



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Dargle Valley Nursing Home
Name of provider:	Bluebell Care Limited
Address of centre:	Cookstown Road, Enniskerry, Wicklow
Type of inspection:	Unannounced
Date of inspection:	15 April 2019
Centre ID:	OSV-0000031
Fieldwork ID:	MON-0024805

About the designated centre

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

Dargle Valley Nursing home is situated in Enniskerry, Co. Wicklow and is easily accessed from the main N11 dual carriageway. It is in close proximity to local amenities such as Powerscourt gardens, the towns of Bray and Greystones and the village of Enniskerry. The registered provider is Bluebell Care Ltd. The centre accommodates a maximum of 30 residents on one floor. Bedroom accommodation consists of 26 single rooms and two twin rooms. All bedrooms have an en-suite with a toilet and a wash hand basin, two en-suites have shower facilities. There are three assisted shower/bathrooms. Communal areas include a day room, dining room and sun lounge which opens on to an enclosed garden. There is parking to the front for approximately 12 cars. The centre caters for male and female residents over the age of 18 and offers long-term and short-term care. Residents with varying dependencies from low to maximum dependency can be catered for. The centre provides care to older persons with dementia, residents with physical, neurological and sensory impairments and end-of-life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 34 staff.

The following information outlines some additional data on this centre.

Current registration end date:	08/06/2021
Number of residents on the date of inspection:	29

How we inspect

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
15 April 2019	10:15hrs to 17:40hrs	Liz Foley	Lead

Views of people who use the service

The inspector spoke with residents during the inspection, those residents that could not give their own opinion were represented by a family member. Residents felt safe and respected in the centre. Staff were kind and residents told the inspector their needs were met. Residents liked having their own bedrooms and liked the homely feel in the centre. The food was good and there was a choice of meals. Live music was enjoyed by residents and there was a variety of activities on offer, however some residents would like to go on more outings. Some residents felt communal spaces were limited during busy times and they had to use their bedrooms for privacy during visits. Some residents also said the communal areas were noisy during visiting times and activities, and they had to go to their bedrooms for quiet space. Family members were always made welcome and complimented the care provided. Staff were complimented and residents knew how to make a complaint if warranted.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the care and welfare of residents in designated centres for older people, regulations 2013. Prior to this inspection unsolicited information had been received by the Office of the Chief Inspector concerning insufficient staffing levels at night. There was no evidence found on inspection to support this concern. The inspector also followed up on actions from the previous inspection which were found to be completed.

There were good governance structures in place, the person in charge and centre manager both worked full-time. Improvements were found in the monitoring of quality and safety of the service following the implementation of a quality management system, a completed action from the previous inspection. Evidence of ongoing quality and safety improvements and monitoring was viewed by the inspector. Monthly management meetings were held with the registered provider and actions were clearly documented and time bound. Improvements were required to ensure all risks were identified and managed. Residents were involved in the organisation of the service and regularly consulted with. Feedback from residents and staff informed ongoing quality improvements in the centre.

The inspector found there was sufficient staff on duty having regard to the assessed needs of the residents and the design and layout of the centre. The centre had identified that improvements were required to ensure there were sufficient housekeeping staff to maintain a high standard of cleanliness and were in the process of recruiting. Improvements were required to ensure that all staff had

received mandatory training, as some newer staff had not received training in fire safety, behaviours that challenge and food hygiene.

Fire safety issues were identified during the inspection, external escape routes were found to be locked at three exits with the keys held by one staff member. This was discussed with the person in charge and the manager and an immediate action plan was issued to ensure that in the event of an emergency, egress would not be delayed while staff located keys. Improvements were also required to ensure containment of fire was adequate and to ensure safe evacuation when staffing levels were lowest. Following the inspection the person in charge submitted evidence of night time evacuation drills which included the area evacuated, time taken to evacuate and learning from the exercise.

Improvements were required to ensure that all documents in relation to staff were available and maintained in accordance with schedule 2 of the regulations. All staff and volunteers had Garda vetting disclosures in place. Improvements were required to ensure that roles and responsibilities were set out in writing for volunteers who attended the centre.

There was comprehensive documentation to support safety and risk management and complaints in the centre. Incidents and complaints viewed by the inspector were comprehensively investigated. There was ongoing audit of quality and safety planned.

Regulation 15: Staffing

There was sufficient staff on duty having regard to the assessed needs of the residents and the design and layout of the centre. There was a minimum of one registered nurse on duty 24 hours per day.

Housekeeping hours were not consistently reflected in the roster. Some days of the week there were only three hours housekeeping allocated. This had been a consistent pattern on the rosters and was not in line with the centre's statement of purpose. The person in charge assured the inspector that recruitment of housekeeping staff was currently ongoing and that every effort was made to ensure that a high standard of cleanliness was maintained.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The centre provided a suite of mandatory training for all staff which included fire safety, manual handling, managing behaviour that is challenging, dementia care, infection control, food hygiene, medication management and cardio-pulmonary

recussitation (CPR). Mandatory training for some staff was not up to date; five recently recruited staff were not trained in fire safety and behaviours that challenge, two of these also required food hygiene training. The centre had provided induction training to staff which covered some elements of fire safety, this is actioned under regulation 28 Fire. All staff were up to date in manual handling and all nurses had completed medication management training.

Judgment: Substantially compliant

Regulation 21: Records

Records were not in line with the requirements of schedule 2. There were gaps in employment history and some references were not in place, those that were had not been checked. All staff had vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Resources were available to ensure care was delivered in accordance with the centre's statement of purpose. There was a clearly defined management structure and both the person in charge and centre manager worked full-time. Management systems were found to have improved in the centre, this was a completed action from the previous inspection. A new management audit system was implemented and in use in the centre, which supported the management team in the ongoing monitoring of quality and safety. There was evidence of quality improvements made and evidence of residents being consulted in the organisation of the service. There was comprehensive clinical data collected and analysed monthly. This data analysis identified trends in key performance areas such as falls and subsequently led to better care outcomes. An annual review of the quality and safety of the service for 2018 was completed and available to the residents.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers attended the centre to support the care of residents living there. All volunteers were Garda vetted; however, roles and responsibilities were not set out in writing.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents and families were aware of the centre's complaints procedure which was prominently displayed in the reception area. The procedure was compliant with the regulations and was audited annually.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care and felt safe in this service. Improvements were found in care planning, as all residents were comprehensively assessed and had a person-centred care plan in place within 48 hours of admission. A review of residents' care plans, staff practices and feedback from residents and families found that care provided was in line with the residents' preferences. Residents and families, where appropriate, were consulted about their care and care plans were reviewed regularly in line with the regulations. Visitors were always welcome and invited to partake in refreshments during their visit.

The provider had recently reconfigured the building to install a communal bathroom, this was the first of two phases of refurbishments which were required as a condition of registration. The centre was warm, clean and suitably furnished; residents and families told the inspector they enjoyed the homely atmosphere.

Residents were offered a choice of two GPs who visited the centre and allied health services were available in the centre on a referral basis. However, current arrangements for occupational therapy services need to be reviewed to ensure that residents with medical cards are not being charged for services they are entitled to free of charge. Residents were referred to national screening

programmes as appropriate and in accordance with their preference.

Residents were safeguarded by effective procedures in the centre, and their rights were respected. Staff were knowledgeable of the signs of abuse and the reporting procedures in place. The provider was a pension agent for some residents and robust procedures were in place to protect these residents' finances in line with the Department of Social Protection guidelines.

Good management of residents who exhibited behaviours that challenge resulted in improved quality of life and a reduction in episodes of challenging behaviour. Behavioural support care plans guided staff to effectively care for these residents in a person-centred way. Use of restraint was low and was risk assessed. Improvements were required however to ensure the preferences of family did not impact on the resident's care and rights. Improvements were also required to ensure equipment was available to provide less restrictive options for care when required. Where restrictive practices were used, safety checklists were in place and in line with the national policy.

There were facilities and opportunities for residents to engage in recreational and occupational activities in the centre. There was one activity coordinator who worked five days per week and care staff provided activities outside these times. In addition to this there was live music, aromatherapy and physiotherapy weekly, with hairdressing fortnightly or more frequently if requested. Improvements were required to ensure all residents had access to outdoor spaces. Communal areas were limited, for example, hairdressing activities were carried out on a corridor and some residents had to receive visitors in their bedrooms during busy visiting periods. Excessive noise in communal areas also impacted on some residents.

Regulation 17: Premises

The centre has a restrictive condition on its registration relating to shared bathroom/shower access. The first phase of improvement which was due for completion on 31 May 2019 was found to be completed. The second phase is due to be completed by 31 December 2021. Premises were found to generally meet the requirements of the regulations but communal space was limited. The communal space available for each individual resident was 3.57 square metres, which falls short of the recommended 4 square metres per person. Communal spaces included a sitting room and adjacent dining room, a sun room which was an open sitting area beside the exit to the enclosed garden and a chat station which was two chairs on the corridor beside a work area. The inspector observed visitors in bedrooms because there was no private space to entertain visitors and all communal areas were busy. The impact of this is discussed under regulation 9 rights. Communal areas and bedrooms were suitably decorated and comfortably furnished. There was a secure outside garden adjacent to the sun lounge.

Judgment: Substantially compliant

Regulation 26: Risk management

Improvements were found in the risk management policy which included assessment of risks, hazard identification and measures in place to control the identified risks, this was a completed action from the previous inspection. Further improvements were required to ensure all active risks were identified and actioned to ensure safe services for residents, staff and visitors. The risks associated with fire safety and maintenance issues with fire doors had not been identified by the provider and therefore were not being managed.

Incidents and accidents were found to be comprehensively investigated with detailed documentation of any learning made as a result. For example, falls were monitored, recorded and audited monthly with further controls implemented which led to better outcomes for residents. Measures were in place to manage specified risks as per regulation 26 (c) (i-v) and an emergency plan was in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were adequate precautions against the risk of fire, however three external escape routes were found to be locked. The keys for these three locks were held by one staff member and some staff on duty were not aware of the locked escape routes or aware of the location of the keys. An immediate action was issued to ensure safe egress for residents and staff in the event of an emergency evacuation.

Two bedroom doors were wedged open and one door had the automatic closing device disabled, therefore preventing the containment of fire. One compartment door was faulty; however this did not impact on the safety of the door which did close automatically when the fire system was tested.

Five staff members had not completed fire safety training, these staff were the most recently recruited. Induction training did contain some instruction on fire procedures, exits and location of safety equipment. Fire evacuation drills had taken place twice in 2019. There were however no records of night time simulated drills when staffing was at its lowest, therefore the registered provider was not assured that all residents and staff could be safely evacuated in the event of an emergency during these times.

Improvements were also required in the documentation of fire drills to ensure that all records contained information on the scenario practiced, numbers of staff

involved, time taken to evacuate a specific compartment and learning or problems encountered. This information was required to ensure the ongoing safety of all residents, staff and visitors.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Improvements were found in care planning. The person in charge completed a pre admission assessment to ensure the service could meet the prospective resident's needs. All residents had a comprehensive health, personal and social care assessment completed within 48 hours of admission, which informed a person-centred plan of care. This was a completed action from the previous inspection. Ongoing clinical risk assessments were completed routinely or when the resident's condition changed. All care plans were reviewed four monthly or sooner if warranted. Residents and families were consulted with about care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a choice of two visiting GPs and out-of-hours medical cover if required. Allied health services were accessible in the centre for example, chiropody, dental, optical, speech and language and dietetic services. National screening programmes were accessible and all residents were offered and referred as appropriate. In-house physiotherapy was available as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who exhibited behaviours that challenge were well managed in the centre. Staff were aware of each resident's needs and were observed providing discreet person-centred assistance throughout the inspection. Behavioural support care plans were effective to guide staff in providing care that prevented escalated behaviours and resulted in better outcomes for residents.

Restraint use was low in the centre. Those who had restrictive devices were risk assessed with controls and checks in place to maintain safety, in line with the national policy. Review was required to ensure the preferences of family

members was not impacting on the resident's care and rights.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected from abuse in the centre with policies in place to guide staff in the event of suspected abuse. The centre was a pension agent for some residents. Robust processes were in place to protect each resident's finances, these processes were in line with the Department of Social Protection's guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities and opportunities for recreation for all residents. An activity coordinator worked five days per week in the centre and care staff were responsible for activity provision outside of these days. Care staff were observed engaging residents in one-to-one activities, in accordance with their abilities, at different times during the inspection.

Some residents had independent access to outdoor space at the front of the centre; however residents who required supervision could not independently access the secure outdoor space, which was locked. Communal spaces were limited and this impacted on residents, especially when visitors were present and the communal rooms were observed to be noisy and busy. Some residents had to use their bedrooms to receive visitors in private or for peace and quiet. There was adequate privacy screening in the shared bedrooms.

Residents' choices were respected within the confines of the centre. Advocacy was available on a regular basis by a visiting advocate; in addition to this the national advocacy services were accessible to those who required or requested it. Residents were consulted with about the organisation of the service.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dargle Valley Nursing Home OSV-0000031

Inspection ID: MON-0024805

Date of inspection: 15/04/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A new housekeeper has been appointed. There will be five housekeeping hours each morning as per our Home's statement of purpose.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: We will ensure mandatory training is up to date for all staff mentioned in the report.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: We will complete an audit of all staff files and ensure all gaps in the employment history are explained and all references are checked and in place.	

Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: We will ensure all volunteers have their roles and responsibilities set out in writing.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p><i>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</i></p> <p>We have four areas suitable to entertain visitors: main sitting room, sun room, chat station and dining room (closed only at meal times and for cleaning 14.00-14.30) In fine weather we have two lovely accessible gardens. This matter will be raised at next resident's forum on 7/7/2019.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>We will ensure all active risks are identified and actioned to ensure safe services for residents, staff and visitors. Weekly checks will take place and any maintenance issues will be reported to PIC or Assistant home manager.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We will ensure all staff are aware of the location of the keys for escape routes. As per our policy on "Fire Safety Management", all staff will be given information, training and instruction on the fire safety measures to be taken or observed on the</p>	

premises, including the action to be taken in case of fire. Training of each member of staff shall take place as soon as possible after they are appointed and regularly, at predetermined intervals after that, to ensure that they remain familiar with our procedures.

The frequency of training will usually be annually but may be carried out more often depending on risk assessments and turnover of staff.

On the first day of orientation all new staff will be familiarized with the above policy. The PIC will introduce Emergency Fire Action Plan for Dargle Valley Nursing Home and carry out a fire drill within the first two weeks. All new staff will sign an acknowledgement of understanding of same.

We will ensure bedroom doors are not wedged open and that the automatic closing devices are never disabled and we will also ensure compartment doors are checked.

We will ensure that the Five most recently recruited staff members will have completed fire safety training. We will ensure there are records of night time simulated drills when staffing is at its lowest, therefore assuring that all residents and staff can be safely evacuated in the event of an emergency during these times. Regular fire drills are taking place in Dargle Valley Nursing Home to ensure that residents and staff can be safely evacuated when staffing levels are high or low.

All night staff since 15th of April 2019 have completed a night time simulated fire evacuation drill and feel confident that residents and staff can be safely evacuated at night.

Our fire drill report will contain information on the scenario practiced, the numbers of staff involved, time taken to evacuate a specific compartment and the learning or problems encountered.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

We do have alternative assistive equipment available to trial instead of restrictive devices, a low bed is available in the Home.

At the time of our inspection there were two bed bumpers insitu which now have both been removed successfully on 22/04/2019. Family members were spoken to regarding impacting the residents care and rights and this will be on the agenda for our residents forum on the 7/7/2019

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The secure outdoor space is opened daily (in dry weather). The Main sitting room was busy due to our monthly mass taking place but, the sun room and chat station was available for relatives/ visitors.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	21/05/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2019
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	07/07/2019

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/07/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/04/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/04/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/04/2019

Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	16/04/2019
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	16/04/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/05/2019
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.	Substantially Compliant	Yellow	29/04/2019

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.	Substantially Compliant	Yellow	29/04/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/04/2019
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.	Substantially Compliant	Yellow	29/04/2019
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Not Compliant	Yellow	16/04/2019
Regulation 7(3)	The registered provider shall	Substantially Compliant	Yellow	22/04/2019

	ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	21/05/2019
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	21/05/2019