Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Mount Carmel Nursing Home
Name of provider:	Sisters of St. Marie Madeleine Postel
Address of centre:	Abbey Street, Roscrea, Tipperary
Type of inspection:	Announced
Date of inspection:	20 & 21 February 2018
Centre ID:	OSV-0000734
Fieldwork ID:	MON-0021344

About the designated centre

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

Mount Carmel Nursing Home is a two-storey building which accommodates 31 residents, all in single en-suite bedrooms. There is a lift provided between floors. It is located centrally in the town of Roscrea. There is a variety of communal day spaces provided for residents including a dining room, day rooms, chapel, conference room and visitors' room. The centre provides 24-hour nursing and social care for people over the age of 65 years both male and female. Admission may be for long or short-term care. Services such as social programme of activities, daily mass, music entertainment, dietitian and speech and language therapy review are provided at no additional charge.

The following information outlines some additional data on this centre.

Current registration end date:	29/07/2018
Number of residents on the date of inspection:	28

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
20 February 2018	10:00hrs to 17:30hrs	Mary Costelloe	Lead
21 February 2018	09:30hrs to 04:00hrs	Mary Costelloe	Lead

Views of people who use the service

The inspector spoke with approximately 22 residents during the inspection. Residents' spoke highly of the service and care provided. Residents commented that staff were very kind, gentle and caring.

Residents spoke about enjoying attending daily mass and the variety of activities taking place each day including singing, board games, arts and crafts, reminiscing and quizzes. Some residents said that they liked to read the newspapers which were provided daily, while others told the inspector how they like to order their own newspapers which are delivered early each morning.

Residents spoke about feeling safe, secure, warm and comfortable in the centre. They mentioned that staff were great and responded quickly when they needed something, including at night time.

Residents were complimentary of the quality and choice of foods on offer. Many mentioned how they loved the daily home baking.

Residents were satisfied with the laundry service, stating that mislaid clothing was not an issue because everything was labelled.

Residents told the inspector how they liked their bedrooms and found them to be spacious and comfortable. They stated that staff always knocked before entering their bedroom.

Residents confirmed that they were able to choose how they spent their day, for example they could get up when they liked and go to bed at a time of their choice, they could have meals in their bedroom, dining room or first floor veranda. They could choose to partake in activities or not.

Capacity and capability

Overall, a good service was being provided to the residents; however, further oversight was required by the provider. All issues identified at the last inspection had been addressed.

The centre was managed on behalf of the Sisters of St. Marie Madeleine Postel by a voluntary committee of management.

The inspector met with the chairperson of the committee who had been recently

appointed as their representative. She had been chairperson of the committee for the past 10 years and was an experienced finance business manager. She advised that she visits the centre on a weekly basis, attends the recently introduced monthly clinical governance meetings and three-monthly committee meetings. The inspector reviewed the minutes of recently held in-house management meetings and the minutes of the person in charge reports to the committee and noted that issues such as occupancy, staffing and work organisation, budgets, accounts, maintenance and significant incidents had been discussed. The inspector was not assured that the committee had adequate oversight of issues relating to the quality and safety of care in the centre such as safeguarding, health and safety, risk management and clinical care. Further enhancements were required to ensure that effective oversight arrangements were put in place.

The organisation structures in place within the centre ensured clear lines of accountability so that all members of staff were aware of their responsibilities and who they were accountable to. The nursing management team included the person in charge who was supported in her role by the clinical nurse manager. They both worked full-time in the centre and knew the residents and their individual needs well. The clinical nurse manager deputised in the absence of the person in charge. Both were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. The nursing management team were supported by the maintenance and finance managers.

The nursing management team demonstrated good leadership and a clear commitment in promoting a culture of quality and safety. There was a monthly audit schedule in place. Regular audits and reviews were carried out in relation to incidents, falls, medication management, restraint, health and safety, clinical care, weight loss, wounds and care planning documentation. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. The person in charge had completed an annual review of the quality and safety of care for 2017, which identified areas for improvement and documented a quality improvement plan. Feedback from residents' committee meetings and resident satisfaction surveys were also used to inform the review of the safety and quality of care delivered to residents. The committee of management was not familiar with the annual review.

Nursing management were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date, all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

The management team ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. All documents as required by the regulations were available. Volunteers were given clear guidance about their roles and responsibilities and these were set out in writing. All staff and volunteers had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Staff and volunteers were provided with training and ongoing development

opportunities appropriate to their roles to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents. Training included specialist training in relation to care of the older person in areas such as dementia, management of challenging behaviour and restraints.

The person in charge ensured that staffing levels were reviewed on an ongoing basis so that the numbers and skill-mix were sufficient to meet the assessed needs of residents, taking into account the layout of building. There was a low turnover of staff in the centre and no dependency on the use of agency staff which ensured continuity of care for residents.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She demonstrated very good clinical knowledge and knew the individual needs of each resident. She had recently completed a certificate in business management.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. Staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. Additional staff were available as required, for example additional staff were recently rostered when many residents had influenza.

Judgment: Compliant

Regulation 16: Training and staff development

The management team was committed to providing ongoing training to staff. Staff confirmed that they had completed all mandatory training and that training was scheduled on an ongoing basis. Training had recently been provided in health and safety, cardiac pulmonary resuscitation, continence promotion, hand hygiene and essential aspects of care for healthcare assistants. Further training was scheduled or planned in areas such as infection control, management of challenging behaviours, end-of-life care, epilepsy seizure training and food safety management systems. Two staff members and a volunteer were scheduled to attend 'Fit for life' exercise instructor training, two senior staff nurses were due to attend a management and leadership training programme and two staff were scheduled to attend training on the data protection regulations.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and kept in a secure place.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was not assured that the committee of management had adequate arrangements or systems in place to ensure that the services provided were

safe, consistent and effectively monitored.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

There was a signed contract of care in place for all residents. Contracts outlined the fees to be charged and outlined the services to be provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect the recent change to the nominated person to represent the provider.

Judgment: Substantially compliant

Regulation 30: Volunteers

All volunteers received supervision and support in line with their role.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents had been reported in writing to the Chief Inspector as required under the regulations and within the required time period. Detailed information and updates were provided that included details of the investigation, outcome and actions taken.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints a the time of inspection. All complaints in the recent past had been managed in line with the centres complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a high quality of life which was respectful of their wishes and choices. Residents had access to appropriate medical and allied health care services to ensure that their health care needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of appropriate recreational and stimulating activities was offered. A number of staff had received training to support the activities programme; for example Sonas, a therapeutic programme specifically for residents with Alzheimer's or dementia, and creative arts and social therapeutic training. 'Fit for life' exercise instructor training was planned for staff and a volunteer.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the person-centred and individualised care plans which clearly described the care required. Systems were in place to ensure that care plans were reviewed and updated on a regular basis with residents' up to date care needs. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The centre was accessible and aided residents' independence. A lift allows residents to independently access both floors. There is signage in place to assist residents find their way around the centre. Residents have access to a safe, secure outdoor

garden area which is easily accessible from the ground floor dayroom.

Bedroom accommodation meets residents' needs for comfort and privacy. All residents are accommodated in single bedrooms with en-suite shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their rooms.

The provider had applied to vary a condition of registration to increase the capacity of the centre. Two additional single bedrooms with en-suite shower facilities had recently been provided. The inspector found that they were spacious, bright and had been finished to a high standard. However, grab-rails and handrails were not yet provided in the two en-suite shower rooms and new corridor areas.

Residents were offered a daily menu with a choice of main meal that reflected their dietary preferences and requirements. The menu varied daily and took into account feedback from residents. Meals were unhurried social occasions and staff took the opportunity to engage, interact and chat with residents.

The management team had taken measures to safeguard residents from being harmed and from suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and skills to treat each resident with respect and dignity and could recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The inspector was satisfied that allegations of abuse were managed appropriately, in line with the centre's safeguarding policy. All allegations had been fully investigated, the appropriate authorities were notified and appropriate action was taken. Systems were in place to safeguard and protect residents' property and money. The inspector was satisfied they were managed in a clear and transparent manner.

Staff continued to promote a restraint-free environment. There was one resident using bedrails at the time of inspection. Adequate risk assessment and care plans were in line with national policy to ensure resident safety.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Nursing staff spoken with were clear they needed to consider the reasons why people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs. Nursing management closely monitored the use of prescribed phychotrophic medications (PRN) on an as required basis and ensured that they were administered as a last resort when other strategies for managing responsive behaviour had failed.

While systems were in place to promote safety and manage risks, further improvements were required in relation to fire safety and updating the risk register. The provider had not ensured that a recently recruited staff member, who had overall responsibility for residents at night time, had completed formal fire safety training. This issue was brought to the attention of the person in charge who responded immediately and put satisfactory arrangements in place to mitigate this risk. While all other staff members had received fire safety training, fire drills had not taken place recently to ensure that staff and, in so far as possible, residents knew what to do in the event of fire. Regular reviews of health and safety issues

were carried out to ensure that a safe environment was provided for residents, staff and visitors. However, the risk register required further updating to reflect the risks identified in the new extension area.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. The service records of the fire alarm and fire equipment as well as hoists, wheelchairs and lift were up-to-date. Staff spoken with and training records reviewed confirmed that staff had received up-to-date training in manual handling and infection control.

The inspector found that residents' capacity to exercise personal autonomy and choice was maximised. Residents were free to join in an activity or to spend quiet time in their room, and were encouraged and supported to follow their own routines. Residents were supported to eat their meals at their preferred times in their preferred location.

Residents' rights were protected and promoted. Residents were treated in a dignified manner and in a way that maximised their choice and independence. Residents had access to advocacy services and information regarding their rights.

Residents continued to be consulted with on a daily basis in regard to the running of the centre by the person in charge and staff. Residents' committee meetings took place on a regular basis. There was evidence that residents' feedback was acted upon and brought about change.

Residents had access to a pharmacist of their choice. Residents' choice to self-administer medicines was facilitated following assessment of the risk and each resident's competency. Pharmacists visited residents in-house and, along with the nursing staff, actively encouraged residents to understand their medicines.

There was evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. All medicines were regularly reviewed by the general practitioners (GPs). Nursing staff spoken with demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Regulation 10: Communication difficulties

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in private if they wished. Relatives stated that they were always made feel welcome by staff and were offered refreshments.

Judgment: Compliant

Regulation 17: Premises

The centre was well maintained, clean and nicely decorated. There was a good variety of communal day space such as the dining room, day room, veranda, chapel and activities room. Additional seating was provided in the hallways and at the end of corridors.

Grab-rails and handrails were not provided to the two new en-suites and new corridor areas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutrition needs were met, with meals and meal times observed to be an enjoyable experience. The nutritional status of residents was assessed regularly using a validated nutritional screening tool. Some residents required assistance with their meals and this was provided by staff in a discreet and sensitive manner.

Judgment: Compliant

Regulation 26: Risk management

The risk register required further updating to reflect the risks identified in the new extension area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some improvements were required in relation to fire safety management. One recently recruited staff member, who had overall responsibility for residents at night time, did not have formal fire safety training. There were no recent fire drills to ensure that staff and, in so far as possible, residents knew what to do in the case of fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were appropriately stored and managed. Systems were in place to record and learn from medicine errors in order to improve residents safety and to prevent reoccurrence. Records were available to account for the receipt and return of all medicines to the pharmacy. Regular medicines management audits were carried out by nursing management and the pharmacist. All nursing staff had completed medicines management training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive, up-to-date nursing assessments were completed including in areas such as nutrition, falls, dependency, manual handling, bedrail use, oral care and skin integrity. An informative daily life plan of care was documented for each resident. Specific care plans were in place for other identified issues such as wounds, dementia, warafin therapy and falls management which guided staff in the specific care needs of residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a choice of general practitioner (GP) and a range of other allied health services. There was evidence of timely referral to healthcare services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy on managing responsive behaviours which outlined guidance and directions to staff how to respond to and strategies for dealing with behaviours that challenge. Staff had attended training in relation to dementia care and the management of challenging behaviour. Staff spoken with could outline strategies for dealing with residents responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. Staff continued to promote a restraint-free environment. A risk assessment had been completed to ensure residents' safety where a restrictive practice was in use, and other less restrictive strategies were considered or trialled. Care plans guided staff to ensure that bedrails were appropriately used for the shortest possible duration and that the resident was checked regularly to ensure their safety and comfort.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were protected and promoted. Residents were treated in a dignified manner and in a way that maximised their choice and independence. Residents' varying religious and political rights were well catered for.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Carmel Nursing Home OSV-0000734

Inspection ID: MON-0021344

Date of inspection: 20/02/2018 and 21/02/2018

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. The Provider Representative will continue to work in the Nursing Home at a minimum of one day per week and will be available as required. In addition, a Committee member will continue to be on site daily. They will both regularly meet residents and staff for feedback to ensure a culture of continuous improvement with a view to maintaining and raising standards in the nursing home
2. The Provider Representative briefed the Provider and the Committee on the Enhanced Authority Monitoring Approach with emphasis on the responsibilities and accountability of the members. The Governance and Management Compliance Indicators were reviewed by the Committee and a review of same will now be on the agenda at Committee meetings.
3. The Provider Representative has amended the agenda for weekly management meetings to include the regulations under Capacity and Capability and Quality and Safety with emphasis on continuing assessments, audits and action plans.
4. The monthly Clinical Governance meetings continue, and the Provider Representative will table issues from the Committee at those meetings and outcomes of same will be reported to the Committee.
5. The 2017 Annual review prepared by the Person in Charge was presented at the Committee meeting on the 15th March and the Quality Improvements initiatives for 2018 was also discussed in detail at that meeting. The Committee requested that the PIC would include an update on this plan in the report that she presents at every Committee meeting.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of Purpose is amended to reflect the recently appointed Provider Representative and was submitted to the Registration office on the 6th March 2018. It will be reviewed yearly or earlier if any changes occur to comply with Regulation 3.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The grab rails are in place in the ensuites of the 2 new bedrooms since March 12th.. The handrails are in place on the corridor of the new extension since March 16th, 2018

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

Risk assessment are completed for the additional two bedrooms and the refurbished Church and activity room. These risk assessments will be reviewed when the two new bedrooms, church and activity room come into use.

Regulation 28: Fire precautions	Not Compliant

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

Staff member who did not have formal fire training was not rostered for night duty until

completing fire training on March 6th, 2018. Refresher fire training for 24 staff is also completed with the balance of staff due training in early May
Fire drills x 2 (Mar 8th and April 11th, 2018) have been carried out and areas for improvement outlined and action plans in place.

To ensure compliance with Regulation 28, fire drills will now be carried out every 3 months.

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	March 16th 2018
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	31/03/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and	Substantially Compliant	Yellow	1/04/18

	assessment of risks throughout the designated centre.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	March 6th 2018
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	March 8th 2018 and April 11th 2018(2 Fire Drills Completed)

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	March 6th 2018