



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

## Issued by the Chief Inspector

Name of designated centre:	Brookhaven Nursing Home
Name of provider:	Brookhaven Nursing Home Limited
Address of centre:	Donoughmore, Ballyraggett, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	09 February 2022
Centre ID:	OSV-0000207
Fieldwork ID:	MON-0036068

## About the designated centre

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

Brookhaven Nursing Home is situated in the village of Ballyragget, seven kilometres from the town of Durrow, Co. Kilkenny. The centre is registered to accommodate 71 residents, both male and female. It is a two-storey building but resident's accommodation and facilities are located on the ground floor; the staff learning hub is located upstairs. Residents' accommodation comprises single and twin bedrooms with en-suite shower and toilet facilities, two dining rooms, an activities room, sitting rooms and a sun room. There are comfortable seating alcoves throughout the centre and toilet facilities are strategically located for residents' convenience. Residents have access to five enclosed garden areas with seating and walkways. Other facilities include the main kitchen and a laundry. Brookhaven provides full-time nursing care for people with low to maximum dependency assessed needs requiring long-term residential, palliative, convalescence and respite care.

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

Number of residents on the date of inspection:	58
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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
Wednesday 9 February 2022	09:50hrs to 16:45hrs	Liz Foley	Lead
Wednesday 9 February 2022	09:50hrs to 16:45hrs	Mary Veale	Support

## What residents told us and what inspectors observed

There was a welcoming and homely atmosphere in the centre. The centre were managing an outbreak of COVID-19 and all residents in the isolation zone were isolating in their bedrooms on the advice of Public Health. This was not the normal routine in the centre and therefore not a true reflection of the lived experience for residents. Feedback from residents was that Brookhaven Nursing Home was a nice place to live and apart from the restrictions during the COVID-19 pandemic and current outbreak in the centre, residents had choice in their daily lives. The inspectors met many residents and spoke at length with nine residents about their experience of living in this centre.

The centre was well laid out with all accommodation on the ground floor and a choice of communal spaces and quiet rooms for residents. The centre was currently divided into two zones, a red and green zone. Residents who had tested positive for COVID-19 infection were moved to the Kilminan wing of the centre, which was the area of the centre identified on their contingency plan for isolation. All of the residents in the red zone were socially isolating in their bedrooms. Before the outbreak, new admissions to the centre were routinely isolated in the Kilminan wing before moving to their bedrooms to reduce any risk to existing residents from COVID-19. The inspectors were told that the two areas were separately staffed with the Assistant Director of Nursing responsible for managing the red zone and a Clinical Nurse Manager responsible for managing the green zone.

The inspectors observed that the centre was clean, spacious and suitably decorated. Parts of the centre were due to be painted and new flooring was planned for some areas, however this was delayed due to the outbreak in the centre. Resident's bedrooms were spacious and homely, and many residents had their own furnishings and belongings from home. Residents were very complimentary of the food and told inspectors there was plenty of choice. During the COVID-19 outbreak the dining rooms were closed and meals were served in the residents bedrooms. Residents who spoke with the inspectors were very complimentary about staff, stating they were kind, friendly and attentive. One lady said that staff encouraged her to join a knitting group in the centre. One resident was observed going for a walk with a staff member in the red zone. Some residents told the inspectors that they missed the weekly musician and hairdresser visits. The person in charge confirmed that the musician and hairdresser were on hold until the centre was free from COVID-19 infection.

The weekly activity programme was displayed on a notice board and had a varied list of activities. A small group of residents were attending a bingo game and quiz in the afternoon of the inspection. Residents appeared to be enjoying the fun in a relaxed manner and the activities staff member was respectful of each resident's communication needs and ability to participate in the game. Appropriate social distancing was in place. Residents regularly attended meetings in the centre and said that staff and management were available to them at all times. It was obvious

that all of the residents were familiar with the person in charge and the senior management team during the walkabout of the centre. Residents were particularly grateful for mass which was normally provided weekly by a member of the clergy who was a resident in the centre. Two members of staff had trained to be Eucharistic ministers and were available to assist with weekly mass. The centre had an oratory and could accommodate services from all denominations and faiths.

Overall residents said they felt safe and the two best things about living in the centre were the food and the staff. The residents looked well-groomed and cared for. Not all residents were able to converse but residents who spoke with the inspectors gave positive feedback.

Residents told the inspectors that they were kept well informed by staff and were aware that there was an outbreak in the centre. Inspectors spoke with five residents in the isolation zone. They confirmed that they were very well cared for by staff and the General Practitioner (GP) had seen them during the current outbreak. Residents in the red zone informed the inspectors that they had spoken to family and friends using phone and video calling. Compassionate visits had been offered to residents and families but were declined by both residents and families. Residents told inspectors that they were looking forward to coming out of isolation the day after the inspection and seeing friends and family. Visiting restrictions continued but were under constant review and compassionate visits were always facilitated.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

Overall systems were supporting quality and safety improvements and there were good levels of compliance found on inspection. The centre were managing an outbreak of COVID-19 in line with their contingency plan and with the advice of public health. Ongoing actions relating to premises improvements were delayed by the outbreak but were due to recommence as soon as it was safe to do so.

Brookhaven Nursing Home Limited were the registered provider for this centre. There were four directors in the company, one of whom was the registered provider representative and who provided support to the person in charge. The centre was part of a group of five nursing homes and had access to group resources, for example, human resource, and finance and facilities management. There was a stable management team in the centre, the person in charge worked full time and was supported by an assistant director of care, a clinical nurse manager and a team of nurses, health care assistants, activity staff, housekeeping, laundry, catering,

maintenance and administration staff.

This was an unannounced risk inspection to monitor compliance in the context of an outbreak of COVID-19 in the centre. The management and staff were working hard to contain the outbreak and to ensure the needs of all residents were met. There were good infection prevention and control procedures in place and facilities for isolation helped the centre to contain the spread of the virus. There was good oversight of clinical care and key performing areas which was evident in the comprehensive and ongoing schedule of audits completed in the centre. Audits were informing ongoing quality improvements. Meetings did not always have an action plan however this was not impacting on the quality or safety of the services provided. The provider was undertaking to review documentation of meetings to ensure quality improvements were clearly monitored and completed in the centre.

There had been a high turnover of staff in the centre over the past year and the provider had ongoing recruitment efforts in place to maintain safe and consistent staffing levels. There were approximately six healthcare assistant posts and two housekeeping posts vacant. In order to ensure the care needs of residents were met the provider was employing agency staff to back fill the shifts and these staff were regular attendees in the centre. Agency staff were subject to the same induction process as regular staff and records reviewed supported this. In addition to this the centre were challenged by a recent outbreak of COVID-19 but managed to cover all shifts by re deploying senior nursing staff and nursing staff to provide safe levels of care. The centre was being managed as two separate units to reduce the risk of onward spread of the virus and inspectors found there were sufficient housekeeping staff to manage the increased cleaning requirements during the outbreak.

There was an ongoing and comprehensive induction and training programme in place for all staff. There was a blended approach to training with a mix of online and in house training with all learning evaluated. The centre had identified that some new staff were due fire training and had scheduled training dates prior to the inspection but had to defer the training due to the COVID-19 outbreak. There was good oversight of training needs and gaps in the training schedule were being actively managed. Following the last inspection there was additional training and improved supervision of household staff, this was evident in the level of cleanliness in the centre and good standards of record keeping observed.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to inspectors throughout the inspection. The format of senior management meetings had recently changed and did not contain standing agendas or action plans following the meeting. The management team were open to reviewing this but overall records of meetings and audit reports were clear and supported ongoing quality and safety improvements.

Inspectors viewed a sample of complaints and found that they had been managed in line with the centre's policy. There was evidence that the provider and person in charge engaged with the complainant to find mutually agreeable solutions to problems identified and used the learning to inform quality improvements. The

centre were undertaking to review their documentation to ensure that the satisfaction of the complainant was clearly recorded.

### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. There was a minimum of two nurses on duty at all times. Night time staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition

and quality of care and these audits informed ongoing quality and safety improvements in the centre.

Resources were being made available to complete planned works to upgrade the condition of the premises specifically for painting and flooring.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

## Quality and safety

Overall the feedback from residents was positive and the inspectors were satisfied that residents were happy living in the centre. Staff appeared to be kind and caring and all interactions between staff and residents observed were respectful. Improvements were required in the areas of assessment and care planning, infection prevention and control and fire precautions. Each of these issues will be discussed in more detail under the relevant regulation.

The design of the premises was suitable for the residents' needs with wide corridors, large communal spaces, visitor's rooms and an indoor area to facilitate window visits. Some areas of improvement to the premises identified on the previous inspection had not been completed. A schedule of planned works was available but

painting and flooring works had not commenced. Fabric chairs had been replaced and an additional storage units and hand hygiene sinks had been fitted but were awaiting installation of taps. Handrails had been fitted to all single e- suites and toilets in the centre. Three rooms had carpet flooring and there was a plan to replace the carpets with linoleum floor coverings.

As the centre was experiencing an outbreak of COVID-19 it was difficult to assess compliance with regulations 9 and 12. The contingency plan for the centre had been implemented which required all residents who were diagnosed with COVID-19 to be transferred temporarily to the Kilminan wing for isolation. In addition to the Kilminan wing an overflow red zone had been created in the Attanagh wing adjacent to the main entrance door to Kilminan wing .Two residents were temporarily residing in this isolation corridor. All but one resident in the red zone were accommodated in a temporary bedroom. Rooms in the red zone were spacious, clean and bright. Residents were happy in their temporary rooms and had access to televisions, phones and newspapers. Some residents were observed knitting. Formal residents meetings were facilitated and there was evidence that relevant issues were discussed and actioned. Residents clothing was clean and the small number of personal items viewed were stored appropriately. Visiting restrictions were in place in the centre red zone due to the outbreak. Residents continued to communicate with family and friends over the phone and via video calls. There was no restriction on window visits in the centre and suitable arrangements were in place to support compassionate visits.

The centre had an up-to-date risk register and a detailed risk management policy. This outlined the specific controls in place to manage risks associated with COVID-19. Following the last inspection, the centre was required to update and improve their oxygen storage arrangements and this was seen to have been actioned. Oxygen cylinders were appropriately stored in an external area, however, improvements were still required to ensure that two small emergency oxygen cylinders were stored appropriately inside the centre.

Infection Prevention and Control measures were in place. Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspector were knowledgeable of the signs and symptoms of COVID-19 and the necessary precautions required. Household staff who spoke with inspectors were knowledgeable in cleaning products and systems. Good practices were observed with hand hygiene procedures, decontamination procedures and appropriate use of personal protective equipment in the red zones. There were sufficient numbers of alcohol hand sanitisers and personal protective equipment stations available. Staff and residents temperatures were checked twice a day in line with the guidance. However, some improvements were required to ensure the compliance with hand hygiene facilities, this is discussed under regulation 27.

Staff were knowledgeable and clear about what to do in the event of a fire and what the fire evacuation procedures were. Evacuation equipment was available and accessible in the event of an emergency. Firefighting equipment was in place throughout the centre. Fire exits were clearly visible and free from obstruction. Fire

safety training and evacuation drills were carried out regularly. Personal evacuation plans were in place for each resident and were placed on the back of each bedroom door. Improvements were required to the residents' personal evacuation plans, this will be discussed under regulation 28. The provider was undertaking to install a door closer where one was missing in the quiet room.

A computerised nursing documentation system was in operation. Nursing assessments and care planning were person centred to meet the resident's needs. Improvement was required in the evaluation of residents' care. The inspectors noted the use of an observation chart in the centres red zone which identified good evidence based practice. The centre had implemented an Observation booklet which captured the residents vital sign observations, observational checks, seven day food and fluid intake, oral care, skin care, catheter care, nail care, GP visits & communication with family members.

The inspectors found that the residents had access to medical assessments and treatment by their General Practitioners (GP). The person in charge and some residents confirmed that GPs were visiting the centre as required. While there was evidence of referral to allied health professionals, for example, the dietician and occupational therapist, greater access to the physiotherapist could improve the wellbeing of residents.

### Regulation 11: Visits

Visiting restrictions were in place during the COVID-19 outbreak and compassionate visits were facilitated but residents and families had declined visits. There was evidence of ongoing communication with relatives and there were adequate arrangements in place for consultation regarding visits with relatives and families.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked to ensure they were safely returned from the laundry. Many of the residents had moved to a different room temporarily during the COVID-19 outbreak. The residents main bedrooms were clearly identified and a notice placed on the door identifying that the room was temporarily vacant.

Judgment: Compliant

## Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Flooring in some area was damaged and worn and could not be cleaned.
- Some walls and wood work was scuffed and required repair and painting as it could not be easily cleaned

The registered provider had a schedule of works to address these issues but this had been delayed due to an outbreak in the centre.

Judgment: Substantially compliant

## Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

## Regulation 27: Infection control

Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre, of these all were not compliant with Health Building Note 00-10: Part C standards. Resident's sinks should not be dual purpose.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Some improvements were required for fire safety in the centre. Resident evacuation plans did not contain information on their supervision needs following an evacuation. This was important to ensure that confused or frightened residents would not wander back in to a fire.

Two small oxygen cylinders were not stored correctly at the nurse's station and

there was no sign to alert staff and residents to the risk of oxygen in the area.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

When care plans were routinely reviewed, there was no evidence of consultation with the resident or a resident's family if appropriate,

Judgment: Substantially compliant

### Regulation 6: Health care

Improved access to appropriate and evidence based health care services would improve the well-being of residents. Residents were not routinely referred to the physiotherapist following a fall. There was no evidence of physiotherapy reviews for resident's particularly those at risk of falling.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Inspectors found that residents' rights were upheld and that care was person-centred. Inspectors observed that interactions between staff and residents were courteous and relaxed.

Residents had opportunities to participate in interesting individual and group activities. The weekly activity programme was displayed on a notice board and was varied. Group activities were observed in the green zone in the afternoon and residents were satisfied with the activities offered.

Facilities promoted the privacy of residents and they were regularly consulted with about the organisation of the service.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Brookhaven Nursing Home OSV-0000207

Inspection ID: MON-0036068

Date of inspection: 09/02/2022

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As noted in the Inspection the Senior Management Team had already identified works which were required in the Nursing Home and had been delayed due to both Covid-19 in the community and minor Covid-19 outbreaks in the centre. The flooring requirements in areas of the Nursing Home has been identified, sanctioned, ordered and we currently await its delivery for fitting. Painters and decorators have already been approved to complete the works required and we await confirmation from Public Health of the end of our current outbreak for them to commence works.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Prior to the Inspection it was noted by the Senior Management during an IPC audit/review that hand washing sinks were required throughout the Nursing Home for staff. There is a schedule of works due to commence in the Nursing Home which have unfortunately been hindered and postponed on several occasions due to Covid-19 and minor Covid-19 outbreaks in the centre. Some elements of these works which included handwashing sinks for staff were completed late 2021 and the remaining works will be completed in 2022.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Post Inspection a comprehensive review of all PEEPs was completed, and additional information recorded to ensure all supervision needs of residents were clearly documented in the event of an emergency.</p> <p>Secure areas at each Nurses Station have been identified for safe storage of small oxygen cylinders with appropriate signage now in place.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Where appropriate and possible all residents and families will be consulted in the care planning process. A new record system has been devised to ensure this consultation process is captured and recorded at least every 4 months as per the guidelines and recommendations.</p> <p>All current residents in the centre will undergo a care plan review in the next three months and this process will be inclusive of residents and their families. Supporting documentation will be maintained as noted above.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>A comprehensive audit was completed of all residents that required review by a physiotherapist. Appropriate referrals have been made. Pre-Inspection 2 private physiotherapists were approached to commence private consultations in the Nursing Home, but both declined. The Board of Management have committed to procuring this support for the Nursing Home since 2020 and will continue to seek a private operator to provide this service to the Home.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	04/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	29/04/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	18/02/2022

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	25/02/2022
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.	Substantially Compliant	Yellow	18/02/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/05/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the	Substantially Compliant	Yellow	28/03/2022

	care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
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