



**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

Name of designated centre:	Brampton Care Home
Name of provider:	Brampton Care Ltd
Address of centre:	Main Street, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	05 May 2022
Centre ID:	OSV-0005812
Fieldwork ID:	MON-0036850

About the designated centre

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

Brampton Care Home is located in the heart of Oranmore town, Co. Galway. The designated centre cares for residents with aging related health issues inclusive of physical, psychological and social concerns. The service cares for both male and female residents that are aged 18 years and over. The care extends to those with dementia, cognitive impairment, mental illness, intellectual disabilities, physical disabilities and chronic physical illness. There is 24 hour nursing care available in the centre. The centre is laid out over three floors of a four storey development. Residents have access to outdoor gardens. The centre has 79 beds, 67 single occupancy en-suite rooms and six double occupancy en-suite rooms. All bedroom accommodation is situated on the second floor and third floor which are accessed by two lifts. Each floor also contains a sitting room, dining room and kitchenette.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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 5 May 2022	07:00hrs to 12:30hrs	Catherine Sweeney	Lead
Tuesday 17 May 2022	12:00hrs to 22:30hrs	Catherine Sweeney	Lead
Wednesday 1 June 2022	15:00hrs to 19:00hrs	Catherine Sweeney	Lead
Thursday 5 May 2022	07:00hrs to 12:30hrs	Una Fitzgerald	Support
Tuesday 17 May 2022	12:00hrs to 22:30hrs	Niall Whelton	Support
Wednesday 1 June 2022	15:00hrs to 19:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Over the course of a three day inspection, completed between the 5 May 2022 and 1 June 2022, inspectors observed how residents living in Brampton Care Centre spent their days and evenings. Inspectors found that the day-to-day quality of life of residents was good. Care delivery from early morning to late evening was observed and was found to be delivered to a high standard throughout the course of the inspection. Over the three days of inspection, inspectors spoke with residents about their daily lives in the centre, and their feedback was mostly positive. Residents expressed that they felt supported to enjoy a satisfactory quality of life by a team of staff who were caring and patient. Residents had high praise for individual staff members.

There were a variety of communal areas for residents to use on all three floors of the designated centre. Residents told inspectors that, in the main, group activities were held on the ground floor. Residents told inspectors that activities were important to them and that they enjoy each others company. Inspectors also observed one-to-one activities. Residents told the inspectors that a resident meeting was held on the day prior to the inspection and that residents were generally satisfied with the service they received. For example; when residents were asked what changes they wanted to see occur in the centre, there were no suggestions put forward.

Residents were observed receiving visitors throughout the three days of inspection. Meal times were a social occasion for residents in the dining room, which was located in the centre of the communal area. It was appropriately furnished and decorated to meet the needs of the residents. Residents were offered a choice of meals. Residents who required assistance with meals received support in a dignified and respectful manner. There were appropriate levels of staff available to support residents during meal times.

Inspectors observed residents mobilising independently around the centre and spending time in a choice of two pleasantly furnished outdoor courtyards.

On the first and second days of the inspection, inspectors found that a number of areas in the centre were cluttered and were not amenable to effective cleaning. A kitchenette on the third floor and a laundry room on the second floor were visibly unclean. In addition, an area outside of the kitchen, identified as an emergency exit was cluttered and did not provide a clear way to exit the building, in the event of an emergency. These issues were resolved by the third day of the inspection.

Over the three days of inspection, inspectors spoke with staff in relation to the fire safety procedures in place in the centre. Inspectors found that staff knowledge in relation to fire safety procedures was inconsistent.

The next two sections of the report present the findings of this inspection in relation

to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Brampton Care Limited is the registered provider of Brampton Care Home. A director of the company represents the provider and attends the centre daily. A facilities manager had been recently appointed to support the person in charge in the management of the housekeeping and catering areas of the centre. The person in charge is also supported by two, also recently appointed, assistant directors of nursing and a team of staff nurses, carers and support staff. The organisational structure in the centre is clear, with lines of authority and accountability identified for each role. The provider had adequate resources in place to ensure safe staffing levels that meet the assessed needs of the residents and for the size and layout of the centre.

This was an unannounced risk inspection carried out over three days, by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspection confirmed unsolicited information received by the Chief Inspector and information received from the provider that part of the building, which was not registered, was being used for a function other than a nursing home.

Over the three days of inspection, from 5 May, 17 May and 1 June 2022, inspectors did not find that the current use of the first floor of the centre was negatively impacting on the quality of the lives of residents living in the centre. However, inspectors found that the provider was not in compliance with

- Regulation 16: Staff training and development,
- Regulation 23: Governance and management and
- Regulation 28: Fire precautions.

Due to the significant risk posed to residents in relation to the non-compliance with Regulation 28: Fire Precautions, the provider was issued with an immediate compliance plan following day one of this inspection. Inspectors reviewed the actions taken by the provider, including the overall fire safety systems and management, on day two of the inspection.

There was a staff training schedule in place. Inspectors reviewed the staff training records and found that while most staff had received a suite of training appropriate to their role, all training had been delivered on-line. Some staff spoken with on the first day of the inspection had not received any training in fire safety since commencing work. In response to an urgent compliance plan issued following day one of the inspection, the provider sourced and scheduled on-site, centre-specific, fire safety training for all staff, including the management team. However, over the three days of the inspection, staff did not demonstrate an appropriate knowledge of

fire safety procedures.

Inspectors found that staff communication was poor and staff meetings were not held on a regular basis. There was no staff meeting held to discuss the changes in relation to the part of the building that was not registered, but connected to, the rest of the designated centre, especially in relation to changes required to the fire safety procedures relating to this change of function. A page of instruction revising the fire safety procedure had been added to the front of the fire safety policy and a copy of this policy had been emailed to all staff. However, the provider had not ensured that all staff were aware of the changes and could respond appropriately to a fire in any part of building that accommodates the nursing home.

Inspectors spoke with multiple staff who did not know what action was to take if the fire alarm activated in the unregistered part of the building. On day one, staff spoken with stated that they had not received any updates on new procedures in place relating to the introduced risk of the building now having a much larger occupancy. While inspectors acknowledge that by day three progress had been made, staff responses on what actions to take in the event that the fire alarm was activated, remained inconsistent.

Furthermore, changes made to the layout of the nursing home, and the function of some of the rooms in the nursing home, had not been reflected in the centre's statement of purpose, or communicated to the Chief Inspector. The provider had not submitted an application to change the conditions of the registration, as required under the Health Act 2007, as amended.

The management team were in the process of putting management systems in place to ensure that the service provided was safe and effectively monitored. A review of these systems found that further action was required to fully meet the requirements of Regulation 23.

A resident's survey had been completed in mid-April 2022, however, there was no evidence that the information collected had been analysed at the time of the inspection or how the provider intended to use the information to develop a quality improvement plan. The person in charge assured inspectors that issues of concern and dissatisfaction that had been documented by residents on the survey had been addressed at an individual level, however, it was not clear when or what action had been taken as no update had been recorded.

Improvement was evident in the system in place to manage complaints in the centre. A review of the complaints log found that complaints were managed in line with the requirements of Regulation 34: Complaints.

Regulation 15: Staffing

Staffing levels were adequate to meet the assessed needs of the residents and for

the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training record for new staff found that some staff did not receive training prior to commencing their role in the centre. This included fire safety training. This meant that staff working in the centre did not know what action was required in the event of an emergency, such as a fire.

Inspectors spoke with staff in relation to the action that was required when responding to the fire alarm activation. Responses from staff were inconsistent and not in line with the action identified on the addendum to the fire safety policy. While some staff had received fire safety training, the training had been completed on-line and was not centre-specific. It was not related to the action required if the alarm had been activated in the part of the centre that was not the nursing home.

There was no system in place to provide assurance that training was appropriate and effective.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in place to provide oversight and effective communication for all staff were not in line with the requirements of Regulation 23. This is evidence by;

- inadequate identification and management of risks associated with changes to the nursing home
- poor oversight of staff training and knowledge
- inadequate systems of communication, ensuring all staff were aware of changes to the building that may affect the nursing home.
- inadequate planning on quality improvement systems, such as the resident survey.
- poor oversight of fire safety procedures.

Judgment: Not compliant

Regulation 3: Statement of purpose

Inspectors found that the layout and function of a number of areas in the nursing home did not reflect the information contained in the centre's statement of purpose. This was evidenced by;

- a staff area on the first floor, registered as part of the designated centre, was inaccessible to staff due to the change of function of that area of the building
- bedroom 219 was functioning as a laundry sorting room
- an assisted toilet on floor three was re-purposed as a staff changing area, and therefore not available for use by residents.
- an assisted toilet on floor three was functioning as a housekeeping room.

Judgment: Not compliant

Regulation 34: Complaints procedure

Complaints were minimal and, at the time of inspection, there was one open complaint. Inspectors reviewed the complaints logged for 2022. Records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family, as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. There was an independent appeals process in place.

Judgment: Compliant

Quality and safety

While residents were found to enjoy a good quality of life in the centre, action from the provider was required to ensure that all residents were safe and that all risks to the resident's well-being were appropriately assessed, with action taken to mitigate any risks identified.

From a fire safety perspective, inspectors found that the centre had a robust fire safety system in place. The building was fitted with a sprinkler system, which would assist in suppressing a fire. Fire compartments were identified with signage on the wall of the corridor to alert staff to the compartment they were in. Fire alarm zone plans also included the extent and size of fire compartments and the number of beds within each. Fire doors on corridors were fitted with stickers to alert staff to the rating of the door.

There was a fire policy in place; An addendum had been added to the front of the policy outlining the fire procedure relating to the change of use of the first floor of

the centre. This policy had been emailed to all staff, however, staff demonstrated poor knowledge of the detail in relation to the actions to take in the event of a fire in the building. This is addressed under Regulation 16: Staff training and development.

A number of actions were required in relation to fire safety precautions and procedures, to ensure compliance with Regulation 28: Fire Precautions.

Inspectors noted that a bedroom was being used as a laundry sorting room and a bathroom was being used as a housekeeping room complete with washing and drying appliances. An assessment of the fire risk associated with changes to the purpose of these rooms located on the bedroom corridor had not been carried out to ensure an adequate and appropriately fire rated, means of escape.

Inspectors found that the care needs of residents were known to the staff. In the main, resident care plans were person-centered and guided care. Clinical assessments of need were completed on admission, individual risks assessments were completed, and this information was then used to inform the development of the resident's care plan. The nursing staff that guided the inspectors through the documentation in place were familiar with the residents. Inspectors reviewed wound management documentation and found evidence of good practice that ensured healing of wounds had occurred.

Interactions between residents and staff were observed to be kind, dignified and respectful. Residents were encouraged to exercise choice and had control over how they spend their day and their right to privacy was upheld. Residents were supported to maintain their individual style and appearance. Residents had the choice to participate in a variety of activities or spend time in their bedrooms.

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions against the risk of fire, nor were fire precautions being adequately reviewed. For example;

- The major incident plan did not reflect the recent change in function of the first floor of the building.
- No fire risk assessment in relation to rooms where the function of the room had changed. For example, an assisted bathroom had been converted to a housekeeping, containing a tumble dryer.
- Inspectors noted two oxygen cylinders stored on escape route from the second floor dining room, one of which was loose.
- The external escape routes from the rear day spaces and garden area, were not maintained free of potential obstructions.
- Fire doors to some rooms and within some compartment walls required action to ensure they could effectively prevent the spread of smoke and fire.
- Refuse bins were stored adjacent to the final exits of the rear. This did not

- align with the centre's own fire safety risk assessment.
- Inspectors noted elements of the fire rated construction which contained service penetrations or holes which may provide a pathway for smoke and fire to spread.
- The office behind reception was found to have trailing wires stretched at eye level across the room to a plug socket. The doors to this room were left open.

The procedures in place for evacuating residents in the event of a fire were not adequate. There were inconsistencies in the procedures to follow. For example, the addendum to the fire policy detailed that short-wave radios would be used to communicate with every floor of the building. However, it was not possible to confirm if this system was effective as no drills that included the evacuation of the first floor had been completed. The evacuation procedure detailed in the fire safety policy, the updated addendum to the policy and the information given to the inspectors by staff was inconsistent. The provider did not give appropriate assurance that there was clear communication systems in place between all parts of the building. Inspectors were not assured that the fire safety systems and procedures, protecting all occupants of the building, were effective.

In addition, Inspectors had concerns about the completeness of the fire evacuation strategy. Conversations with staff and a review of drill reports revealed that there was little focus on the practice of vertical evacuation, in the event that such evacuation would be necessary. The escape stairs from the upper floors of the nursing home were shared with the occupants of the first floor which could impact a vertical evacuation should it be necessary. Furthermore, neither the provider nor staff were clear as to whether the purpose-built evacuation lift identified on the floor plans on display in the nursing home formed part of the evacuation strategy.

Staff training and knowledge of fire safety procedures was addressed with the provider through an urgent compliance plan following day one of the inspection and under Regulation 16: Staff training and development.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Each resident had an assessment completed on admission to identify their care needs using a variety of validated assessment tools. This included assessment of dependency needs, falls risk, nutritional risk and risk of impaired skin integrity. In the main, care plans were person-centered and guided care.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights were found to be upheld in the centre, in line with the requirements of Regulation 9.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brampton Care Home OSV-0005812

Inspection ID: MON-0036850

Date of inspection: 01/06/2022

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The home has now implemented a programme of fire training for staff that consists of three elements. On induction (day 1 before they go to their area of work) an induction fire training is carried out by a trained fire manager. This includes a review of the fire policy with the staff member, a walk around the building to highlight actions to be taken in the event of a fire including if the alarm activation is on the first floor, the location of fire exits, fire evacuation routes and assembly point, correct method for calling the fire brigade, location of fire alarm activation points, explanation of fire compartments, explanation of fire panel and walkie talkie use, day and time of weekly fire alarm test, location of firefighting equipment and the type of fire they should be used on, explanation of non-use of lift in the event of a fire, bed evacuation techniques, resident personal emergency evacuation plans; where they are located and when they should be updated, explanation of flammable gases, risk assessment associated with flammable gases, where and how they should be stored, what to do in the event that a person's clothing catches fire, and who to report fire concerns to. Staff are given the opportunity to ask questions and seek clarification on any points that they are not sure about. This training is then signed off by the staff member and the fire manager. Second stage training is formal training provided by an external company with expertise in fire safety in Nursing Homes. This training is site specific to Brampton Care Home and incorporates the use of the equipment for firefighting and evacuation aids that are in use in the home. This training also incorporates a mock evacuation that is timed. The third stage of training is fire drills with regular drills being carried out in the home on all shifts and at all times of the day and night. Where residents are willing to participate, their involvement in the drills is welcomed. All current staff have been trained, and there are plans in place for training new staff.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>It is acknowledged that staff were unable to provide consistent information to the inspectors on the dates of inspection in relation to fire and appropriate responses in the event of an alarm activation. As part of the fire drill procedures, a review of the fire policy and discussion on the fire policy is held with staff. This includes any additional risks identified in the home. A complete review of all training has been undertaken and a system is in place to ensure that staff training is completed, and that improvement in staff knowledge is evident after the training.</p> <p>Staff meetings in person will be held and are regularly scheduled (provided the home is not in outbreak in accordance with public health guidance at the time.) Ongoing communication with staff will be continued at daily handover times and safety pause during the day.</p> <p>The resident survey had been completed and individual issues addressed by the PIC. Results have now been analysed, collated and graphed and are on display on notice boards around the home. Results are being used to inform CQI initiatives. Oversight of the fire safety procedures has been significantly improved and is now under the remit of the Operations Manager. Regular meetings are held with the registered provider and Person in Charge to share information and discuss any issues identified</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>An application has been submitted to HIQA for the variation or removal of a condition of registration. This application details the removal of an area on the first floor previously registered as part of the centre which is now inaccessible to staff, and to change the function of various rooms across the centre. The statement of purpose will be amended to reflect the changes in the application. Areas that were not accessible to staff were highlighted in the existing statement of purpose</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

All rooms where the function of the room had been changed have 30-minute fire rated doors, and are in a compartment; therefore, there was an appropriately fire rated and adequate means of escape from these areas. The aforementioned external company with expertise in fire safety have provided a Nursing Home Fire Safety Management course to our Fire Safety Manager and Assistant Director of Nursing. This company has also been employed to update our "Cause and Effect" fire strategy and to examine the Fire Evacuation function of the passenger lifts within the building. We expect to receive this report by the end of August 2022. We have an updated Fire Safety Management Strategy and the Fire Policy and Evacuation plan has been reviewed to reflect recent changes to the building. This is being circulated to all staff and we commit to having all staff read it and understanding it by the end of the first week in August. This policy will also be made available at the fire panel on each floor. A plan for implementing reviewed fire precautions will be prepared and updated at each Heads of Department and Health and Safety meeting. These meetings are minuted. Reviewed fire measures will be established, updated and communicated to all staff. It will include clearly defined actions and dates, and the individuals accountable. Weekly fire checks continue to be carried out every Thursday at 3pm. These checks include a bell test but also include the following: Fire Sprinkler System, Fire Detection & Alarm System, Emergency Lighting System, Automatic Door Releases, Smoke Vents (AOVs), Fire Extinguishers, Fire Blankets, ANSUL R-102 Fire Suppression System, Evacuation Lift, Fire Hydrants, Dry Risers, Emergency Escape Doors and AOV Fireman's Override Switch. Daily inspection checklists have been amended to include checking of walkie talkies. Additional staff are being trained in the delivery of weekly fire drills. This will ensure that different scenarios are practiced regularly and staff knowledge will be checked as part of this process. Once every month a large compartment evacuation takes place with resident involvement where possible. Staff participating in the drills are at the same level as they would be on a night duty. A specific fire risk assessment has been prepared for the risk identified in the cleaning room with the tumble dryer. Staff were informed of changes and each individual received an email with amendments to the policy attached. Notices were also placed in strategic places around the home highlighting the changes to procedures. All evacuation signage is currently being reviewed in consultation with our external Fire Safety experts. Additional fire safety signage is being placed at fire panels for staff and residents.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	28/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	28/07/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	28/07/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/07/2022
Regulation	The registered	Not Compliant	Red	13/05/2022

28(1)(d)	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.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	13/05/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	22/07/2022

	containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	22/07/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	21/07/2022