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

Issued by the Chief Inspector

Name of designated centre:	St Ita's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gortboy, Newcastlewest, Limerick
Type of inspection:	Announced
Date of inspection:	09 July 2024
Centre ID:	OSV-0000664
Fieldwork ID:	MON-0044122

About the designated centre

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

The service at St Ita's Community Hospital is provided by the Health Service Executive (HSE) and the centre is located in Newcastle-West, Co. Limerick. The centre is registered for an operational capacity of 66 residents, providing respite and palliative care as well as continuing care for long-stay residents. Nursing care is provided mainly for older people over 65 years of age with needs in relation to age related and degenerative neurological diseases. Care is provided across three residential units for residents with dependency levels ranging from low to maximum. Dementia-specific care is provided in a separate unit that accommodates up to 12 independently mobile residents. Care plans are developed in accordance with assessments and residents are provided with access to a range of allied healthcare services. Private accommodation is provided where possible within the constraints of the existing building which is over 100 years old in some parts. Residents are provided with opportunities for activation and social interaction including engagement with local community activity groups.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 July 2024	09:45hrs to 18:30hrs	Leanne Crowe	Lead
Tuesday 9 July 2024	09:45hrs to 18:30hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

The overall feedback from residents living in the designated centre was that they were happy with the care they received and with their life in the centre. Inspectors observed that residents were content and comfortable in the company of staff and inspectors heard positive comments about the quality of service, such as "you could not get better".

This was an announced inspection which was carried out over one day. Following an introductory meeting with the person in charge, inspectors walked around the centre with the assistant director of nursing, providing an opportunity to meet with residents, to observe their lived experience in their home environment and to observe staff practices and interactions.

Located in the village of Newcastle West, Co. Limerick, St Ita's Community Hospital is a purpose-built nursing home. The designated centre is registered to provide care to a maximum of 66 residents. There were 65 residents living in the centre at the time of the inspection.

As part of this announced inspection process, questionnaires were provided to the residents to complete prior to the inspection. Twelve questionnaires were completed and were reviewed by inspectors. Residents' feedback was positive regarding the overall service, particularly in relation to the quality of activities and the care received from staff. For example, residents wrote "I feel 100% cared for and supported here" and "the staff are excellent, they always do their best". During the inspection, inspectors observed that residents were comfortable in the company of staff. Staff were seen to be responsive and attentive to residents request for assistance.

Residents' bedrooms and communal accommodation were located in three distinct units, known as Orchid, Bluebell and Camelia units. There were a variety of communal rooms available for residents' use, including dining rooms, a spacious chapel, and several sitting rooms. Communal rooms were bright and comfortably furnished. Residents living in the Bluebell and Camelia units had unrestricted access to a spacious garden and internal courtyard.

Inspectors spent time walking through each of the three units, where they observed many residents relaxing in communal areas while other residents were being assisted with their personal care needs. The atmosphere in the centre was welcoming and inspectors observed that staff interacted well with the residents, providing assistance and encouragement as necessary. Inspectors were greeted by a group of residents enjoying tea and coffee on the morning of the inspection. Inspectors noted that residents were enjoying friendly banter with staff who were allocated to the provision of activities. Residents appeared relaxed and they informed inspectors they were looking forward to a birthday celebration later in the

week.

Inspectors observed that residents were encouraged to personalise their bedrooms, with items of significance such as photographs and soft furnishings. Televisions and call bell facilities were provided in resident bedrooms. Inspectors noted that refurbishment work had been carried out in Bluebell unit since the previous inspection. Bedrooms had been repainted and works to renovate one en-suite bathroom had been completed. The communal sitting room was redecorated since the previous inspection and several residents were observed relaxing here. However, further work was needed to ensure all areas of the premises were well-maintained. For example, inspectors noted that an area of the wall's surface was damaged in a room adjacent to the linen storage room.

The Orchid unit provided care to a maximum of 12 residents with symptoms of, or a diagnosis with dementia. Inspectors observed that this unit was homely in design. Residents' bedroom accommodation consisted of single and twin bedrooms. A memory box containing items of personal significance was displayed outside each resident's bedroom to help them identify their room. There were several communal spaces for residents to use, including a prayer room and an activity room. Additional seating was located along corridors where residents had views of a spacious enclosed garden. However, inspectors noted that residents could not access the activity room or the garden area independently as doors were secured with a keycode. It was not clear that these practices had been informed by a risk assessment.

The atmosphere in the Orchid unit was welcoming and the main communal sitting room was appropriately supervised. Inspectors noted that residents and staff were engaged in a game of bowling on the morning of the inspection and a bingo activity took place in the afternoon. Residents appeared content in the company of staff and inspectors noted that visitors attended the unit throughout the day of inspection. Inspectors spoke with a small number of visitors who said they were happy with the care their relatives received. One visitor told inspectors that they can come to see their loved one every day and that they "get the best of care here, I couldn't fault it".

The next two sections of the report presents the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). Inspectors also followed up on the actions taken by the provider to address the non-compliance identified on a previous inspection in July 2023. It was found that the majority of the actions had been completed within

the timeline proposed by the provider, with the exception of some repair works to the flooring and wall surfaces. This is discussed under Regulation 17, Premises. On this inspection, inspectors found that further action was required to bring the centre into full compliance with Regulation 17, Premises, Regulation 28, Fire precautions, Regulation 6, Health care and Regulation 9, Residents' Rights. These findings are described throughout the report.

While most allied heath services were available to residents, in line with the centre's statement of purpose, issues with access to physiotherapy were impacting upon residents. While members of nursing management within the centre and senior management within the provider entity had endeavoured to make alternative arrangements to complete referrals and provide supports for residents requiring physiotherapy services, these were not consistently effective. For example, a resident that had been identified as requiring physiotherapy in April 2024 was still waiting for a physiotherapy review at the time of the inspection. At the inspection, the person in charge stated that funding to support the recruitment of a physiotherapist had been recently granted but the recruitment process had not yet commenced.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure in place, both within the provider entity and the designated centre. The person in charge worked full-time in the centre. They were supported in this role by a team of assistant directors of nursing, clinical nurse managers, nurses, multi-task attendants, catering, maintenance and administrative staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.

Records of meetings among members of the management team demonstrated that they met regularly and discussed key aspects of the service. Actions arising from these meetings were assigned to named persons for completion.

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of an ongoing schedule of audits in the centre, for example; waste and sharps management, environmental hygiene, care planning, medication management and infection control. Areas of improvement identified were monitored through the development and review of action plans.

The annual review of the quality and safety of the service for 2023 and quality improvement plan for 2024 was available for review.

The inspectors found that the centre had sufficient staffing resources on the day of the inspection to meet the assessed needs of residents.

Staff were facilitated to attend training, appropriate to their role. This included fire safety, people moving and handling, safeguarding of vulnerable adults and infection prevention and control training. Other training to enhance staff skills were available also.

The centre's complaints management policy and procedure had been updated to reflect the amendments to the regulations. A record of complaints was maintained,

which demonstrated that complaints were managed effectively.

Inspectors reviewed a sample of contracts for the provision of care and found that they met the requirements of the regulations. Contracts viewed were signed by the resident or their representative and they included the terms of admission and fees to be charged for services provided.

Policies and procedures required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were made available to inspectors during the inspection. These were regularly reviewed and made available to staff.

Regulation 15: Staffing

On the day of inspection there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of residents and taking into account the size and layout of the centre. There were at least two nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of resident. Records viewed indicated that the majority of staff were up to date with the centre’s mandatory training requirements.

Staff also had access to additional training to inform their practice which included restrictive practices, infection prevention and control, falls prevention, dementia care and cardiopulmonary resuscitation (CPR) training.

There was appropriate supervision arrangements in place to ensure that staff were supported and supervised when completing their work.

Judgment: Compliant

Regulation 22: Insurance

A current insurance policy was in place which covered residents' belongings and

injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities.

The annual review for 2023 was reviewed and it met the regulatory requirements.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was displayed prominently within the centre. A review of the complaint management system found that complaints were recorded, promptly responded to and managed in line with regulatory requirements.

The provider had identified, and facilitated access to, independent advocacy services who could assist the resident with making a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 in the regulations were available for review on the day of the inspection and had been reviewed within the last three years.

Judgment: Compliant

Quality and safety

Overall, inspectors found the residents living in the centre received a good standard of care and support, which ensured that they were safe and that they could enjoy a good quality of life. However, Regulation 17, Premises, Regulation 28, Fire precautions, Regulation 6, Health care and Regulation 9, Residents' Rights, were not found to be in line with the requirements of the regulations.

Residents' records and their feedback confirmed that they had timely access to medical officers (GPs). This was validated by inspectors' observations and a review of residents' care records. There was a system in place to refer residents to allied health services such as occupational therapy, speech and language therapy and dietetics. However, inspectors found that access to physiotherapy services was insufficient to meet the needs of some residents. This is detailed further under Regulation 6, Health care.

Overall, inspectors found that residents' rights were respected in the centre. Records demonstrated that there was consultation and engagement with residents, regarding the planning and running of the centre. Residents' views on the quality of the service provided were accessed through resident and family surveys. Residents' meetings were convened regularly, to ensure residents had an opportunity to express their concerns or preferences. Minutes of residents' meetings indicated that residents' feedback was also sought with regard to the quality and safety of the service, food, activities and the complaints process. Residents who were unable to express a view about the service were represented by an advocate. However, inspectors found that restricted access to safe outdoor spaces did not ensure that residents could choose to go outside independently. This is discussed under Regulation 9, Residents' rights.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was spacious and individually personalised. The provider had taken some action to address issues relating to the premises on the previous inspection. However, inspectors identified some floor and wall surfaces which were damaged. This is detailed further under Regulation 17, Premises.

The designated centre had a fire safety system in place, including fire-fighting equipment, emergency lighting and a fire detection and alarm system. Fire drills were completed and the staff had access to a fire safety training programme. However, the arrangements in place to ensure there were adequate arrangements

against the risk of fire did not align with the requirements of the regulations. These findings are addressed under Regulation 28: Fire precautions.

Inspectors reviewed a sample of residents' care records. A pre-admission assessment was carried out by the person in charge or the director of nursing, to ensure the centre could meet the residents' needs. Records showed that nursing staff used validated tools to carry out a comprehensive assessments of residents' needs upon admission to the centre. These assessments included the risk of falls, malnutrition, assessment of cognition, skin integrity and dependency levels. Care plans reviewed by inspectors were detailed and person-centred and they included sufficient up-to-date information in relation to residents' current needs.

Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices. Any implementation of restraint was following the trial of alternatives, and was informed by appropriate assessments and subject to regular review.

The centre employed two staff who were dedicated to the provision of resident activities. The programme of activities included music, art and outings. Residents had access to local and national newspapers, televisions and radios in their bedrooms and in the communal areas. Information regarding advocacy services was displayed in the centre and records demonstrated that this topic discussed at resident meetings. Residents were supported access this service, if required. Residents were supported to practice their religious faiths, there was a prayer room and a spacious oratory chapel for resident use. There was a facility for ceremonies to be live streamed to resident bedrooms if preferred.

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed being welcomed to the centre throughout the day of the inspection. Practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 17: Premises

A review of the premises found that the following areas were not maintained in line

with the requirements of Regulation 17:

- Wall surfaces were damaged in a number of areas on Bluebell unit. This is a repeated finding
- Floor covering, applied to form skirting at the base of the walls in the communal bathroom in Orchid unit, was peeling away from wall surfaces.

There was not sufficient suitable storage space in the designated centre. This was evidenced by:

- The inappropriate storage of trolleys in the sluice room in the Bluebell Unit
- Personal care products and chemicals were stored in an unsecured cupboard in the hairdressing salon on the Orchid Unit, which had the potential to cause harm to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors found that action was required to ensure that adequate precautions were in place to protect residents from the risk of fire:

- There were gaps in the fire safety checks being completed by staff and it was not evident that management were reviewing these records to address issues as they were identified by staff
- A storeroom in the Orchid unit contained combustible materials stored in close proximity to electrical communications equipment. This may increase the risk of fire in this area
- The provider had decommissioned a final fire exit route in Camelia Unit in July 2023. However, fire maps displayed were not updated to reflect this change and the route of escape continued to be illuminated. Furthermore, personal evacuation plans (PEEPs) in the bedroom located beside the decommissioned fire exit instructed that the nearest exit should be used. This may cause confusion in the event of a fire evacuation in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident care plans found they provided sufficient information to guide appropriate care for the residents. Care plans were person-centred and based on the assessed needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Inspectors were not assured that residents living in the centre had access to physiotherapy services. For example, a resident with deteriorating mobility who referred to physiotherapy services in April 2024 had not been assessed by a physiotherapist at the time of inspection.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices. The centre was actively promoting a restraint free environment. There was a low use of bed rails in use in the centre.

Records demonstrated that staff were facilitated to attend training in the management of responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse.

The provider had a plan in place to ensure that residents' pensions and social welfare payments were managed appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

The provider did not always ensure that residents' privacy and choice was respected and promoted. For example:

- Several resident bedroom doors had transparent glass panels which were not were not fitted with controllable blinds or privacy glass. This arrangement did not ensure that some residents could carry out personal activities in private
- Access to the residents' activity room and the enclosed garden in the Orchid Unit was restricted with use of key-coded doors. This arrangement placed restrictions on residents' freedom of movement and their choice to access these space without the support of staff to open the door for them.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	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 St Ita's Community Hospital OSV-0000664

Inspection ID: MON-0044122

Date of inspection: 09/07/2024

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 17: Premises</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 17: Premises:
Action completed Bluebell: Alternative storage for trolley that was blocking sluice room.
Action completed:20/08/2024

Action to be completed Bluebell: Storage room identified as requiring wall repair and upgrade will be temporarily closed as a storage area.
External Contractor will be engaged to determine what remedial works are required in the storage room. Work to be completed by 31/10/2024.

Wall surfaces were damaged in number of areas throughout Bluebell unit
Maintenance will carry out remedial actions on the wall surfaces noted to be damaged on unit. Action to be completed by 30/09/2024

Action completed on Orchid: Floor covering applied to form skirting at base of walls in Communal Bathroom resealed. Action completed on: 30/08/2024.

Action completed Orchid: Storage of personal care products and chemicals found unsecured in cupboard in hairdressing room. Lock to be applied to unsecured cupboard.
Action completed on 30/08/2024.</td></tr>
<tr><td>Regulation 28: Fire precautions</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Action to be completed Camellia: Maintenance foreman to engage external specialist company to review and action disengagement / fire exit signage and alarm from the</td></tr>
</table>

master panel alarm system of the exit fire door in Camellia that has been decommissioned. Work to be actioned by 30/09/2024.
Maintenance Foreman to engage with external specialist company to update way finders to review evacuation routes from Camellia unit to reflect current dynamic risk assessed evacuation route. Action by 30/09/2024
CNM2 reviewed the PEEP's for Residents adjacent to the decommissioned Fire Exit door indicating clearly the alternative egress route as per the dynamic risk assessment in place. Action completed 12/07/2024.

Action completed Orchid: All flammable products have been removed from the storage room where the Communication System is installed, Action completed 20/08/2024.

Action Completed: Weekly Fire Safety Check for week commencing 1/07/2024. This was not accessible on the day of inspection because the report was filed in a different location, placed in correct folder. Staff have been reminded of the correct process of filing and checking. Action completed on 10/07/2024.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Action Completed: An external physiotherapist has been sourced and will commence once Garda vetting process is completed
To be completed :To commence service provision 10/10/2024

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Action to be completed Bluebell: Frost effect Contact has been applied to glass panelling on new doors in Maigue room and Mulkaer room. Action completed 30/08/2024.
Action completed Orchid: Exit doors to walled Garden are opened freely during day-light hours , and favourable weather conditions .A dynamic risk assessment is now in place , to ensure residents with dementia and poor safety awareness and no direct supervision are safe when accessing the garden unsupervised during inclement weather.
Action completed 18/08/2024.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	27/10/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	10/07/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	20/08/2024
Regulation 6(2)(c)	The person in	Substantially	Yellow	10/10/2024

	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 additional professional expertise, access to such treatment.	Compliant		
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	18/08/2024
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	18/08/2024