



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Hazel Grove
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Short Notice Announced
Date of inspection:	03 February 2021
Centre ID:	OSV-0003889
Fieldwork ID:	MON-0023571

About the designated centre

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

Hazel Grove comprises of two bungalows provided to meet the needs of six residents with disabilities on a full-time basis from the age of 18 years and over. Residents are supported by a Social Care Leader, a team of Social Care Workers and/or Support Workers under the direction of a person in charge in delivering a social care model of service provision. Each residence is a 4 bedroom bungalow and comprises of an entrance hall, a large and small sitting room, kitchen and dining room. Each resident has a double bedroom with two having their own en suite facilities. There are also communal bathroom facilities provided. There are also office facilities provided for in the centre. Both houses have large well maintained garden areas and adequate parking facilities. Systems are in place so as to ensure the health and social care needs of the residents are provided for with as required access to GP services and other allied healthcare professionals forms part of the service provided to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 3 February 2021	10:00hrs to 16:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The centre comprises of three adjacent bungalows, which can accommodate up to three residents in each. In order to comply with current public health guidelines, the inspector based themselves in one house, so as to limit the possible risk of transmission of the COVID 19 virus to residents or staff. The inspector also reviewed an unoccupied second premises, which had been added to the configuration of the centre in 2020, but which had not been inspected for suitability and fire safety.

Overall, the residents experienced a safe and good quality of the life in the centre. There were some areas for improvement identified during the course of the inspection, which, while not directly impacting on the residents day-to-day life, require to be addressed by the provider. These include; assurances regarding staff training, management of residents finances, fire safety, safeguarding and contractual arrangements, these matters are outlined in the following sections of this report. The provider responded promptly to the concerns in regard to fire safety and agreed to address the actions quickly. It is acknowledged that some of the findings may be influenced by the records, documentation and information available on the day to the inspection.

The centre was very comfortable, with ample room for personal space and privacy, easily accessible for the residents, very homely, warm on a cold winters day, with numerous personal belongings, games, and numerous photos of the residents, their families and the activities and holidays which contributed to the homely atmosphere. Each resident had their own bedroom, with two being en suite.

There were some areas for remedial paint work noted, but the person in charge advised that this was being addressed and new flooring had been installed.

The new house, while not furnished at the time of the inspection, was also very suitable for purpose, newly decorated and painted. The inspector was advised that this was being deep cleaned and furnished prior to any residents moving in.

The inspector met with one of the five residents at various times during the day. The resident spoke with the inspector and stated that it was a good place to live, they got on well with the staff and their friends who lived in the house. The resident had enjoyed days away last year with pals from the centre, and they had made momentous, pictures and photo albums following this. The resident said they enjoyed spending their days at home, keeping busy, as opposed to having to go out to day service. The resident was aware of the risks and restrictions of the pandemic and helped to understand the reasons for the changes to routines and the restrictions during the COVID -19 pandemic.

The resident made plans with the staff in the morning and chose the activities and routines for the day, which were all activities of their own choosing, and timing, but

also supported the ongoing development of self-care and life skills. Video calls were made to pals. The resident was very comfortable with the staff and there was good humour evident all day, with banter and jokes. The staff were respectful to the resident, gave choices at all times, understood the communication needs, encouraged and kept the resident company. Staff ensured that the inspector understood the residents preferred mode of address.

Along with other documentation, the inspector reviewed personal support plans for two other residents living in the centre, and found that there was attention paid to their social and health care needs, community access, connections with their families and consultation regarding their own wishes.

In normal times, the residents had very busy and meaningful lives, with goals being set for trips away, and a lot of local activities of their choosing. Some residents were involved with a "share a break" scheme, whereby they spent time with families they knew well, if they wished to do so. The provider advised that there were suitable procedures for vetting and monitoring of these arrangements.

In order to minimise the effects of restrictions placed on residents during the pandemic, day service staff were redeployed to provide activities, either in the houses or, for a small number of the residents, in the day service. The latter had been risk assessed and was being managed with regard to safety and COVID-19 guidelines. The residents participated in various activities, such as making Christmas cards, Zoom classes, baking, going for walks, and created a very nice garden area in the centre. While visits had to be limited, arrangements were made for window or outdoor visits, additional video calls and communication with family members and contacts.

There were systems for consultation with the residents and their families and supporting the residents' rights and choices, whether expressed verbally or non-verbally. There was evidence from observation during the inspection and the key worker records reviewed, of how the residents aspirations for their lives were elicited and how they were being supported to achieve this. There were no restrictive practices used in the centre which also indicated that the residents' rights were being promoted.

Arrangements for transitions for the proposed admissions to the new house were being well planned with discussions taking place with the proposed residents and family members, and suitable staffing arrangements being devised. Issues of compatibility of the residents had also been considered, to promote the best outcome for all the residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations, capacity to manage the COVID -19 pandemic and inform the decision with regard to the providers' application to renew the registration of the centre. The actions required following the previous inspection in August 2019, had been satisfactorily addressed by the provider.

On balance, this was a well-managed service. The provider had management systems in place which supported the care provided to the residents in the centre, with a suitably qualified person in charge, who was fulltime in post. The provider ensured sufficient staffing to support the residents, there was a small core group of consistent staff, who worked alone and were available in the evening and overnight. There was a staffing contingency plan in place, with a small group of locum staff available, in the event of staff shortages. However, from the documentation and records available for review, the inspector was unable to ascertain whether the provider had ensured that staff had the training and skills required to support the residents. This included training in safeguarding. The person in charge assured the inspector that staff did have this training. Some training had been moved on line due to the pandemic and inspector saw that there was a training schedule in place for 2021.

The inspector did not review recruitment procedures this inspection as the records were stored in another location however, the provider did furnish a statement confirming that all of the required documentation was in place for all staff recruited.

There were reporting and oversight systems evident, and the provider undertook a range of audits and unannounced reviews, these systems identified areas for improvement which were then completed by the person in charge. The provider had completed the annual review for 2019, which was an especially detailed and transparent review of the service. The views of both the residents and their representatives, were actively elicited and were very positive in regard to the service. However, the inspector reviewed the contracts and tenancy agreements available and found that some improvements were needed in supporting residents to fully understand and agree to these, or have appropriate supports in doing so. Additionally, a substantial additional annual fee was applied to all residents. This was described as a transport cost, but the inspector was advised that this fee was also to cover day service activities and was applied to all residents, regardless of whether the resident availed of these services or not. This additional charge was not documented in the residents contract which meant that all residents may not be fully aware of fees being charged and what these fees were for.

There were good systems for communication, with handovers and staff supervision and team meetings, held remotely as necessary, which were seen to be focused on the resident's needs and promoted consistency of care.

The statement of purpose was reviewed and while some minor amendments were

required it provided a detailed outline of the service, facilities and care needs to be supported. The inspection found that admission decisions and care was delivered according to this statement. The provider had forwarded all of the documentation required for the renewal of the registration of the centre in the required time frame.

From a review of the accident and incident records the inspector found that all of the required notifications had been forwarded to the Chief Inspector.

Registration Regulation 5: Application for registration or renewal of registration

The provider had forwarded all of the documentation required for the renewal of the registration of the centre in the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels were appropriate to the current assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

From the documentation and records available on the day, the inspector was unable to ascertain whether the provider had in fact ensured that staff had the training and skills to support the residents. This included training in safeguarding. This may however, be a documentary deficit.

Judgment: Substantially compliant

Regulation 22: Insurance
Evidence of appropriate insurance was submitted as part of application for the renewal of the registration.
Judgment: Compliant
Regulation 23: Governance and management
While there were good management systems in place, the findings in relation to fire safety, safeguarding, contractual arrangements require review, to ensure they are robust, suitable and transparent.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
The contracts and tenancy agreements available were not signed with or by, a representative of the residents, where this would have been appropriate. Additionally, a generic annual fee was applied to all residents , regardless, and this was not detailed appropriately on the contract.
Judgment: Not compliant
Regulation 3: Statement of purpose
The statement of purpose was reviewed and while some minor amendments were required, it provided a detailed outline of the service, facilities and care needs to be supported.
Judgment: Compliant
Regulation 34: Complaints procedure
There was satisfactory policy on making or raising concerns regarding the service.

None had been recorded at the time of the inspection.

Judgment: Compliant

Quality and safety

The inspector found that the residents quality and safety of life was prioritised with some matters identified which required to be addressed for the ongoing safety of the residents. Fire safety management equipment, including fire alarms, emergency lighting and extinguishers were in place, serviced and monitored as required. The inspector reviewed the fire safety commissioning and installation certificates for the additional house and found these in order. However, additional fire safety measures, specifically fire containment in a crucial section of one house was required. The provider agreed to address this promptly. In addition, while the staff undertook regular fire evacuation drills with the residents, there was no clear guidance available to staff in the event that residents declined to evacuate, which had occurred during a number of fire drills.

Overall there were systems, policies and procedures in place to protect residents from abuse and these were implemented promptly when needed. There were guidelines in place in regard to support the residents with personal care which protected their privacy and dignity. Such concerns were not a significant feature of this centre. However, in some instances, there were a lack of timely review or protocol, for example, in relation to unexplained bruising, which may place residents at risk of harm, especially where they could not verbalise this themselves.

There was also a potential risk in how the residents finances, particularly their bank cards were managed, which could place them at risk. The inspector was informed that all staff had access to the resident's bank cards and pin numbers. While there were oversight systems and the inspector acknowledges that there was no evidence of any wrong doing, this arrangement did pose a risk to residents financial safety.

Staff worked alone with the residents primarily. There was an effective on-call and support system for the staff should they require this. However, there was no corresponding systems such as "spot checks" in place to safeguard the residents, which would add a further layer of protection for the residents.

Nonetheless, despite these findings, the resident were supported by access to a range of relevant multidisciplinary assessments and interventions, with very detailed support plans devised for all of their assessed needs. The residents' care was reviewed each year and they had, if they wished, the opportunity to participate in this process. There was also evidence that as needs changed, the provider was responsive to this and sought additional clinical guidance, and reviewed staffing arrangements for crucial times to provide better support.

The residents' social care and developmental needs were actively promoted so as

to ensure a meaningful life for residents. This included developing basic life, personal and social care skills which all contributed to their well-being. The residents' healthcare needs, including weights, bloods and dietary needs were well monitored and reviewed. There was nursing advice and oversight available if needed.

The residents were supported to communicate in their preferred manner with detailed communication plans available to staff, and they were using mediums such as visual aids to enable this as necessary. They had access to tablets and other technology as they wished.

While behaviours of concern were not a significant feature of the service, there was evidence that any changes in behaviours were responded to with clinical support and guidance for staff made available. There was also evidence that the provider and person in charge acted to address and identify any issues which may trigger such anxieties for the residents and thereby reducing the emotional stress. Restrictive practices were not used in the centre.

Risk management systems were effective and proportionate to the risk while not unduly impinging on the residents' freedom or placing them at harm. There were detailed individual risk assessments for each of the residents' vulnerabilities. There were arrangements in place for emergencies which may occur.

There were infection prevention and control measures implemented and the procedures had been revised to reflect the increased risks and challenges of COVID-19 and to protect the residents. A COVID -19 preparation, response and contingency plan had been implemented with defined areas of responsibility outlined. The provider had completed risk assessments and management plans for this. The inspector observed that all areas were clean and monitored with a cleaning schedule in place. Staff wore appropriate masks when in the presence of the residents. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals and on all entries to the centre. A visitor log was maintained and their strategies included restrictions on any visitors to the centre and limitations on residents access to the community and external environments.

Staff and residents were monitored frequently for symptoms and staff had specific protocols to follow when coming on duty. These systems were being monitored and relevant contacts had been made with the local Health Service Executive (HSE) public health teams for advice as needed. The provider has a designated isolation centre should this be required, and had acted promptly when a specific risk was identified. As the new premises had been unoccupied for some time the inspector was advised that appropriate health and safety checks, including water safety, were being carried out in the new premises prior to the admission of residents.

Regulation 10: Communication
The residents were enabled to communicate in their preferred manner and had detailed communication plans to support this.
Judgment: Compliant
Regulation 17: Premises
The premises was very suitable for purpose, to meet the needs of the residents currently and into the future.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
There was detailed information available in the event of residents transferring to acute care or transitioning into the centre.
Judgment: Compliant
Regulation 26: Risk management procedures
Risk management procedures were satisfactory to keep the residents safe.
Judgment: Compliant
Regulation 27: Protection against infection
There were suitable procedures in place to prevent and manage risk of infection including COVID-19
Judgment: Compliant

Regulation 28: Fire precautions

Some improvements were needed in fire safety systems. One additional fire containment door was required in a crucial area of one of the original houses, and clear direction for staff was needed, in the event that a resident refused to evacuate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents were supported by good access to multidisciplinary assessments, suitable support plans were implemented and their allof the care needs were frequently reviewed, with their participation and that of their representative, as appropriate.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs, including weights, bloods and dietary needs were monitored and reviewed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents emotional health and behaviour support needs were responded to promptly, with clinical support and guidance for staff made available.

Judgment: Compliant

Regulation 8: Protection

While overall the residents were protected and safe in the centre, some

procedural issues required review to support this.

There was a lack of timely and robust review of incidents reports for some incidents, such as unexplained bruising, where the resident could not verbalise what had occurred themselves.

All staff had access to the residents' bank card and PIN numbers which could place them at risk.

There was no formal safeguarding protocol for oversight of the lone working arrangements.

Judgment: Not compliant

Regulation 9: Residents' rights

There was evidence that the residents were consulted in regard to decisions about their day-to-day lives and the provider was responsive to indications of concern expressed by them .

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Grove OSV-0003889

Inspection ID: MON-0023571

Date of inspection: 03/02/2021

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The format of training recording has been amended to include date of training completed, date of training expired, and a full listing of all trainings required. This will be held in a training folder by the PIC and will be reviewed as part of individual supervisions moving forward with all staff. The PIC has also put in place a local protocol that each staff member must check and review their training logs monthly, this will be signed off by the PIC and staff each month.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management systems in relation fire safety, safeguarding and contractual agreements are currently being reviewed to ensure that they are robust, suitable and transparent. Current system in place is an effective reporting structure which involves the staff member recording and the oversight from PIC, the residential manger, behavioral specialist and as required the day service manager. To ensure this is dealt with in a timely manner the local manager on duty on occurrence of the incident will be notified by the staff reporting the incident.</p> <p>Residents bank card and pin to be only accessed by PIC and keyworkers assigned to the residents for safety and oversight of residents’ finances. This will reduce the access to resident’s bank card. The PIC will continue to sign off on all finance reports monthly, oversight from service provider accountant to continue with a check on resident’s bank</p>	

statements and finance logbooks monthly.

A new procedure has been implemented throughout the residential service which includes a risk assessment and observation schedule to ensure oversight for the lone working agreements.

Regulation 24: Admissions and contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The provider is reviewing the contracts provided to all residents to ensure that cost associated with travel, day service and yearly annual fees are listed on the resident's contracts agreements and that they are made aware of these. These will be reviewed by residents and their next of kin. This will be presented in an easy-to-read format as required.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fires doors have been reviewed in 5 Hazel Grove and the provider has obtained records from the installer of these doors that the fire doors are fire compliant. However, the fire door required for the laundry room is not compliant in Number 5 Hazel Grove and this has been ordered, provider waiting delivery date for installation to occur as soon as possible.

The behavioural therapist is scheduled to observe all residents participating in fire drills at Hazel Grove 3,4, & 5 on Tuesday the 9th and Thursday the 11th of March, 2021. As part of this review, the PIC, behavioural therapist, and residential coordinator will identify any resident that displays any difficulties or moments of refusal to exit during such a fire drill. All residents PEEP plans will be updated as required.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
PIC has completed a feedback form for submission of regulation 8.

Current system in place is an effective reporting structure which involves the staff member recording and the oversight from PIC, the residential manger, behavioral specialist and as required the day service manager. To ensure this is dealt with in a timely manner the local manager on duty on occurrence of the incident will be notified by the staff reporting the incident.

Residents bank card and pin to be only accessed by PIC and keyworkers assigned to the residents for safety and oversight of residents' finances. This will reduce the access to resident's bank card. The PIC will continue to sign off on all finance reports monthly, oversight from service provider accountant to continue with a check on resident's bank statements and finance logbooks monthly.

A new procedure has been implemented throughout the residential service which includes a risk assessment and observation schedule to ensure oversight for the lone working agreements.

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, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	10/02/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative	Not Compliant	Orange	30/04/2021

	where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/05/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff 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	31/03/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/04/2021