



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Mount Carmel Community Hospital (Short Stay Beds)
Name of provider:	Health Service Executive
Address of centre:	Braemor Park, Churchtown, Dublin 14
Type of inspection:	Announced
Date of inspection:	13 November 2018
Centre ID:	OSV-0005337
Fieldwork ID:	MON-0022401

About the designated centre

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

The centre, located in South Dublin, is owned by the Health Service Executive (HSE) and operated by Mowlam Healthcare on their behalf. It offers 65 short stay beds to men and women over 18, with a focus of caring for those over 65. The aim of the service is to facilitate the discharge of medically stable patients from hospitals in the Dublin area to the centre with a care programme to enable them to return home, or where appropriate move on to long-term residential care. It is staffed with a multidisciplinary team including nurses, healthcare assistants, a general practitioner (GP), physiotherapist and occupational therapist. The service is provided on the ground and first floor of a large premises. It is divided in three units that are all staffed independently. Units had a range of single and multi-occupancy bedrooms. The building is easily accessible and provides parking for a number of vehicles. It is also close to local bus routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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
13 November 2018	09:00hrs to 16:30hrs	Helen Lindsey	Lead
13 November 2018	09:00hrs to 16:30hrs	Gearoid Harrahill	Support
13 November 2018	09:00hrs to 16:30hrs	Paul McDermott	Support
13 November 2018	09:00hrs to 16:30hrs	Michael Dunne	Support

Views of people who use the service

Residents provided positive feedback to inspectors through conversation and surveys about the service they were receiving. Most described their experience as a good one, commenting how kind, helpful and efficient the staff were.

Residents were very positive about the arrangements to see visitors, and through the inspection many people were seen visiting and finding a comfortable spot to catch up. The evening visiting time was especially appreciated by residents who had families and friends who worked during the day.

Of the nine questionnaires returned, five ticked responses to say they had a neutral view of food, rather than a positive or negative experience. Those spoken with on the day were more positive about the food, and inspectors observed the lead up to the meal, which included setting up the dining room, to provide a positive experience and supporting residents to get to the area for the mealtime.

Capacity and capability

A good quality service was being provided that met residents needs. While there were clear and detailed governance and management arrangements in place, improvements were required to ensure all areas of the service were covered, including fire safety.

There was a clear management structure setting out the roles of people involved in running the centre, and the roles of both the HSE and Mowlam Healthcare. The description of the service in the statement of purpose was found to reflect the service provided in the centre. Staff spoken with during the inspection were clear of who they reported to and those who were responsible for the running of the centre.

The management team used a number of methods to monitor the quality of the service being provided. This included seeking feedback from residents, relatives and staff. There was a schedule of audits carried out, and where areas of improvement were identified they were allocated to named individuals and their progress was tracked during management meetings. The person in charge provided a regular report covering key performance indicators, staffing, occupancy of the centre and any other relevant issues. This ensured any issues identified were escalated to the provider. While the systems were found to be of a good standard and provided assurance to the provide that the service was being delivered effectively there was one area of non compliance identified during the inspection that should have been picked up and addressed through effective oversight arrangements. Issues in

relation to fire safety compliance had been identified on the previous two inspections, but this inspection found wider issues that had not been identified and would impact on the safety of residents if a fire were to occur.

The nature of the service was to support people for a short period of time before their either returned to their own homes, or moved on to other longer term services. This meant that there were around 30 admissions and discharges per week. These were seen to be well managed. There were very clear systems in place to support this process and they were described in the organisations policies and procedures. All staff had access to policies in the units of the centre, and those spoken with were very clear of their responsibilities. The records reviewed showed that policies were being followed in the centre, for example staff recruitment, documents being kept in relation to residents and also in relation to other areas such as charges made, food and drinks provided and visitors to the centre. The directory of residents set out all of the information about each resident who was admitted and discharged from the centre.

For each resident a contract of care was provided on admission that set out the terms of the stay, detail of the service offered, and any charges for the service.

The details of how to raise concerns or complaints were made available to residents on admission in a handbook about the service. They were also displayed in prominent positions through the centre. A review of complaints made during the last year found that the providers policy was being followed. Each person who made a complaint was responded to within the required timescales, and were given the outcome of their complaint at the end of the investigation. Records showed whether the complainant was satisfied or not with the outcome. Residents spoken with during the inspection were clear of who to speak to if they were not happy, and felt they would be listened to.

Registration Regulation 4: Application for registration or renewal of registration

A complete application was submitted within the expected time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre. They had worked in services for older people over a number of years and also held a management qualification. They continued to keep their practice up to date by carrying out ongoing training

and development courses.

They were involved in the governance and management processes in the centre and provided regular updates to the management team, following reviews of audits, clinical data, staff supervision and resident feedback.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents that clearly set out all the required information. For example, the name and address of the resident and their next of kin, when the resident was admitted to the centre and when they left.

Judgment: Compliant

Regulation 21: Records

Records required under Schedule 2, 3, and 4 were available in the centre. They included records such as complaints, notifications that had been made, staff records, food provided to residents and information about residents.

There were appropriate arrangements for retention of documents, including safe storage arrangements.

Judgment: Compliant

Regulation 22: Insurance

There was an insurance policy in place for the centre. It included public liability insurance and insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The centre was sufficiently resourced to ensure the effective delivery of care. There was also a clearly defined management structure in place with sufficient roles to

ensure the centre was delivered in line with the statement of purpose, and to deliver a quality service to residents.

The annual review provided statistics on how many people had used the service, their feedback about service they had received, and a summary of key performance indicators for the service.

While there were a range of approaches to ensure the service was appropriate for residents and was effectively monitored, improvement was required to ensure all areas the service was safe. Specifically improvement was required in the arrangements for ensuring fire safety arrangements in the centre were adequate to ensure resident safety.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

There was a contract in place for residents signed on admission. It clearly set out the terms of the stay, and fees for the service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place clearly setting out the service being provided, the admissions procedure including maximum length of stay, age range and sex of residents, and the therapeutic techniques available in the centre. It also gave clear information about arrangements for visitors, availability of religious services, fire precautions in the centre, and the arrangements for making complaints.

Judgment: Compliant

Regulation 31: Notification of incidents

All matters that were required to be notified to the Office of the Chief Inspector had been made, including three day notifications, three monthly notifications, and any changes to the people identified in key roles in the centre.

The person in charge carried out audits of notifications to ensure appropriate

information was being submitted within the required timescales.

Judgment: Compliant

Regulation 32: Notification of absence

The provider and person in charge were aware of the need to send in a notification if the person in charge was going to be absent from the centre for a period longer than 28 days.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure that set out how complaints would be managed in the centre. Information was also set out in the residents' information booklet and residents spoken with stated that if they had a concern that they would be able to raise it with any staff member. The complaints record showed that all complaints were dealt with in a proactive manner consistent with procedures. The centre was keen to learn lessons from feedback from the resident group and there was a system in place for processing and reviewing complaints received.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by Schedule 5 were in place, and reviewed on a regular basis. They were also available to staff with copies in a prominent place on each of the three units.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider was clear of the need to set out the arrangements in place when the person in charge was absent for more than 28 days.

Judgment: Compliant

Quality and safety

Residents were receiving a good quality service that met their identified needs. Residents were supported to maintain privacy and dignity during their stay in the centre, and provided positive feedback about their experience. However, improvement was required in relation to fire safety arrangements.

Residents usually stayed in the centre for a short period to support their ongoing recovery, or prior to moving on to longer term care arrangements. A review of health care records showed that assessments were completed on admission and reviewed if residents needs changed. There was sufficient detail to gain a good understanding of how residents needs were to be met. Where residents needs had changed while they were in the centre it was noted that appropriate referrals had been made, for example to hospice services, or for support from other allied professionals such as speech and language therapists. Records were person centred in the way they were written, setting out residents preferences in relation to meals, personal care and who to spend their time in the centre.

A review of the premises found that residents had personal space in bedrooms. Some were single, and others were shared but provided screening for privacy. Residents reported that the beds and chairs provided were comfortable and that they had sufficient space to store their personal possessions. Some areas were going through a programme of ongoing improvement to ensure all areas were suitably decorated. Since the last inspection an additional sitting room had been added to one unit which was being used by residents. This also improved the amount of dining space in the unit to support more enjoyable meal time experience.

Residents confirmed the quality of meals had improved recently. A review of complaints showed a trend in relation to complaints about the temperature of food being served and the quality. The person in charge explained all the steps taken to improve the mealtime experience and this included having set staff to support each unit, and a manager of those staff to ensure meals were served at correct temperatures, there was adequate choice, and the food was of a good standard. Residents communication needs were also detailed in relation to their sight, hearing, ability to communicate verbally and their cognitive ability. This was seen to support staff in engaging appropriately with residents.

Residents were seen to be enjoying visits from their family and friends through the inspection. There were a number of areas where they could meet privately. Residents spoken with confirmed they especially liked that they could have visitors in the evenings when people were home from work.

Improvement was required in relation to fire safety arrangements in the centre to

ensure that staff had appropriate skills and knowledge with suitable provisions in place to contain fires. Inspectors toured the premises and found some areas did not have the required containment arrangements, for example some doors had a lower fire rating than would be expected for their location. It was also noted that some staff were very clear on the fire evacuation procedures, while others described arrangements that were not set out in the policy. It was noted fire drills did not cover subjects relevant to the premises, for example in the area where most residents stayed.

Regulation 10: Communication difficulties

Where residents had specific communication needs these were detailed in their plan of care. Staff spoken with were very clear in relation to residents' communication needs, and where necessary appointments were arranged in relation to communication needs with the relevant services. Residents confirmed they felt able to communicate freely in the centre, and had access to phones to keep in touch with families and friends.

Judgment: Compliant

Regulation 11: Visits

There were arrangements in place for residents to receive visitors. A lot of people were seen to be visiting residents through the course of the inspection. Those residents who spoke with inspectors said they felt the visiting hours were good to support family and friends who may be busy during the day but could visit in the evenings.

There were multiple spaces through the centre being used to see visitors, and if privacy was required there were rooms that could be used.

Information about visiting was clearly set out in the residents guide that was available next to each bed, and it was explained by the staff on arrival.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were able to retain control of their own belongings in the centre. Each

person had a bedside locker with lockable drawer and a wardrobe. As this was a short term service people had not generally personalised their areas.

Judgment: Compliant

Regulation 13: End of life

While this was a step down service where residents spent a short period of time before going on to other services or returning home, there were a small number of occasions when residents needs changed quickly and they required a plan to support end of life care.

Where this approach to care was required records showed that appropriate professionals were involved, for example the relevant consultant and hospice services. Records also showed that appropriate decisions were made in a timely way and supported areas of care, such as pain relief.

There were arrangements to support families staying with the resident, and to cater for any religious and cultural needs and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises were found to be of overall sound construction, and in a good state of repair. All areas were found to be clear of obstructions, and there was an ongoing program to ensure areas were suitably decorated. The floor surfaces were well maintained, and there were handrails in corridor areas. There was a lift available to access the first floor.

Bedrooms provided adequate furniture to support residents during their short stay in the centre. There were lockers and wardrobes close to residents beds, and screening ensured residents had privacy in shared rooms.

There were sufficient shower and bathroom facilities, and they would support access for residents using wheelchairs, or needing the support of a hoist or shower chair. There were also grab rails by the showers, toilets and sinks to support residents mobility.

Following the previous inspection an additional communal area had been added to one unit, and residents were seen using the space to watch television and socialise. The centre now provided adequate communal and dining space to meet the residents needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' dietary needs were reviewed on admission to the centre, and where a specific diet was required the information was passed to the kitchen. Inspectors observed residents getting ready for meals, and the end of service and found it to be an organised arrangement. Those who spoke with inspectors said they had a choice of what meals to have, and where to eat them. Everyone spoken with reported the quality of the food was good, and that they always had access to drinking water.

Each resident was monitored for the risk of malnutrition during their stay, with assessments and checks such as taking residents' weights. Where issues were identified appropriate referrals were made, for example to a dietitian or speech and language therapist.

The complaint records showed over the year a number of issues were raised about the quality of food. The person in charge set out the changes made in light of the complaints and records showed the complaints had reduced in light of the changes.

Judgment: Compliant

Regulation 20: Information for residents

The information for residents booklet was available to each resident in the centre and included a summary of the services provided, the terms and conditions relating to their stay, the procedure for complaints and arrangements for receiving visitors.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There were clear arrangements for discharge of residents from the service. There were links in place with community healthcare services for those going home, and support for assessments to be carried out when residents were moving on to other services.

Judgment: Compliant

Regulation 27: Infection control

There were arrangements in place to support the management of infections in the centre, with a education campaign to encourage good hand hygiene routines set up in the entrance of the centre.

Where infections had been identified they were dealt with appropriately.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire or to ensure that adequate systems were in place to ensure the safe and effective evacuation of residents.

The inspectors were not assured that the centre met the requirements of the regulations in the following areas:

That appropriate emergency escape lighting was provided throughout the centre.

- The routes indicated by the directional escape lighting were confusing and did not always lead to the nearest and most appropriate final exit. This issue had been raised in previous inspection reports.

That adequate arrangements had been made for maintaining all means of escape and building services.

- There were no records available for the maintenance, servicing or regular checks of the access control system throughout the centre.
- It was observed that hoists, chairs and bedroom lockers were being stored in one escape stairwell.

That adequate arrangements had been made for reviewing fire precautions.

- The procedure for identifying, documenting, mitigating and controlling fire risks and hazards in the centre was not being comprehensively implemented with only one risk \ hazard being identified for the centre. The identified hazard that related to door wedging was still occurring in some rooms.
- A review of fire precautions is not referred to in the documented quality and safety review for the centre.

That adequate arrangements had been made to ensure that all persons working at the designated centre were aware of the procedure to be followed in the case of

fire.

- Fire drills were being carried out regularly, but inspectors were not assured that the scenarios practiced prepared staff for the most demanding evacuation procedures that are likely to be required in the centre. For example, the recorded drill scenarios included very few simulated resident evacuations, and did not include a simulated full compartment evacuation with night time staffing levels.
- Some staff, who would be responsible for coordinating the evacuation of residents, were unclear about the information being provided by the alarm repeater panel and did not understand the emergency procedure and evacuation policy to be followed in the event of an evacuation of the centre being required as described in the Fire Safety Policy Document.

That adequate arrangements had been made for the containment of fire in the centre

- The inspector was not assured that the bedroom doors in the 'Maple' section of the centre would achieve their required fire performance. Most bedroom doors in this part of the centre were not fitted with closers, intumescent strips, smoke seals, appropriate ironmongery or manufacturer tags to confirm their likely fire performance.
- In various parts of the centre the compartment doors were fitted with a manufacturer applied tag indicating their fire rating. In some cases the indicated fire rating was lower than would be required by their purpose and location.

That adequate arrangements had been made for the safe placement of residents and for their evacuation where necessary.

- It was observed by inspectors that the largest compartment in the centre has 10 residents of mixed dependencies, located in three separate bedrooms, who are supported by two night staff, with further assistance to be provided by staff from the other parts of the centre if evacuation of the compartment becomes necessary. No evacuation drill records were available to provide assurance of the adequacy of the procedures in place to evacuate this compartment in a safe and timely fashion.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

This regulation was found to be compliant at the last inspection. A sample of care records found that provided evidence that staff continued to appropriately assess residents' identified needs, and develop care plans with clear instructions of how

residents' needs were to be met.

Judgment: Compliant

Regulation 6: Health care

Records showed residents' healthcare needs were being met in a timely way. Residents spoken with felt the staff were kind and reviewed their needs on a regular basis.

Judgment: Compliant

Regulation 8: Protection

There were clear policies in place to guide staff in how to ensure residents were safeguarded from abuse in the centre. Staff spoken with were very clear of the types of abuse residents may be at risk of and also the steps to take if they suspected, witnessed or had abuse reported to them. Residents who spoke with inspectors said they felt safe in the centre and that staff were respectful of their health and social care needs.

Small amounts of cash were being held for some residents, and there was a clear system in place to record any deposits or withdrawals. A check of a number of balances found them to match the amount recorded on the sheet. Due to the short nature of residents' stays the provider was not a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place to provide some activities and recreation, and residents reported they liked the opportunity to join in when they wanted to. This included music and craft opportunities. There were televisions, DVDs and radios around the centre that residents could use as was their preference.

As the service was for short stay there was not a regular gathering to seek views, however when each resident was discharged they were asked to provide their views of their experience in questionnaires. This information was gathered on a quarterly basis and collated in a report. The findings found most people were satisfied with their stay and would recommend the service.

There were sufficient bathrooms and toilets in the centre, and they provided appropriate privacy to ensure residents' dignity was maintained. Where there were shared bedrooms there were screens available to ensure privacy was maintained, for example when personal care was being delivered.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Carmel Community Hospital (Short Stay Beds) OSV-0005337

Inspection ID: MON-0022401

Date of inspection: 13/11/2018

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management will ensure that the arrangements for fire safety in the centre are adequate to ensure patient and staff safety. All staff will undertake fire safety training as part of the induction process and an annual refresher thereafter. All staff currently participate in regular fire safety drills which are conducted on a monthly basis (including night time conditions) as well as simulated fire evacuation drills, which take place every 6 months. These drills include simulated evacuation of the bedroom and compartments.</p> <p>All fire safety drills are documented and evaluated and there is a debrief following each drill to ensure that there are opportunities for learning and improvements.</p> <p>The centre's fire safety policy reflects the principles of HIQA Fire Precautions in Designated Centres for Older People.</p> <p>Since the inspection, an additional refresher fire training course has been undertaken by all staff. As part of this training, timed simulated fire drills have also been undertaken including areas within the hospital where patients with the highest dependencies were located at that time.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Records will continue to be maintained regarding the maintenance, servicing and regular checking of the access control system throughout the centre. All stairwells are clear and</p>	

it can be confirmed there is no inappropriate storage of hoists or chairs in these areas. This will continue to be monitored by the Person In Charge on a regular basis to ensure ongoing compliance.

The procedure for identifying, documenting, mitigating and controlling fire risks and hazards in the centre has been outlined. Following the inspection, a comprehensive fire safety risk assessment has been undertaken by an independent fire safety engineer on behalf of the HSE.

The arrangements for the containment of fire in the centre has been reviewed as part of the Fire Safety Risk Assessment and recommendations identifying infrastructural works to address the required fire performance of the bedroom and compartment doors have been outlined in the report by the fire safety engineer. Existing doors on the corridors will be replaced or upgraded to meet full compliance with existing regulations and standards. In addition all bedroom doors will be replaced with 60 minute rated fire doors in line with existing regulations and standards. Risks identified have rated as being required to be completed within a 12 month timeframe and these works will commence in late February 2019 and be fully completed by mid June 2019.

The independent Risk Assessment has also confirmed that the emergency lighting system, which is a LED addressable system is in compliance with IS.3217:2013.

The Quality & Safety review for the centre includes a section on Health & Safety, including Fire Safety and this will be discussed and addressed at monthly management team meetings, records of which are available as an Action Register.

A refresher fire safety training session was held on 29th November 2018 for all staff to ensure their full understanding of evacuation procedures in accordance with the centre's fire safety policy documents. The Person In Charge (PIC) can confirm that all staff in the centre have a good level of understanding of fire evacuation procedures and fire safety at work, including their individual role in the event of a fire evacuation procedure, in accordance with the centre's policy on fire safety. Staff who are responsible for coordinating the evacuation of residents in the event of a fire have been familiarized again with the fire alarm panel in the centre and understand the evacuation policy to be followed as required.

Fire drill records are available which demonstrate the safe procedures in place to evacuate the largest compartment in the centre in a safe and timely fashion

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 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	31/01/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/01/2019
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.	Substantially Compliant	Yellow	31/12/2018
Regulation 28(1)(e)	The registered provider shall	Not Compliant	Orange	31/12/2018

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2018
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/12/2018