

A lint check and removal schedule has been implemented.

For residents who prefer a darkened room a black out layer has been fitted to bedroom door glass.

When we became aware the two-storey part of the nursing home was not in full compliance, we immediately set about resolving the situation. We have engaged an architect and a fire consultant and we have submitted plans with the county council. We will be commencing necessary works to the two-storey wing to bring this area into compliance when permission to proceed is given.

As mentioned, work on automatic door closures has commenced.

The door to the courtyard is not identified as an escape door and signage has been removed.

The front door is now fitted with a thumb lock and all thumb locks throughout the centre turn easily when required.

Staff are aware that each resident's personal emergency evacuation plan is updated regularly and is available at the nurse's station. All staff are aware of the location of this document.

Work has already commenced on upgrading the fire alarm system from L2/L3 to L1. A private company has been engaged to assess for potential breaches of fire resistance requiring sealing and we are awaiting their report.

Additional exit signage has been erected and the evacuation procedures are now displayed on each corridor.

Zoning floor plans are ordered to have on display next to the fire alarm panel when upgrading to L1 system is complete.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Privacy screens are provided to separate sleeping areas in the double rooms. These double rooms are mainly occupied by one resident. A contractor for fitting of screens has been contacted to assess and quote for enhanced screening. In the event these rooms are occupied by two residents and if additional televisions are required in these rooms, they will be fitted, taking into consideration resident's personal choice.

All bedrooms have access to showers beside their bedroom or on their corridor.

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.	Not Compliant	Orange	14/04/2021
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	31/03/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	23/03/2021

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/05/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/05/2021
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	18/02/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/02/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Substantially Compliant	Yellow	31/05/2021

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	23/02/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	18/03/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with	Not Compliant	Orange	18/02/2021

	the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/05/2021
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	01/04/2021