



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

## Issued by the Chief Inspector

Name of designated centre:	Padre Pio Rest Home
Name of provider:	Cappoglen Limited
Address of centre:	Kilderrihean, Cappoquin, Waterford
Type of inspection:	Unannounced
Date of inspection:	12 May 2021
Centre ID:	OSV-0005581
Fieldwork ID:	MON-0032456

## About the designated centre

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

Padre Pio Rest home is registered to provide care for up to 24 residents. It is situated in a rural scenic location on the outskirts of Cappoquin town. It is a single story building which has undergone a number of extensions and substantial renovations over the years. The centre provides a mixture of single and twin bedrooms. There are 16 single bedrooms, 12 of these have en-suite facilities and there are four twin bedrooms with wash-hand basins. There are additional bathrooms, shower rooms and toilets conveniently located for residents use. Communal accommodation includes a large sitting room including a sun room, a dining room and an oratory. There is plenty of outdoor space with tables, chairs and walkways around the centre for residents enjoyment and use. Padre Pio Rest Home is entirely smoke free zone since 2014. Staff, residents and visitors are not permitted to smoke in the premises of Padre Pio Rest Home. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. Padre Pio has a bus where residents can visit local activities and events including the local day care and community centre. The centre employs its own activity co-ordinators to provide social activities for the residents. A multidisciplinary team is available to meet resident's additional healthcare needs including weekly physiotherapy services.

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

Number of residents on the date of inspection:	15
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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 12 May 2021	09:30hrs to 16:45hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

Overall, residents were highly complimentary of the care and attention they received and stated that they were happy living in this small and homely centre. From what residents told the inspector and from what the inspector observed, residents living in this centre had a good quality of life. It was evident that Padre Pio Rest Home was a comfortable and pleasant place to live, respectful of individual residents' rights and choices.

On arrival to the centre, the inspector was met by the person in charge. It was noted that there were appropriate infection prevention and control procedures in place, which the inspector was guided to complete and included hand sanitising, application of surgical face mask, COVID-19 risk assessment and temperature monitoring. The person in charge informed the inspector that routine COVID-19 swabbing for staff was taking place later that day and was being facilitated by the person in charge. Following an opening meeting, the inspector completed a tour of the premises. During this walk around, it became apparent that the person in charge was well known by the residents, who stopped to chat with her in the corridors.

This centre is a single story building, situated in a scenic area on the outskirts of Cappoquin town. The centre's reception area is bright and welcoming, decorated with many home grown potted plants and greenery. The outdoor area was well maintained, with landscaped gardens surrounding the central focal point; a beautiful statue of Padre Pio. Residents had access to plenty of outdoor seating and there were raised planter beds which contained summer flowers and herbs, planted with the residents as part of their activity programme. The centre was warm and clean throughout. There was a plentiful supply of alcohol hand gels and residents were seen to be assisted with hand hygiene by staff. The inspector observed that bedrooms were decorated nicely with each room furnished with comfortable armchairs and flat screen televisions. Bedrooms were seen to be personalised with family pictures and items from their homes such as paintings, bedding and ornaments. Residents whom the inspector spoke with were very happy with their personal space. Communal space within the centre was also decorated to a high standard. There was appropriate signage in place to assist residents to navigate the centre. The main sitting room was spacious and bright with large windows providing a lovely view out onto the gardens. There was plenty of appropriate and comfortable seating and this area was observed to be an area for residents to meet together in a safe and socially distanced way. It was apparent that the registered provider was committed to ensuring a relaxed and comforting environment for the residents.

Part of the centre's oratory was temporarily converted to extra office space to allow for social distancing. The person in charge explained that pre-COVID restrictions, Mass had been a central part of the centre, with the local priest visiting regularly. To ensure that Mass was still facilitated, the activity coordinator organised for it to be broadcast via a large television screen in the main sitting room. The inspector

observed that residents were encouraged to lead in saying the prayers and responses. One resident said that the Mass was the most important part of her routine. The communal areas were supervised at all times and the inspector observe many incidences of positive and connected care between staff and residents. It was evident that staff were knowledgeable about each residents' lives, past occupations and families as the inspector observed very meaningful conversations and reminiscence. Overall, there was a sense of well-being in the centre. Residents spoken with were happy with the selection of activities on offer which included Bingo, a weekly book club, newspaper reading and one-to-one time with the activity coordinator. One residents stated "we are not short of anything".

Inspectors observed residents having their meals in the dining room, and in their bedrooms if preferred. The menu for the day was displayed on entrance to the dining room and residents confirmed that different choices were available for each meal. The food was fresh and appetising. Staff were seen to offer assistance to residents in a discrete and sensitive manner during meal times if required. There was suitable assistive devices such as raised, curved tables and adapted cutlery to promote the residents to be independent with their meals. The inspector observed plentiful offerings of drinks and snacks at regular intervals throughout the day.

Residents told the inspector that they were never waiting long for their call bell to be answered and stated that the staff were "fantastic" and "a great help". Visiting to the centre had recently resumed and was seen to be appropriately monitored, with all visitors undergoing screening before entering the centre. The inspector spoke with two visitors who confirmed that they were facilitated to visit their loved ones regularly. They were extremely satisfied with the communication from the centre during the pandemic restrictions, stating that they were informed regularly of changing visiting guidance and any other updates. They were seen to know the staff well and they were very complimentary of the care that was provided, both before and during the pandemic.

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

## Capacity and capability

There were clear management systems in place in this centre, ensuring the delivery of high quality care to the residents. The provider ensured that the centre was adequately resourced and the centre had a history of good compliance with the regulations. While the systems in place were good, they required strengthening in order to ensure that risks were promptly identified and addressed. This was particularly relevant in relation to systems in place for fire safety and immediate actions were required following the inspection. This is discussed further in the Quality and Safety section of the report.

Cappoglen Limited was the registered provider which has one company director who is engaged in the daily running of the centre and is also the Assistant Director of Nursing, participating in a number of nursing shifts each week. There was a clearly defined management structure in place. The person in charge of the centre had been in her role for two years and had previously held management roles in the centre for a number of years. The person in charge worked full time in the centre and was responsible for the overall delivery of care and operational management of the centre, supported by the registered provider and a team of experienced nurses, care staff and activity staff. There were regular meetings held in the centre that were attended by the person in charge and the wider staff complement. Minutes of the team meetings reviewed demonstrated oversight of both clinical and non-clinical matters and identified that all grades of staff were encouraged to be involved in the day-to-day running of this small centre. While there was a schedule of systematic auditing in place, the audit tools in use required review to ensure that clear quality improvement plans were identified, and followed up on completion of audits.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. The centre had remained free of COVID-19 infection during the pandemic. Management had prepared a comprehensive contingency plan, to be implemented should the centre experience an outbreak. One piece of unsolicited information had been received by the Chief Inspector since the last inspection outlining concerns in relation to aspects of the service provided. This was followed up during the course of the inspection, and the inspector was assured that it had been well-managed. An annual review on the quality and safety of care for 2020 was in the process of being completed by the person in charge.

The inspector found that staffing levels were sufficient to meet the needs of residents. There was a minimum of one registered nurse on duty over 24 hours. Staff spoken with had good knowledge of each resident's individual needs. Staff were skilled in their roles and were seen to adhere to guidelines in relation to moving and handling procedures, infection control and hand hygiene. Staff confirmed that training had been facilitated during the pandemic restrictions, and had moved from in-person to remote online learning. Staff had completed a range of training modules related to infection prevention and control such as hand hygiene procedures and the correct use of personal protective equipment (PPE). These courses were repeated on a three-monthly basis. Some training modules were scheduled to resume in small groups within the centre in the coming months. The person in charge was supernumerary in her role and provided supervision and support to staff daily.

The centre managed any incidents and accidents occurring in the centre well. From a review of incident and accident records, the inspector was assured that there was effective identification, recording, investigation and learning from serious incidents and adverse events in the centre. A strong staff recruitment process was in place and a thorough induction programme ensured that staff employed in the centre were suitable and appropriate to their roles. Overall, there was a low level of documented complaints in the centre and all complaints that were received were managed well.

## Regulation 15: Staffing

On the day of inspection, having regard for the size and layout of the centre, there was an adequate number and skill mix of staff available to meet the assessed needs of the residents. The inspector reviewed the current and planned rotas and found them to be maintained with all the staff working in the centre identified.

The person in charge ensured that there was at least one registered nurse in the centre at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

The training matrix reviewed identified that staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety and people moving and handling. All nursing staff had completed medication management training.

Staff were well supervised in their roles by the management team. The centre's induction programme for new staff was thorough and included reviews with the person in charge. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and the correct use of PPE in line with current national guidance.

Judgment: Compliant

## Regulation 21: Records

Requested records were made available to the inspector and were seen to be well maintained. A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place for staff prior to commencement of work in the centre.

Judgment: Compliant



## Regulation 23: Governance and management

There was an annual schedule of audits in place including audit of staff training, privacy and dignity, safeguarding, falls and infection control. The inspector found that while audits were completed, there were no analysis of the audit results and therefore no identification of trends or issues requiring improvement or follow up.

The systems in place were not sufficiently robust in relation to fire safety procedures and drills, care planning documentation and suitable storage. These are detailed under Regulation 28: Fire precautions, Regulation 5: Individual care plan and assessment and Regulation 17: Premises.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications of incidents set out in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013) were submitted to the office of the Chief Inspector by the person in charge within the specified time frames.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information and contained all of the information required by the regulation. Details on display included the name of the nominated complaints officer in the centre, the investigation procedure, the appeals process and contact details of Advocacy services and the Ombudsman if required.

The inspector reviewed the complaints log and found that all complaints had been investigated thoroughly and promptly. There was documentary evidence of investigations into complaints, actions taken and a record of the satisfaction of the complainant. Staff spoken with were familiar with the complaints procedure. Residents confirmed that they would be comfortable highlighting any complaint to staff.

Judgment: Compliant

## Quality and safety

Residents were seen to have a good quality of life in this centre, with an emphasis on person-centred and evidence-based care, which was respectful of each resident's human rights. Residents told the inspector that although their lives had been impacted by the COVID-19 restrictions, they were grateful the care and support afforded to them by management and staff. Overall, the medical, social and spiritual needs of the residents were met.

Oversight of fire safety required review. Staff regularly participated in fire evacuation drills and there was a weekly check of the alarm system. Following on from the last inspection in January 2020, the centre had improved the content of the fire drills to allow for identification of actions taken and learning from same. However further assurances were required around the safe evacuation of residents. Simulated fire drills had not been practiced in the centre's largest fire compartment based on minimum staffing levels therefore the provider was unable to provide assurances that this would be done in a timely and safe manner. Additionally, the system of ensuring the maintenance of fire safety equipment was not implemented during the COVID-19 restrictions.

Risk reduction records in the centre included a comprehensive risk register which detailed a range of clinical and environmental risks and had detailed assessment of each risk and measures in place to control occurrence. There were effective systems in place for the regular review and updating of this register. The management team had also developed a COVID-19 contingency plan to assist them in the preparing for and managing an outbreak and there were a number of controls in place to ensure the safety of the staff and residents. Nonetheless, the inspector identified some risks which had not been assessed and had the potential to impact the safety and welfare of the residents. The provider immediately undertook to address these risks and some were addressed during the inspection. For example, oxygen cylinders which had been stored inappropriately, were immediately removed and relocated to a safe area with cautionary signage in place to alert staff and residents of its presence.

Actions required with regard to the overall premises following the last inspection were followed up. The provider had secured planning permission to extend the building however planned works did not proceed due to the COVID-19 pandemic. The provider had proactively reduced the occupancy of three of the centre's twin rooms to single occupancy to minimise the risk of spread of infection. The fourth twin room was refurbished into a designated visiting area. The laundry area had been segregated into clean and dirty areas as per infection control guidelines. Storage in the centre remained compromised as a result of the planned extension not progressing.

There was good oversight of residents' healthcare needs. Key data was collected regularly by the person in charge including incidences of falls, restraint use and wounds. This information was used to monitor the quality and safety of care

delivered to the residents. Consequently, there was a low use of restraint and low incidence of pressure ulcers in the centre. Residents had access to general practitioner (GP) services, and there was evidence of appropriate referral to and review by allied health professionals such as physiotherapy and chiropody. Residents' healthcare needs were assessed using a range of validated tools which informed the individual care plan for each resident. A sample of care plans were reviewed and seen to be person-centred in nature, with rich, informative detail, appropriately guiding the care of the resident. Care plans were updated in line with changing needs during COVID-19 lockdown, for example all residents social and occupation care plans were revised to include how best to maintain contact with their friends and family during visiting restrictions. However, care plans were not regularly completed within 48 hours of the residents admission to the centre.

The centre had reopened to visitors, under strict controls outlined in the updated Health Protection Surveillance Centre (HPSC) *COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)*.

### Regulation 11: Visits

Indoor visiting had recommenced, and was taking place on an appointment basis. Visits were offered to all residents, in line with updated national guidelines. There was a safe and comfortable space designated for indoor visits. Systems were in place for the appropriate sanitising of the designated area after each visit. Visits to resident's own rooms, outdoor visits, and window visits were all facilitated.

Judgment: Compliant

### Regulation 17: Premises

As identified on the last inspection in January 2020, storage required review to ensure the appropriate storage of commodes in use in the centre. These had previously been stored in a general storeroom with other equipment and were now stored in the sluice room. In addition:

- The sluice room required suitable racking facilities to safely store cleaned equipment.
- The housekeeping staff had no dedicated janitorial room. The cleaning trolley was stored in the main storage room with other equipment in use, and the cleaning bottles were topped up from a supply stored in the sluice room.

Judgment: Substantially compliant

## Regulation 26: Risk management

There was a risk management policy in place in the centre which detailed the five specific risks required by the regulations. There was a risk register and an updated health and safety statement in place. Some improvements were required in the identification and assessments of risks within the centre. For example, the risk associated with the premises and fire precautions had not been identified. These are detailed under the specific regulations. Action was taken to eliminate the risks associated with oxygen storage during the inspection.

Judgment: Compliant

## Regulation 27: Infection control

On the day of inspection, infection control practices were observed to be a good standard. The premises and equipment used by residents appeared visibly clean and there was sufficient cleaning staff on duty. The cleaning schedules in place were observed to be comprehensive, with a systematic approach to the cleaning and decontamination of all areas of the centre.

There were ample supplies of personal protective equipment (PPE) available and staff were seen using PPE such as surgical face masks appropriately, in line with the training provided to them. Alcohol gel dispensers were available and observed in use throughout the building.

Judgment: Compliant

## Regulation 28: Fire precautions

Oversight of the fire safety procedures in place required strengthening in relation to the following;

- As identified on the last inspection in January 2020, the emergency lighting had not been serviced on a quarterly basis. The last date of servicing for the emergency lighting and the fire alarm system was May 2020.
- Fire drill records reviewed did not simulate the evacuation of the centre's largest compartment of 12 residents with the lowest staffing levels of two staff at night.

An urgent action was issued to the provider requesting to:

- organise the servicing of the emergency lighting and the fire alarm system.

By the end of the inspection, a date had been set for the equipment to be serviced.

- carry out a full, timed compartmental evacuation of the centre's largest compartment with the lowest staffing levels and submit the record of same to the inspector for review.

Following the inspection, the fire drill was completed and submitted, however this did not provide assurances that the largest compartment could be evacuated in a safe and timely manner.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The sample of care plans reviewed did not meet the regulatory requirement of being completed no later than 48 hours after that resident's admission to the centre. The care plans reviewed were commenced four, six and eight days after the resident was admitted to the centre.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to health care services from a range of health care professionals. In-house GP services were resuming after a period of remote and telephone reviews during the pandemic restrictions. The inspector saw evidence of appropriate referrals made to allied health care professionals such as speech and language therapy (SALT), tissue viability nurse (TVN), dietitian and physiotherapy. On the day of inspection, the speech and language therapist was visiting the centre to assess a resident.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that opportunities for residents to participate in meaningful group and individual activities were facilitated by appropriately experienced activity staff. The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to

exercise choice in how they led their daily lives.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Padre Pio Rest Home OSV-0005581

Inspection ID: MON-0032456

Date of inspection: 12/05/2021

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will continue to carry out regular audits. Going forward, these will be analyzed, trends will be identified and improvements required, will be implemented. Effectiveness of implementation will be monitored to achieve best outcomes for residents.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Racking facilities for sluice room has been sourced and will arrive by the 15th July. An empty room has been temporarily dedicated as a Janitorial room. The cleaning trolley is being stored there and the cleaning bottles will be topped up from there.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The emergency lighting and the fire alarm system were serviced on the 14th May 2021 and will be serviced quarterly from now on.</p> <p>Evacuations of the largest compartment with the lowest staffing levels has been carried</p>	

out numerous times and record submitted to the inspector for review.

Regulation 5: Individual assessment  
and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
Going forward care plans will be completed no later than 48 hours of admission of a new resident.

## 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	31/07/2021
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.	Substantially Compliant	Yellow	30/09/2021
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	14/05/2021

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/07/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/07/2021