



# Report of an inspection of a Designated Centre for Disabilities (Adults)

## Issued by the Chief Inspector

Name of designated centre:	Gainevale House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	29 October 2019
Centre ID:	OSV-0005051
Fieldwork ID:	MON-0024265

## About the designated centre

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

This is a service providing residential care and support to six adults with disabilities. The service is located in Co. Westmeath and in walking distance to a small village. Numerous modes of transport is provided so as residents can access a range of day service options, social activities and hotel breaks in larger towns and cities further afield. The centre comprises of a large detached house on its own grounds. Each resident has their own bedroom (some en suite) which are personalised to their individual taste and preference. On the ground floor there are two large fully furnished sitting rooms, 2 dining areas, a kitchen, two en suite bedrooms, a communal bathroom and a staff office. Upstairs comprises of the remaining four bedrooms, a bathroom and a relaxation/activities room. Laundering facilities are provided for in a separate dwelling to the rear of the building. There is private car parking facilities to the front and rear of the property. The centre is staffed on a 24.7 basis by a full time qualified person in charge. They are supported in their role by two deputy team leaders, a team of social care workers and assistant social care workers. Systems are in place so as to ensure the emotional wellbeing and healthcare needs of the residents are comprehensively provided for to include as required access to GP services and a range of other allied healthcare professionals.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
29 October 2019	11:00hrs to 16:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met with three residents who avail of this service and spoke for a short period of time with two of them. Residents appeared happy and content in the service and told the inspector that although they didn't always get along with each other, they liked living there and said the best thing about the centre was the staff team.

Residents interacted freely with staff and it was observed that they were comfortable and at ease in the presence of the person in charge and the staff team. They chose their own daily routine to include what social activities to participate in, menu options and skills development activities. One resident informed the inspector that they were going to a Halloween party on the evening of the inspection and were really looking forward to it. Another resident was out shopping with a staff member and was planning to go to Salsa lessons later in the day. Other residents were out on social activities such as drives and dining out while one resident chose to stay in the centre and relax for the day.

The centre comprised of a large old stone building and it was observed that parts of it were not in good repair, the flooring in some rooms required replacing, the kitchen needed modernisation and parts of it required painting. Notwithstanding, communal areas such as the sitting room and dining room were warm, homely, well decorated and welcoming.

One resident spoke to the inspector about films they like to watch and it was observed that the resident had recently visited the cinema to see a film of their choosing. Residents also liked to go to concerts, the circus, shopping, fun fairs, hotel breaks and avail of short holidays and it was observed that all these social activities were being supported and provided for.

Staff also provided one-to-one time with residents where they discussed topics such as how to stay safe when using the community, new skills and hobbies of interest to develop and pursue, how best to manage personal finances, the role of the Health Information and Quality Authority in ensuring the service provided was of good quality and who to go to if the resident had any concerns.

The inspector observed that residents were confident in communicating their needs to staff and staff in turn, were observed to be personable, warm and professional in their interactions with the residents. Staff also had a good rapport with the residents and were knowledgeable on how best to support the residents in line with their assessed needs.

## Capacity and capability

Although there were some compatibility issues between some residents, for the most part they appeared happy and content in this centre and the provider ensured that a range of comprehensive supports and resources were in place to meet their assessed needs. The model of care provided to the residents supported their autonomy, individual choice and independence. However, some issues were identified with the premises and fire safety (both of which were discussed in section two of this report) and minor issues were identified with the governance and management arrangements and staff training.

The centre had a management structure in place which was responsive to residents' assessed needs. There was a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in this centre and was supported in his role by two full-time deputy team leaders.

The person in charge was a qualified community care professional, with an additional qualification in management. He provided effective leadership and support to his team and ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being comprehensively provided for as required by the regulations. He also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents. However, it was observed that some staff required training in fire safety awareness at the time of this inspection (this was further discussed under Regulation 28: Fire Safety).

Of the staff spoken with the inspector were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. From a sample of files viewed, staff had undertaken a suite of in-service training including safeguarding of vulnerable adults, manual handling, safe administration of medication, first aid and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a knowledgeable, consistent and safe way.

The provider ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports and a weekly governance matrix. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, an audit on the centre earlier this year identified that some restrictive practices could be reduced and some documentation required review. These issues had been addressed by the time of this inspection, ensuring ongoing effective and responsive oversight and governance of the centre.

However, aspects of the auditing process required review. For example, parts of the building were not in good repair and there was a damp smell in some unused rooms at the back of the centre. One hallway/stairway had recently been repainted and wallpapered however, the inspector observed that discolouration and staining on

parts of the wallpaper had re emerged. A number of skylights around the centre required cleaning. These specific issues had not been highlighted in the auditing process.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Residents choose their daily routine, what social activities to engage in and planned their own menus. There were also systems in place to record and respond to any complaint arising in the service. The inspector observed that there were two complaints on file for 2019 and both had been addressed by the centre. Staff also informed residents of their right to make a complaint about any aspect of the service provided and about the role of HIQA in ensuring the centre remained responsive to their needs. Residents also had information on and access independent advocacy services.

Overall, while this inspection found that there were some compatibility issues on-going between some residents, for the most part they reported that they were happy and content in this centre and the model of care provided supported their autonomy, individual choice and independence. However, issues were identified with the premises and fire safety and more minor issues were identified with the governance and management arrangements and staff training.

#### Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified community care professional with significant experience of working in and managing services for vulnerable people. He also held a third level qualification in management.

He was also aware of his remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and provided good supervision and support to his staff team and knew the needs of each individual resident very well.

He was also found to be responsive to the inspection and regulatory process.

Judgment: Compliant

#### Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Where required, residents were provided with 2:1 and/or 1:1 staffing support.

This inspection did not review staffing files however, they were found to be compliant on the previous inspection in 2019.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in safeguarding of vulnerable adults, safe administration of medication, positive behavioural support and manual handling. However, gaps were identified with fire safety training.

Notwithstanding, from speaking with one staff member over the course of this inspection, the inspector were assured they had the skills and knowledge necessary to support the residents and meet their assessed needs in a safe and competent manner.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Management systems were also in place to support and promote the delivery of safe, quality care services.

However, aspects of the monitoring system required review as it was not picking up on some of the issues with the premises as highlighted in this report.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of his remit to notify the chief inspector of any adverse incidents occurring in the centre as required by the Regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant.

Residents were also supported by their key workers to understand how to make a complaint if they had one and on the role of HIQA in ensuring the service remained responsive to their needs.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for. However, some issues were identified with the upkeep of the premises and fire safety and a minor issue was identified with medication management practices.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files and from speaking directly to some residents, the inspector saw that they were being supported to achieve personal and social goals and to maintain positive links with their community. For example, residents were being supported to avail of city breaks, go on holidays, work placements, develop new skills, go on day trips to places of their own choosing and to go on trips abroad. Residents were also being supported to engage in a range of leisure

activities of their preference and choice. For example, residents liked to go to funfairs, the circus, shopping centres, local hotels, concerts, cinema, discos, local shops, restaurants and pubs.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied health care professionals also formed part of the service provided. For example, residents had access to GP services, dentist, dietitian, audiologist and chiropodist. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had access to psychiatry and behavioural support. Where required, residents had multiple element behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required. There were a number of restrictive practices in use in the centre so as to ensure the residents safety. However, they were reviewed on a six weekly basis by the person in charge and a behavioural support therapist. It was also observed that after these reviews, some restrictions had been removed such as restrictors on the downstairs windows, as they were no longer required.

Systems were in place to promote the safeguarding of each resident living in the centre. Staff spoke to residents on a one-to-one basis about how to stay safe and if required, residents had access to independent advocacy services. Residents were also observed to be confident in speaking with staff and in communicating any concern they may have. Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. There were some compatibility issues between some residents which were on-going at the time of this inspection however, where required safeguarding plans were in place and for the most part, residents reported they were happy in the service and happy with the staff team.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in their community, they were provided with an adequate staffing arrangement to mitigate this risk. This ensured that residents remained connected to their community and continued to participate in social activities that they enjoyed. Where a resident may be at risk while using transport, a seating plan was in place as well as adequate staffing cover so as to ensure the resident (and other residents and staff) were safe while on the bus.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in May 2019. A sample of documentation informed the inspector that staff

undertook regular checks on all fire fighting equipment and where required, reported any issues or faults.

Fire drills were held regularly and all residents had a personal emergency evacuation plan in place. However, the last fire drill on August 08, 2019 informed it took residents six minutes to evacuate the house. The person in charge explained this was because one resident refused to exit the building. Their personal emergency evacuation plan had not been updated to reflect this.

However, on the day of this inspection the centre did not demonstrate that there were adequate arrangements in place to contain a fire. Some of the internal doors were old and it was observed that one had a crack in it. In turn, the inspector was not assured that these doors were adequate in meeting the requirements of the regulations or adequate for the containment of a fire. One resident's bedroom (on the upper floor) had a very small entry/exit door with only a skylight for a window. Again, the inspector was not assured there was adequate means of escape from this room. It was also observed that there were gaps in fire safety training for some staff members.

Parts of the premises were in need of repair, updating and modernisation and there was a smell of damp coming from some of the back rooms (which were not in use). Some of the bedrooms had little natural light as windows were either small or they only had a skylight. The kitchen was in need of modernisation and some floors needed replacing. It was also observed that the skylights throughout the building required cleaning. Notwithstanding, communal areas such as the sitting rooms and dining room were well kept, warm, welcoming and homely.

There were procedures in place for the ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. However, it was observed that a number of medication errors were on file in the centre over the last few months. On reviewing these the inspector noted that many were mainly minor errors and the person in charge informed the inspector that there were now systems in place to address this issue to include retaining of staff where required.

Overall, residents reported they felt adequately supported, their independence was being encouraged and their health and social care needs were being comprehensively provided for. While some compatibility issues between some residents were on-going at the time of this inspection, there were safeguarding plans in place to promote residents safety and for the most part, residents reported that they were happy with the service provided.

## Regulation 17: Premises

Parts of the premises were in need of repair, updating and modernisation and there was a smell of damp coming from some of the back rooms (which were not in use).

Some of the bedrooms had little natural light as windows were either small or they only had a skylight. The kitchen was in need of modernisation and some floors needed replacing. It was also observed that the skylights throughout the building required cleaning. Notwithstanding, communal areas such as the sitting rooms and dining room were well kept, warm, welcoming and homely.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

### Regulation 28: Fire precautions

On the day of this inspection the centre did not demonstrate that there were adequate arrangements in place to contain a fire. Some of the internal doors were old and it was observed that one had a crack in it. In turn, the inspector was not assured that these doors were adequate in meeting the requirements of the regulations or adequate for the containment of a fire. One resident's bedroom (on the upper floor) had a very small entry/exit door with only a skylight for a window. Again, the inspector was not assured there was adequate means of escape from this room. It was also observed that there were gaps in fire safety training for some staff members. The last fire drill on August 08, 2019 informed it took residents six minutes to evacuate the house and their personal emergency evacuation plan had not been updated to reflect this.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There were procedures in place for the ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. However, it was observed that a number of medication errors were on file in the centre over the last few months. On reviewing these the inspector noted that many were mainly minor errors and the person in

charge informed the inspector that there were now systems in place to address this issue to include retaining of staff where required.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals in the centre. Residents were also supported to enjoy a meaningful day engaging in activities of their choosing

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had access to psychology and/or psychiatry support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis and only in use to promote the residents' overall health and wellbeing.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to promote the safeguarding of each resident living in the centre. Staff spoke to residents on a one-to-one basis about how to stay safe and if

required, residents had access to independent advocacy services. Residents were also observed to be confident in speaking with staff and in communicating any concern they may have. Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Gainevale House OSV-0005051

Inspection ID: MON-0024265

Date of inspection: 29/10/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Identified staff in the Centre to undergo Fire Safety Training [Due date: 31 Jan 2019]	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>· All internal auditors have been briefed following the Inspection feedback by the Quality and Safety Manager on the 13th December 2019.</li> <li>· Health and Safety Champion now reports weekly to the Person in Charge, Director of Operations and the Quality and Safety Manager through the Health and Safety Brag. All outstanding actions from the Brags are imputed onto Vi-Clarity and actions are not closed out until completed.</li> </ul>	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

• Renovation Plan in place for the Centre, all works to be completed by the 14th February 2020.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- PIC updated PEEPS for each resident following the Inspection on the 4th November 2019.

- PIC will ensure PEEPS are updated where required going forward after each Fire Drill.
- Identified staff in the Centre to undergo Fire Safety Training [Due date: 31 Jan 2020]
- Renovation Plan in place for the Centre, all works to be completed by 31st January 2020 which will include a review and survey of all internal doors.
- Independent Fire Consultant will visit Centre to review all escape routes. [Due date: 17 Jan 2020]

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Medications Errors trends are reviewed weekly on the Governance Matrix by the PIC and Director of Operations identifying trends and learnings.
- Medication Administration Practices to be discussed as a standard agenda at monthly team meetings in the Centre.
- Medication administration practices to be discussed at individual staff supervisions using Gibbs Model of Self Reflection in conjunction with the Policy and Procedure on Safe Administration of Medication.

## 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, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	14/02/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	14/02/2020
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	13/12/2020

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/01/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2020
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	31/01/2020
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre	Substantially Compliant	Yellow	20/12/2020

	has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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