



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| Name of designated centre: | Aperee Living Camp |
| Name of provider: | Aperee Living Camp Ltd |
| Address of centre: | Knockglassmore, Camp, Tralee, Kerry |
| Type of inspection: | Unannounced |
| Date of inspection: | 29 April 2021 |
| Centre ID: | OSV-0005406 |
| Fieldwork ID: | MON-0032809 |

About the designated centre

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

Ocean View Nursing Home is set in a very scenic location situated on the outskirts of Camp Village overlooking Tralee Bay. It is a single-storey building that was established as a nursing home in 1992. It has been extended over the years and provides continuing, convalescent and respite care for up to 35 residents. Private accommodation consists of 21 single en suite bedrooms and seven twin bedrooms; six of which have en- suites. Additional to en- suite facilities there are extra toilets and a large bathroom for residents use. Communal accommodation consists of two dining rooms, two sitting rooms, an activity room and a large sunroom. There is an attractive and user friendly enclosed outdoor area that is accessible from within the centre and includes seating and a planted garden. There is also a concrete path around the outside of the building with handrails and allows residents to walk around the building and enjoy the lovely view from the centre.

Ocean View provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 33 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------|----------------------|--------------|------|
| Thursday 29 April 2021 | 09:30hrs to 17:30hrs | John Greaney | Lead |

What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection. The overall feedback from residents was that staff were kind and caring, that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic.

The inspector arrived unannounced to the centre and a member of staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where he met and spoke with residents in the communal day areas and in their bedrooms.

The centre is purpose built and is located on the coast with panoramic views of the sea from the windows of communal rooms and from many of the bedrooms. The centre is registered to accommodate 35 residents in twenty one single and seven twin bedrooms. Of the twenty eight bedrooms, twenty six are en suite with shower, toilet and wash hand basin; one is en suite with toilet and wash hand basin only; and one bedroom does not have en suite facilities but there is a communal bathroom proximal to this bedroom. There was a variety of communal day spaces including a dining room, a sitting room and two conservatories overlooking Tralee Bay.

Overall the general environment and residents' bedrooms were found to be visibly clean. There were two cleaners on duty each day. The premises was found to be generally well maintained, warm, and comfortably decorated. It was noted in one of the shared bedrooms that currently accommodated one resident that wardrobe space was limited. Should there be another resident in this room, there would be inadequate space for their clothes. While the laundry room was small, staff had developed a system for the flow of soiled and clean laundry to minimise the risk of cross contamination. The inspector saw that systems were in place for the safe return of laundered personal clothing to residents.

On the morning of inspection, some residents were up and about, some were seated in the day room areas while others were having their breakfasts in their bedrooms. While there was a varied and flexible activities schedule, the activity coordinator only worked from Monday to Thursday and there were no staff designated for activities from Friday to Sunday. The inspector was informed that activities are provided by care staff in addition to the re-establishment of external activity providers on these days. Residents were observed enthusiastically participating in group activities in the morning and afternoon of the inspection. One-to-one activities were based on individuals' needs. The pandemic had greatly impacted on the programme of activities. To limit close contacts in accordance with recommended guidance, the centre was divided into two sides for operational purposes. Group

activities were facilitated for one side in the morning and for the other side in the afternoon. While the level of community involvement in activities had been greatly reduced due to the restrictions from COVID-19, the centre was finding other ways to keep the community involved. For example, there was a recent live music session provided from the garden.

Observations of interactions between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Residents had access to an enclosed garden area, the doors to the garden areas were open. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air. Residents reported that the food was good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. The inspector observed that a variety of snacks and drinks were offered between meals times. Residents were appropriately supported at mealtimes to go at their own pace and were served in accordance with their choices.

Residents described person-centred and compassionate care and told the inspector they were listened to and respected by the staff. Residents did not wait long for the call bell to be answered and were confident to discuss any concerns or feedback they had with any member of staff. Residents could choose where and how they spent their day and there was sufficient staff available to ensure they could attend activities and scheduled visits.

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

Capacity and capability

This was a one day unannounced risk inspection to monitor compliance with the regulations. There had been a change in the management structure since the previous inspection in June 2019. There have been changes in the directorship of the registered provider of the centre and the directors and management were involved in the operation of a number of other centres throughout the country. Overall, the inspector found that residents received a good standard of care that met their assessed needs. Some improvements were required in the areas of staff training and the submission of notifications.

There were effective governance and management arrangements in place to support the provision of a safe service. The centre is owned and operated by Aperee Living Camp Ltd. The chief executive officer (CEO) is also CEO of a number of other nursing home providers operating throughout the country. There is a national support network that includes human resources, finance and practice development.

Regionally, the director of nursing (DON) reports to a clinical operations manager, who in turn reports a director of care, quality and standards. The lines of authority and accountability were understood by all staff. However the registered provider appointed a DON to the role on 01 February 2021 that did not meet the regulatory requirements at the time of appointment. The DON was undergoing management training at the time of the inspection in order to meet the requirements of the regulations for the role of person in charge.

There were effective management systems in place to monitor the quality and safety of care resulting in a good quality of life for residents. The centre was effectively managing identified risks and had improvement plans in place to mitigate or eliminate these risks. The centre was adequately resourced and mostly compliant with the regulations.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19. The centre was subject to an outbreak of COVID-19 earlier in the year during which 15 members of staff tested positive for COVID-19. Up to the date of the inspection no residents tested positive for the virus. Contingency plans were in place should the centre experience another outbreak.

There were sufficient staff available to meet the needs of residents on the day of the inspection. The inspector was informed that activities were provided by care staff at weekends, however, the provider was requested keep staffing levels under review to ensure activities were facilitated over the course of seven days. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene. Appropriate training was facilitated for staff, however some staff were overdue attendance at some mandatory training. Training was facilitated by on-line and remote learning where appropriate.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality.

Regulation 14: Persons in charge

The director of nursing (DON) is an experienced nurse and manager. The DON was appointed to the role on 01 February 2021 and was undertaking a management course at the time of the inspection. The regulations require that the person in charge has a post-registration management qualification in health or a related field.

Judgment: Substantially compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the care needs of residents in line with the statement of purpose. In the absence of designated activity staff at weekends, the provider was requested to review the roster for activity staff to ensure that activities were available for residents from Friday to Sunday.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Not all staff had up to date training in mandatory areas such as fire safety, responsive behaviour and safeguarding residents from abuse. The training matrix given to inspectors also identified that some staff were overdue attendance at training in infection prevention and control.

Judgment: Substantially compliant

Regulation 21: Records

Staff rosters did not always reflect the hours of the director of nursing and assistant director of nursing.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incident records indicated that a complaint had been made against a member of staff. While the complaint was adequately investigated, a notification

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| was not submitted as required. |
| Judgment: Substantially compliant |
| Regulation 34: Complaints procedure |
| A review of the complaints log indicated that only a small number of complaints had been recorded. The inspector was satisfied that complaints were managed in line with the centre complaints policy. |
| Judgment: Compliant |
| Quality and safety |
| <p>The inspector found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met to a good standard.</p> <p>Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable within the limitations on social distancing and group activities. Activity assessments were in place for residents which outlined their individual preferences and interests. While there was a structured but flexible programme of activities facilitated from Monday to Thursday, there were limited activities provided over the weekend.</p> <p>Infection control practices were of a good standard, the premises and equipment used by residents appeared visibly clean. There was a comprehensive COVID-19 contingency plan folder which included relevant policies, preparedness plan and public health IPC guidelines. Records indicated that there was system in place for daily COVID-19 risk assessment for all residents. Wall-mounted alcohol hand sanitisers were appropriately located throughout the centre. Staff members with whom inspector spoke were knowledgeable of recommended infection prevention and control practices.</p> <p>The management team had taken measures to safeguard residents from being harmed or suffering abuse. Staff spoken with demonstrated that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.</p> <p>Nursing documentation reviewed indicated that residents needs had been regularly assessed using validated tools. Care plans were in place and were regularly evaluated and updated. These were seen to be personalised and provided good</p> |

guidance to be delivered to each resident on an individual basis. Nursing and care staff spoken with were familiar with and knowledgeable regarding residents up to date needs

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be evacuated.

There was evidence of daily and weekly fire safety checks. Fire safety equipment and the fire alarm had been serviced. While most exits were observed to be free of obstruction, one exit from a conservatory area was seen to be obstructed by a table even though this had been removed earlier on the day of the inspection. Initially staff found it hard to open this door as it had not been opened in some time. This was remedied by maintenance staff prior to the end of the inspection. Fire drills were conducted regularly, however, there was a need to ensure that night time scenarios reflected actual night time staffing.

Regulation 11: Visits

Visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents. Visits were being facilitated in the specifically designed visiting area, previously the prayer room. Residents and one visitor spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

Regulation 12: Personal possessions

There was a need to review wardrobe space for residents in shared rooms to ensure that there is adequate space for two residents' clothes..

Judgment: Substantially compliant

Regulation 13: End of life

There was evidence of discussions with residents and/or their families in relation to care as residents approached end of life. Records indicated that residents' cultural and spiritual needs were facilitated and supported. There was good access to

palliative care services.

Judgment: Compliant

Regulation 17: Premises

The inspector noted that the overall design and layout of the centre was adequate to meet the individual and collective needs of residents and was generally in keeping with the centre's statement of purpose. The centre was purpose built in a scenic location. There was adequate communal and sanitary facilities to meet the needs of residents living in the centre.

Judgment: Compliant

Regulation 27: Infection control

There was evidence that the centre had effectively managed the outbreak of COVID-19 and had a comprehensive preparedness plan in place, should another outbreak occur. Policies were in place to guide staff and specific training had been provided which included hand hygiene techniques, cough etiquette, donning and doffing personal protective equipment (PPE) and symptom monitoring.

Cleaning staff were seen to be knowledgeable in all aspects of decontamination and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Hand sanitisers were appropriately located along corridors. PPE stations were appropriately set out along the corridors and near to residents bedrooms and clinical waste was effectively managed.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- a fire exit was obstructed on more than one occasion on the day of the inspection
- while there was a fire drill conducted to simulate night time it did not reflect actual staffing at night
- there was a need to put a system in place to ensure that all fire doors could

be easily opened in the event of an emergency

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. GP's attended the centre on a regular basis and as needed. Specialist and allied health professionals were made available to residents, either remotely or on site where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Activity provision was returning to normal following an outbreak of COVID-19 and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---------------------------------------------------|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Substantially compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Aperee Living Camp OSV-0005406

Inspection ID: MON-0032809

Date of inspection: 29/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Regulation 14: Persons in charge | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The DON on the day of inspection is an experienced nurse with 11 years experience working within the Nursing Home and over 4 years as a senior nurse manager. The DON has completed 2 healthcare related management courses prior to her appointment as DON / PIC, an additional qualification at Post Grad Level in Palliative Care and at the time of inspection was completing a Level 6 QQI course in Healthcare Management.</p> <p>We are confident that the DON / PIC on appointment and at the time of inspection satisfies the requirements of legislation.</p> | |
| Regulation 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The inspector was advised on the day of inspection that staff are allocated to provide activities for the Residents Friday to Sunday in the absence of the Activities Coordinator. A significant number of outside activity providers attend the Home on weekends, this is being re-established post Covid restrictions, of which was informed to the inspector on the day.</p> | |
| Regulation 16: Training and staff | Substantially Compliant |

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| development | |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training has necessarily been negatively affected by Covid infection prevention and control requirements in addition to an outbreak in the home early this year. Notwithstanding, a full week of training was scheduled for week commencing 10th May and again for week commencing 14th June. It is anticipated that all staff will be up to date with training after 14th June.</p> | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: DON and ADON will be included in the rostered hours. This was occurring by designating that the DON / ADON were present on duty – but the times will now be specifically stated.</p> | |
| Regulation 31: Notification of incidents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifications are made in accordance with the legislation. The notification referred to in this report occurred during the Covid Outbreak in January 2021, to which is associated with a complaint. All other notifications have been submitted.</p> | |
| Regulation 12: Personal possessions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Wardrobe spaces will be reviewed on second occupancy of the room.</p> | |

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| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: The table has been removed. Fire drills will be conducted with the nighttime staffing levels. A review of all fire doors will be undertaken and repaired where required. | |

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 12(c) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions. | Substantially Compliant | Yellow | 31/12/2021 |
| Regulation 14(6)(b) | A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related | Substantially Compliant | Yellow | 21/05/2021 |

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| | field. | | | |
| 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 | 29/04/2021 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 14/06/2021 |
| 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 | 30/04/2021 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 31/07/2021 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is | Substantially Compliant | Yellow | 31/07/2021 |

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| | 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. | Substantially Compliant | Yellow | 30/04/2021 |