



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Kerlogue Nursing Home
Name of provider:	Candela Healthcare Limited
Address of centre:	Kerlogue, Wexford
Type of inspection:	Unannounced
Date of inspection:	27 June 2018 and 28 June 2018
Centre ID:	OSV-0000240
Fieldwork ID:	MON-0022212

About the designated centre

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

Kerlougue Nursing Home is a purpose-built two-storey building that first opened in 2002. It can accommodate 89 residents and all bedrooms are ensuite consisting of 66 single, 10 twin and one triple bedroom. The provider is a limited company called Candela Healthcare Ltd. The centre is situated on the outskirts of Wexford town. The centre offers nursing care for low, medium, high and maximum dependency residents by assessing the individual using the Barthel Index 2 assessment tool. The type of care and support that is provided is for both female and male adult residents including: younger acquired brain injury, palliative care, learning disabilities, rehabilitation e.g. post-operative and post stroke. The centre has access to in house physiotherapist to assist residents rehabilitation, as appropriate. The centre also cares for residents with conditions associated with advancing age. Residents medical care is directed by their own General Practitioner (GP) and the centre works closely with the Gerontology department in the day unit of Wexford General Hospital. The centre also accesses services that individuals with chronic disabilities require to maintain healthy ageing. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess a potential resident's needs. Based on information supplied by the resident, family, and or the acute hospital; to ensure that all the necessary equipment, knowledge and competency are available to meet the individual's needs, an admission date is then arranged. The centre currently employs approximately 120 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Current registration end date:	25/10/2020
Number of residents on the date of inspection:	88

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
27 June 2018	09:00hrs to 17:30hrs	Vincent Kearns	Lead
28 June 2018	07:00hrs to 15:00hrs	Vincent Kearns	Lead

Views of people who use the service

Residents who met with the inspector were very complimentary about the care and support provided and said that staff treated them with respect and dignity at all times. Residents told the inspector that there was a good atmosphere in the centre, that it was a friendly place to live and confirmed that they felt safe living there. They said that staff were really very good, kept them fully informed and up to date about any changes to their care and support needs, or any changes in the centre itself. Residents knew, for example, what activities or social events were planned. For example, residents were fully aware of the planned musical presentation by the residents' choir that was scheduled for the end of this week. Residents stated that they would have no hesitation in speaking to any staff member if they had a concern or any issue. Residents said that they knew many of staff well. A number of residents and staff were from the local community and some staff had worked in the centre for many years. Staff were described by residents as being very kind, caring and responsive to their needs.

Some residents told the inspector that there was plenty happening in the centre but that they were always given choice as to how they spent their day. Residents said that they had freedom to choose when they got up, when they had their meals or what activities they participated in. Some residents said they preferred not to take part in the group activities and said that their wishes were always respected. A number of residents commented that they really enjoyed the activities and particularly the music therapy sessions provided each week in the centre by a qualified music therapist.

Some residents highlighted that they enjoyed the good food provided and particularly the home baking which was described as always very good and appetising. Some residents outlined how they were able to continue being part of the local community, for example by going out on day trips or visiting family and friends and some residents attended a local day centre. Residents informed the inspector that they felt that they were well supported by staff but also encouraged to be independent as much as possible.

Capacity and capability

There was a clearly defined management structure in the centre that outlined the lines of authority and accountability. The centre had a positive regulatory history to date and all the actions from the previous inspection had been completed.

Overall, there was evidence that effective leadership, governance and management

was in place. The person in charge had been appointed to this position in September 2017. She had previously held the position of Assistant Director of Nursing (ADON) in the centre since it opened in 2002. She was a registered nurse with considerable experience in the area of nursing the older person. The person in charge demonstrated suitable clinical knowledge to ensure suitable and safe care was provided. There was also a general manager who was the provider representative and was based on site. The provider representative was also actively involved in the day to day running of the centre and was very familiar with staff and residents. There was evidence of clear oversight arrangements in place. For example, there were weekly meetings with directors and the management team in relation to the on-going governance and management of the centre. The provider representative confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspector. However, from a review of the incidents log the inspector noted that there was a record of one incident made by a relative that alleged mishandling of a resident by a staff member. The inspector followed up with the person in charge and the provider representative and was assured that the matter had been managed in line with the centres policy. The inspector noted that this alleged incident which occurred in February 2018 had been not been notified to HIQA. This notification was retrospectively submitted by the evening of the first day of the inspection.

The provider representative and the person in charge regularly met with residents and their representatives, the members of the management team, the activities team, the care staff and nursing staff. Minutes were maintained of these meetings. The person in charge had a number of plans for the centre aimed at driving resident-focused person-centred care. She explained how she was promoting continuous improvement in residents' care by for example; reviewing and updating staff training, policies and procedures and working to improve staff appraisals. The person in charge was well know to many residents, who described her as very attentive and kind. Staff also described the person in charge as a very approachable manager, who put the residents at the centre of everything that happens in the centre.

The inspector was assured that the provider representative was providing suitable staffing and skill-mix to meet the assessed needs of the residents for the size, design and layout of the centre. All staff were supervised on an appropriate basis, as appropriate to their role and responsibilities. The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. All recently appointed staff had received a suitable induction, staff performance appraisals were on-going and staff had completed mandatory training.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. The inspector found that she

was well known to residents and staff; residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable. During the two days of the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in her role and responsibilities as person in charge and displayed a strong commitment towards providing a person-centred, high-quality service. She had committed to continued professional development and she had regularly attended relevant education and training sessions, including a post-graduate management training course. There were arrangements for the ADON, Clinical Nurse Manager (CNM) or the Staff Nurse to replace the person in charge for short periods including the evenings, weekends and during annual leave periods.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection there were adequate staff in place to meet the needs of residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff had an excellent knowledge of residents' health and support needs, as well as their likes and dislikes. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided with numerous training dates scheduled for 2018. Mandatory training was ongoing and all staff had completed mandatory training in areas such as fire safety, manual handling, safeguarding, dementia care and the management of behaviours that challenge.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was evidence of good governance and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the

quality and safety of care and residents' quality of life. There was for example, regular audits and incident reviews carried out in relation many aspects of care or following any complaint, incident, or accident. There were regular audits of medication management, care planning and falls governance. Following completion of any audits or incident reviews, there was evidence that the person in charge and the provider representative highlighted any identified issues to the provider representative and board of directors. These arrangements gave some assurance to the provider representative and the board of directors that residents were safe and the quality of care was being monitored, measured and actioned. However, as already identified in this report, some improvement was required in relation to these arrangements to ensure such process adequately identified and highlighted all areas requiring actions, including the notification requirements to HIQA as required by regulation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There was a comprehensive log of all accidents and incidents that took place in the centre. HIQA was notified as required every quarter, and most written notifications were received within three days of accidents and incidents, as required. However, one recorded allegation of staff mishandling a resident had not been notified to HIQA as required by regulation.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents and their representatives confirmed that any complaints were listened to and acted upon. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently near the main entrance and was included in the statement of purpose and residents guide. The inspector reviewed the electronic complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately.

Judgment: Compliant

Quality and safety

Overall, the care and support provided to residents was seen to be of a good standard. Residents spoke about the friendly and caring atmosphere in the centre. They told the inspector that they were well supported to live as independent a life as possible. Residents said their choices and wishes were actively sought and respected, and that they received very good care and support from all staff. The inspector noted that the overall ethos in the centre was to provide a relaxed, homely and supportive environment for residents. The centre was located in a rural setting. However, it was well connected to the local community. For example, by hoisting the Alzheimer Society of Ireland tea day or arranging the planned garden party for the end of this week, which was open to all residents and or their representatives. Residents outlined how they were consulted with and facilitated to participate in the organisation of activities in the centre. For example, residents' care plan assessments included an evaluation of residents' social and emotional well being; including suitable activities assessments such as "A Key to Me". These assessments gave staff a good insight into residents' pastimes, likes, and dislikes, preferences and hobbies. Residents told the inspector that there was an excellent range of activities provided. Over the two days of inspection, the inspector noted that there was plenty of activity in the large sitting room, and music therapy appeared to be particularly popular with residents. There was also a residents choir who were seen to be busy practicing for this Fridays' garden party.

There was evidence that care and support was provided to a good standard and the centre had a computerised care planning system in place. There were adequate details to support staff in effectively managing residents' health and social care needs. These included suitable assessment, planning, implementation and review of residents' health and social care needs. Based on a random sample of care plans reviewed, the inspector was satisfied that, overall, the care plans reflected each resident's assessed needs. Residents' assessments were supported by a number of evidenced-based assessment tools and plans of care were in place to meet most identified needs. There was a choice of GP's attending the centre. Nursing care was provided by a minimum of two registered nurses who were on duty both day and night time in the centre. These arrangements meant that, overall, residents' care and support needs were being adequately met on an ongoing basis. However, some care plans required improvement for example, not all care plans reviewed were comprehensively completed to inform and guide staff in their practice in relation to oral care.

Residents were protected from abuse and harm, and residents who the inspector spoke with confirmed that they felt safe in the centre. There were organisational policies in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse. Training records confirmed that all staff had received suitable training and all staff who spoke with the inspector were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

The person in charge outlined how they were endeavouring to provide a restraint-free environment while also endeavouring to respect residents' expressed

preferences. While bed rails were in use; suitable arrangements were in place to ensure that restraint was only used as a last resort, monitored and reviewed regularly to ensure residents' safety.

The inspector noted that the design and layout of the centre was adequate to meet the individual and collective needs of residents and was in keeping with the centre's statement of purpose. The centre was observed to be bright, furnished to a high standard and appeared clean throughout. There were appropriate pictures, furnishings and colour schemes throughout the centre. Overall the design and layout of resident's bedrooms provided sufficient space and furniture for each resident. There was a number of communal rooms, dining rooms and an oratory which were used for activities, visits, and celebratory occasions for residents and their families. There was a smoking area, nurses' stations, administrative offices, a suitably equipped kitchen and a laundry room. There was also treatment and hairdressing rooms that completed the accommodation. Residents stated that they were happy with the accommodation provided and some residents said that it was very comfortable place to live.

There was an adequate means of escape and fire exits were unobstructed. Clear procedures for the safe evacuation of residents and staff in the event of fire was displayed in a number of areas. Overall, fire records were comprehensive, accurate and easily retrievable. However, some further details were required in relation to fire evacuation practice drill records.

Regulation 11: Visits

Numerous visitors were seen visiting residents at different times during the inspection. Staff were observed to take time to talk with family members and or residents representatives both when they visited and when they rang to enquire about their relative. Residents stated that their visitors were always made welcome and that there were areas in the centre to visit in private, if they wished to. However, there were specific visiting time periods written on the entrance door to the centre that required review as they appeared to restrict visiting times in the centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

A Residents' Guide was available to all residents which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. Copies of this guide were located in each residents' bedroom for ease of retrieval. This guide was

found to meet the requirements of legislation. This information was supplemented with information on notice boards through the centre and a regular newsletter giving information about what was going on in the centre.

Judgment: Compliant

Regulation 26: Risk management

There was a low level of accidents recorded in the centre and there were accident prevention measures in place. The risk management system supported the provider representative to identify where risks were occurring. Actions were put in place to control risks where they were identified.

Judgment: Compliant

Regulation 28: Fire precautions

The emergency lighting was regularly checked by staff and was serviced on a quarterly basis. Fire safety equipment was serviced on an annual basis. The fire alarm panel was serviced quarterly and most recently in March 2018. Regular fire drills had taken place in the previous 12 months and a description of the fire drill, details of the participants and any issues identified were recorded. However, some improvement was required to these fire drill practice records for example, to include the duration of the fire drill and the fire scenario being simulated during the practice.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration was observed and the inspector found that nursing staff adopted a person-centred approach. The inspector noted that the medication trolley was secured at all times. Medicines were suitably recorded as administered in the medication administration records following administration to residents, in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais. Robust measures were in place for the handling and storage of controlled drugs that were in accordance with current guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of electronic care plans was reviewed. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, personal care, mood and sleep. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, pain management, weight, mobilisation and, where appropriate, fluid intake. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at every four months. However, some care plans in relation to oral care required improvement, as some were not comprehensively completed to inform and guide staff in their practice.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that overall residents' health and social care needs were met to a good standard. There was evidence that timely access to most health care services was facilitated for residents. The person in charge confirmed that a number of GPs were currently attending to the needs of residents and an out-of-hours GP service was available, if required. Records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling, medicines use reviews and health promotion. The resident's right to refuse was respected. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied health care professionals including psychiatry of old age, dietetics, speech and language, specialist tissue viability services and chiropody. However, improvements were required to ensure such referrals were followed through. For example, there was one record of a referral to dietetic services that had been made March 2018. However, to date this resident had not been seen by this service.

The inspector noted that some residents required Percutaneous Endoscopic Gastrostomy Feeding (PEG) and there was adequate care plans in place to guide nursing and health care staff practice. Residents when receiving PEG feeds were monitored by nursing staff. However, such monitoring of the resident when receiving PEG feed required review as there was no structure or agreed process to guide staff in providing this monitoring or adequate written records were not maintained in relation to such monitoring.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector noted that few residents had been identified as having behaviours that challenge. Staff spoken with were clear on the support needs for residents exhibiting behaviours that challenge and the use of suitable de-escalating techniques. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up as required. Care plans reviewed for residents who exhibited behaviours that challenge were seen to reflect the positive behavioural strategies proposed, including staff using person-centred de-escalation methods.

Judgment: Compliant

Regulation 8: Protection

Overall, the inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated an adequate understanding of safeguarding and preventing elder abuse. All staff spoken with were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to choice and control over their daily life was facilitated in all aspects of their daily lives. For example, the times of they got up or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. The provider representative stated that there were no restrictions on visiting and this was confirmed by both residents and visitors to whom the inspector spoke. However, the inspector requested the provider representative to review the notice on the main entrance door stating specific visiting periods to the centre for the morning, afternoon and evening times.

There was CCTV camera's located in a number of internal locations in the centre. The provider representative outlined that they were only used in relation to maintaining the safety of the residents. The inspector noted that some of these CCTV camera's were located in areas that residents spent time during the day. For example, some camera's were in the communal sitting and dining room areas.

However, the inspector requested that the provider representative review all CCTV cameras' to ensure that they did not potentially impinge on residents' privacy.

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kerlogue Nursing Home OSV-0000240

Inspection ID: MON-0022212

Date of inspection: 27 and 28/06/2018

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>Re educated the management/duty managers in the referral of any incident that may require a notification to HIQA to the senior managers within the home.</p> <p> </p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The missing notification was sent in on 27/06/2018 once it was brought to the providers attention of being non compliant. All senior management re educated in the importance of all notifications being sent in a timely manner as per the standards</p> <p> </p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>signs that state a visiting time within the home have been removed. The policy and documentation that relates to this standard has been updated. But families have always had the ability to visit out of hours once the nurse on duty was notified.</p> <p> </p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire precautions lacked one element of the training which was the actual length of time the drill took to complete. We accept that this being included will improve the process of auditing and improving our ability as a team to perform our fire drills. A drill has been completed since the inspection and the time frame has been included.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>An oral care plan has been added to all residents who require oral care during the ads being provided.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The resident in question who has a peg feed is on regular half hour checks but there was no tick box written report to show that this process was being completed. The nurse on duty now documents the half hourly checks for the residents peg.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>CCTV has been removed from all communal seating areas within the home but remains on the public corridors.</p>	

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	06/07/2018
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.	Substantially Compliant	Yellow	06/07/2018
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	09/07/2018

	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 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	09/07/2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	09/07/2018
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires	Substantially Compliant	Yellow	18/07/2018

	additional professional expertise, access to such treatment.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	09/07/2018