



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

## Issued by the Chief Inspector

Name of designated centre:	Gowran Abbey Nursing Home
Name of provider:	Gowran Abbey Nursing Home Limited
Address of centre:	Gowran Abbey Nursing Home Limited, Abbey Court, Gowran, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	10 August 2022
Centre ID:	OSV-0000232
Fieldwork ID:	MON-0037538

## About the designated centre

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

Gowran Abbey Nursing Home is a purpose-built single-storey building that first opened in 2007. It consists of 51 single ensuite bedrooms. The provider is a Limited company called Gowran Partners. The centre is located on the outskirts of Gowran village, Co Kilkenny situated in a quiet cul-de-sac among 10 retirement houses for independent living. The location is convenient for access to the GP surgery, pharmacy, post office and shop. The centre provides care and support for both female and male adult residents usually aged 50 years and over requiring long-term care with low, medium, high and maximum dependency levels. Persons under the age of 50 years may be accommodated following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual, and that there is no adverse impact on them or other residents. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess a potential resident's needs to ensure the centre can cater for each individuals' needs. The centre currently employs approximately 64 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:	43
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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 10 August 2022	11:00hrs to 17:45hrs	John Greaney	Lead
Thursday 11 August 2022	08:30hrs to 16:00hrs	John Greaney	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the person in charge (PIC) and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with two visitors. In general, residents spoken with gave positive feedback and were complimentary about staff and the care provided in the centre.

There were 43 residents living in Gowran Abbey Nursing Home on the day of the inspection. On arrival the inspector was guided to the main reception where a staff member conducted a brief check for signs and symptoms of COVID-19 prior to commencing the inspection. Following an opening meeting the inspector completed a walk around of the centre with the person in charge.

There was an information board located in the reception area containing a variety of notices relevant to the operation of the centre for the benefit of residents and visitors. The inspector noted that the procedure for making a complaint posted on the notice board contained the contact details of the previous person in charge.

In general, the environment was homely and there was a comfortable atmosphere in the centre. It was evident that the premises had recently been painted and was generally in a good state of repair. The inspector observed that residents were well groomed and staff were courteous and respectful. Residents were familiar with management and were complimentary of the care provided in the centre. The inspector spoke and interacted with a number of residents over the course of the inspection. Residents' feedback provided an insight in to their lived experience in the centre. Residents confirmed they had no complaints but if they had any problems or concerns they would speak to staff and they were confident their concerns would be addressed.

Residents had a choice of where to have their meals throughout the day. On the day of the inspection the lunchtime period was observed by the inspector. It was observed that meals served were well presented and there was a good choice of nutritious options available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful.

All bed linen and residents' laundry was washed in the nursing home and returned to residents' rooms. The inspector viewed the laundry and found that while it was adequate in size, there were not adequate systems in place for segregating clean and dirty linen. The inspector observed linen skip with soiled laundry beside a trolley of recently laundered items.

The inspector noted that some bedroom doors had battery operated hold open devices that are designed to release at the sound of the fire alarm, resulting in

bedroom doors closing to prevent the spread of smoke and flames in the event of a fire. Some of these were noted to require battery replacement and it was observed that some doors were held open with items of furniture, which does not comply with good fire safety practices. It was also noted that some cross corridor fire doors did not have smoke seals that reduce the spread of smoke in the event of a fire.

Staff were observed to be adhering to infection prevention and control precautions and all staff were compliant with wearing respirator masks while carrying out resident care activity. The centre had open visiting and numerous visitors were observed throughout the two day inspection.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This unannounced inspection was carried out over the course of two days. Overall, the inspector found that improvements were required in the governance and management of the centre, particularly in relation to oversight of the quality and safety of care delivered to residents.

Gowran Abbey Nursing Home is a privately owned nursing home. The registered provider is Gowran Abbey Nursing Home Limited, a company comprising four directors. There are clear lines of accountability and responsibility for the operation of the centre. The person in charge reports to the board through one of the directors that usually visits the centre on two days each week. The person in charge is supported on site by a clinical coordinator and a clinical nurse manager (CNM).

The quality and safety of care is monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. The programme of audits was not sufficiently comprehensive to provide assurances that there were adequate systems in place for the oversight of quality and safety of care in the centre. This is further detailed under regulation 23 of this report.

The designated centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the days of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of two registered nurses on duty at all times and a team of healthcare assistants. The person in charge provided clinical supervision and support to all staff. A review of a sample of staff personnel records found that recruitment practices were predominantly in line with the regulations, though some improvements were required in relation to records of

employment histories.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling and COVID-19 infection prevention and control training. There was a need to ensure that policies and procedures were available to staff to provide guidance on how to deliver safe care to the residents. There was also a need to ensure that all policies and procedures were updated in accordance with changes to evidence based guidance and at a minimum of every three years.

The incident and accident log was examined, and records showed notifications were submitted as per regulatory requirements. Incidents were well documented and included residents' clinical observations, reviews of occurrences and actions to mitigate recurrences. Complaints were managed in line with the centres' complaints policy. Improvements were required in the management of complaints in relation to both the notice on display and the complaints record. This is outlined in more detail under regulation 34 of this report.

#### Regulation 14: Persons in charge

The person in charge is a registered nurse, works full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and was sufficient to meet the needs of residents. Staff were noted to be kind and caring and all interactions with residents were noted to be respectful.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training records were provided to the inspector for review and indicated that all staff had up-to-date mandatory training and other training relevant to their role.

Judgment: Compliant

## Regulation 21: Records

A review of a sample of personnel records found that there were gaps in employment histories for which a satisfactory explanation was not recorded.

Contemporaneous notes of reviews conducted by GPs were not always retained in the centre.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Improvements required in relation to governance and management included:

- the programme of audits was not sufficiently comprehensive to provide adequate oversight of the quality and safety of care delivered to residents. For example, based on a review of records given to the inspector, there were not audits conducted in high risk areas such as medication management and infection control since the last inspection in May 2021
- while there was a risk register, most of the risks identified were generic in nature and risks identified by the inspector on the day of the inspection were not included in the register. Risks not identified in the register included:
  - a potential trip hazard in doorways leading to external courtyards
  - the risk of evacuation sheets getting caught in the frame of beds due to the design of the beds
  - the risk of residents absconding through a store room that led directly outside
- a " Fire stopping Report" had been prepared by an external consultant in July 2021. Significant fire safety works had been completed in response to the findings of the report. Management were unable to confirm if all of the required works had been completed and what, if any, remained outstanding

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Notifications were submitted in a timely manner and a review of the accident and incident log indicated that all notifications required to be submitted were submitted. The inspector followed up on notifications submitted and these were adequately managed to support the care and welfare and safeguarding of residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

Improvements were required in relation to the overall management of complaints. For example:

- the notice on display was out of date and did not refer to the current complaints officer or the current independent appeals process
- the complaints log did not always identify what actions were taken to resolve complaints to the satisfaction or otherwise of the complainant.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Policies and procedures were in the process of being updated on the days of the inspection, however, some policies such as the medication management policy had not been reviewed at a minimum of every three years as required by the regulations.

Not all of the policies required by Schedule 5 of the regulations were accessible on the days of the inspection.

Judgment: Substantially compliant

### Quality and safety

The inspector found that residents in this centre received a good standard of safe care. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents were complimentary about the service and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents.

Overall, the centre was clean on the day of inspection, however, areas for improvement were identified in relation to infection control to ensure the centre was compliant with the National Standards for infection prevention and control in community services (2018). These will be further discussed under Regulation 27: Infection Control.

The inspector reviewed a sample of residents' records. Following admission, a range of validated assessment tools were used to determine the care needs of residents including falls risk, skin integrity, manual handling, nutrition needs and level of dependency. Care plans were developed to reflect the assessed needs of the residents and contained up-to-date information to guide staff in their care needs. Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided.

Residents had access to a general practitioner and were provided with appropriate medical reviews in the centre. Residents were also provided with access to a range of other healthcare professionals, in line with their identified care needs. This included access to physiotherapy, occupational therapy and dietitian.

The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident and updated on a regular basis. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced at the recommended frequency. However, further action was required in relation to fire safety and this is discussed in more detail under Regulation 28: Fire precautions.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. There was a schedule of activities in place which was facilitated by care staff on the day of the inspection. It was evident that residents were supported by staff to spend the day as they wished.

### Regulation 11: Visits

While visiting was facilitated, there was a note on the door of the centre outlining visiting times. The inspector was informed that nominated family members had unrestricted access to residents, however, restrictions were in place for other visitors. For example, the visiting times for Sundays were limited to between 2pm to 4.30pm on Sundays.

Judgment: Substantially compliant

### Regulation 17: Premises

Overall the premises were suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. Residents had adequate space for their clothing and a locked cupboard for their valuables. The premises and external gardens were well maintained and ongoing improvements were taking place. The inspector saw that there was a functioning call bell system in

residents' bedrooms.

Judgment: Compliant

### Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

Judgment: Compliant

### Regulation 27: Infection control

There was a need to review the design and layout of the laundry. Adequate arrangements were not in place for the segregation of "dirty to clean" work flow to minimise the risk of cross contamination during the laundering process.

There was a need to review the storage of personal protective equipment (PPE) such as aprons, gloves and mask on corridors. Aprons were hanging loosely from a container and masks and gloves were stored in a manner that could cause cross contamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- while regular fire drills were being conducted, improvements were required in relation to the records of the drills, such as mode of evacuation simulated in the drill and whether or not this reflected the personal evacuation plans of all residents within the compartment
- some cross corridor fire doors did not have smoke seals to minimise the spread of smoke in the event of a fire
- door guards were in place on some doors. These are designed to automatically close doors in the event of the fire alarm sounding. Some of

these were not functioning and would therefore not operate in the event of a fire

- some fire doors were held open with wedges or items of furniture
- the inspector was informed that, due to the design of a number of beds, ski sheets used for emergency evacuation purposes could get caught in the bed frame and potentially slow down the evacuation process. The inspector was informed that in instances that this occurred, residents could also be evacuated using their bed sheets and duvet. Further clarity was required to ensure that there was no ambiguity about the means of evacuation of residents with mobility impairment

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were adequate systems in place for the administration and storage of medicines. The provider had recently introduced an electronic prescribing and medication administration recording system. Controlled drug records and drug administration records were maintained in line with professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of residents' records found evidence that residents had a comprehensive assessment of their needs on admission. There were appropriate care plans in place to direct the assessed care need of the residents . Care plans were reviewed and updated regularly and in response to changes in a resident's condition.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to medical and nursing care and were reviewed on a regular basis. There was good access to allied and specialist services, such as speech and language therapy, dietetics, physiotherapy and occupational therapy.

Judgment: Compliant

## Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful.

The centre was not pension agent for any residents. All staff had attended training on safeguarding residents on abuse. Staff spoken with were knowledgeable of what to do should a resident make an allegation of abuse. When there were allegations of abuse, these were investigated and safeguarding measures put in place while the investigation was underway.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted with residents through regular residents' meetings and ascertained if they were happy with the organisation of the service

Residents were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Gowran Abbey Nursing Home OSV-0000232

Inspection ID: MON-0037538

Date of inspection: 11/08/2022

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Mechanisms are in place to ensure that all records meet required standards. It is noted that one historic staff file needed to be reviewed and this has been addressed.</p> <p>Since the retirement of a local GP, GP reviews are recorded in narrative records, however, it is anticipated that GP contemporaneous notes will revert to being fully retained in the nursing home following the HSE cessation of using several locum doctors to provide cover, and the expected appointment of full time GP in the area. We have been advised this will be the end of October 2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Medication Management and Infection Control audits are digitalized on e-nursing Programme and completed on a monthly basis. This was not highlighted to the Inspector during the Inspection.</p> <p>The risk register has been reviewed and identified risks included.</p> <p>Each resident who is likely to abscond has an individual risk assessment regarding potential egress to external areas via open fire doors or other doors such as storerooms and laundry.</p> <p>Systems are in place to digitalise all Audits to include S.M.A.R.T. principles.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The displayed complaints notice which outlines our Complaints Procedure identifies the current PIC as person to contact. A new e-mail has been set up to replace the one currently displayed and which remains active and in use – the displayed procedure will reflect the new e-mail address.</p> <p>The Provider notes that all complaints (if any) are recorded and has taken measures to ensure 'action to resolve' are included in recording process.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Provider and PIC have updated all Policies within the recommended timeframes with the assistance of an external consultant. We review all policies every 2 years or sooner if required.</p> <p>On review of the Medication Policy post Inspection, it indicates the Policy was updated in November 2021 which is reflected in the body of document (policy date) but the cover sheet had been overlooked.</p> <p>All Schedule 5 Policies were in the process of being digitalized at the time of the inspection and therefore not fully accessible.</p> <p>The digitalizing of Policies will ensure access is available to all staff and others.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>Open Visiting is permitted in the nursing home as indicated by displayed signs.</p> <p>The Provider works within current recent guidelines by ensuring 'management ensure there are adequate staff available to safely facilitate visits'.</p>	

Due to resident's care requirements, we are unable to safely facilitate 'fully open' visiting during mealtimes as staff are not always available to immediately clean and sanitise room furnishings after visitors leave during scheduled mealtimes. Residents and families are aware of this and also that visits are fully open at all other times.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
 The design and layout of the Laundry has been reviewed and workflow made easier through the use of alternative space / areas to ensure improvement in segregation of laundry and other works in the area.

A risk assessment of PPE dispensers and storage has been carried out including during the Covid-19 Pandemic. Following advice and input from Public Health Infection Control Staff, it is considered that the current method of Mask Holders provides the least risk of infection given the products and packaging available to RCF's.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 A review of Fire Drill reporting has taken place and measures implemented by the Fire Consultant to ensure records give clear information regarding personal evacuation plans and evacuation modes.  
 In addition, our external consultant has commenced monthly unannounced drills which will continue over the coming months and include additional staff training on evacuation and fire safety.  
 We have also engaged our Fire Safety Consultant to furnish us with additional compliance information regarding extensive fire safety works completed over the past 12 months, and to assess issues identified during inspection.



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	11/08/2022
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	11/08/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	07/11/2022

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2022
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	12/08/2022
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	30/11/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	23/09/2022

	management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2022
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	23/09/2022
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	15/10/2022

Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	12/08/2022
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	12/08/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	30/11/2022
Regulation 04(3)	The registered provider shall review the policies and procedures	Substantially Compliant	Yellow	12/08/2022

	referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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