



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

Issued by the Chief Inspector

Name of designated centre:	Kinvara House Nursing Home
Name of provider:	Kinvara House Limited
Address of centre:	3 - 4 Esplanade, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	14 September 2021
Centre ID:	OSV-0000054
Fieldwork ID:	MON-0031616

About the designated centre

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

Kinvara House Nursing Home is situated overlooking the seafront in Bray, Co. Wicklow. The centre was originally two Georgian buildings which served as a hotel in the early 20 century. It has been adapted and extended over time and can now accommodate up to 36 residents in single bedroom accommodation. Bedrooms are located over four floors and all floors are accessible by two passenger lifts. All bedrooms have en-suite toilet and wash hand basin and many also have a shower. Communal spaces include a day room, activities room, dining room, oratory and hairdressing room. There is an enclosed courtyard to the rear of the building and a garden to front.

Kinvara House Limited is the registered provider and the centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with differing care needs. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 54 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Tuesday 14 September 2021	10:10hrs to 17:20hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents were very positive about their experience of living in Kinvara House. Respectful and person centered care was provided by a team of experienced staff in a homely environment. The inspector observed practices, greeted many residents during the inspection and spoke at length with four residents and two visitors to gain an insight of the lived experience in the centre.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. Exit doors were key coded. A hand washing sink had been installed in the entrance hall to ensure good hand hygiene was practiced by all visitors before entering the centre. Additional alcohol hand gels were available throughout the centre to promote good hand hygiene practices. The centre was warm throughout and there was a relaxed, homely and friendly atmosphere. The centre was clean to a high standard with paintwork and finishes observed to be well maintained.

The centre was originally two period buildings and served as an hotel in the past and had retained many period features, for example, original staircases and fire places. Over time the building had been adapted and extended and now provides single room accommodation for up to 36 residents. The building consisted of two distinct parts, the original buildings over four floors and the newer extension over two floors. Each section had a passenger lift so residents could easily access all areas of the centre. There was level access to the centre's courtyard and to the front of the building.

There were photographs and artworks on the wall in corridors and communal rooms and comfortable furniture throughout for residents use. Day spaces and bedrooms all enjoyed natural light and some rooms overlooked the seafront in Bray. Other rooms overlooked the centre's courtyard which was well maintained and with pots, plants and trees which residents stated were lit up at night. On arrival the inspector observed residents up in day rooms, in their bedrooms and some were observed independently mobilizing around the centre. During the walkabout of the centre the inspector noticed that some toilets did not have assistive grab rails to promote the safety of residents. There were two assisted baths on separate floors in the centre for residents use and there was works ongoing on-site to reconfigure the en-suites in some bedrooms. Two additional shower rooms had also been recently installed in the building. Flooring was mostly carpeted throughout and there was a regular cleaning schedule in place. Storage was a challenge, the inspector observed hoists and weighing scales stored in a bathroom and some store rooms were untidy with items stored on the floor. There were assistive handrails throughout and some directional signage however this could be improved to assist way finding for residents.

There were drinks and snacks available in day rooms and adequate staff to supervise residents. The inspector observed many examples of kind and respectful

care and interactions throughout the day. Residents were highly complementary of the staff and the services they received. Residents and their visitors described a relationship of trust and respect with staff and the providers and were always kept informed of changes in the centre. Residents told the inspector that staff were always available to assist them and their visitors could call whenever they liked. Many residents went out for trips with family and friends and this was always facilitated even if unplanned. Visitors could book a visit or call unannounced. Two visitors who spoke with the inspector stated how pleased they were with standards of care and attention their loved ones received in the centre.

Activities were currently provided over four days by dedicated staff and on the other three days care staff were allocated to provide a group activity. There were long periods of inactivity observed in the morning time and a group activity was held in the courtyard in the afternoon. Residents who could not engage in the group activity or who chose to remain in their bedroom did not have a daily opportunity for a recreational activity.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

Management systems required review to ensure all aspects of the service were appropriately monitored. Risks associated with fire safety were found on inspection and an urgent action plan was sent to the provider to address fire risks in the centre. There was very good clinical oversight of care and a resident centred approach to all service provision in the centre.

Kinvara House Limited was the registered provider for Kinvara House Nursing Home. The company had two directors both of whom were involved in the operations of the centre. The current provider had operated the centre for approximately 31 years. There was a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The person in charge worked full time and was supported by a team of experienced nursing, caring, housekeeping, catering, maintenance, activities and administration staff.

This was an unannounced risk inspection to monitor compliance with the regulations. The centre had not identified active fire risks in the centre associated with evacuation and potentially containment of fire. The centre had a restrictive condition in relation to the number of showers and residents' access to same. Works were underway on site and builders were observed working during the inspection. The programme of works to come into compliance was well underway and the

provider hoped to be completed on time by the 31 December 2021. The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 restrictions. To date the service had managed to prevent an outbreak in the centre.

Management systems were not consistently effective in ensuring the service was safe, consistent and effectively monitored. Audits and meetings were not consistently informing quality and safety improvements in the centre. Risks associated with fire were not effectively identified and were therefore not being managed. Additional risks associated with inappropriate sluicing facilities in the centre had not been identified however the provider did have arrangements in place for decontamination of equipment. The provider was responsive to the risks found on inspection and undertook immediate steps to mitigate the level of risk.

The centre was adequately resourced to provide the care described in the statement of purpose. The centre had a well-established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences. Mandatory training in the centre was provided for all staff with an on ongoing training schedule in place to ensure all staff were supported to perform their respective roles.

There were no recent records of complaints made in the centre. The provider was undertaking to widen their definition of a complaint and include all feedback as a way of monitoring issues in the centre for quality improvement. Residents and visiting family members were very comfortable giving feedback and told the inspector they had nothing to complain about.

The centre were responsive to the inspection process and had a good history of compliance with the regulations.

Regulation 15: Staffing

There were sufficient staff available to meet the needs of residents. There was a nurse on duty over 24 hours and contingency arrangements were in place for COVID -19 should they have a suspected or positive case. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene.

Judgment: Compliant

Regulation 16: Training and staff development

According to information submitted following the inspection all staff had completed mandatory training in infection prevention and control, manual handling, fire training, fire drill and safeguarding. There was an ongoing plan to update all mandatory training in the centre.

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

Judgment: Compliant

Regulation 23: Governance and management

Systems for monitoring the quality and safety of the service required review to ensure they were consistently informing ongoing safety improvements in the centre. For example, the provider had not identified risks found on inspection associated with fire safety which was impacting on the safety of residents and staff.

Judgment: Substantially 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 a 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.

In the absence of any recorded complaints the provider undertook to record minor issues reported by residents and families in order to monitor the quality of the

service. The centre had a standard procedure for managing complaints and residents and visitors told the inspector there was no obstacle to reporting issues or giving feedback of any kind.

Judgment: Compliant

Quality and safety

Residents' rights and dignity were promoted in this centre and they were supported to access high standards of appropriate evidence-based care. Staff were knowledgeable of residents' needs and preferences, and included residents in all decisions about their care. Fire risks found on inspection were impacting on resident's safety and improvements were required in activity provision and premises.

An urgent action plan was issued to the provider for fire risks identified on inspection. Risks included fire containment and safe evacuation of residents. Drills simulating full compartment evacuations had not been practiced and therefore the provider was unable to demonstrate their ability to safely and effectively evacuate residents in the event of a fire. Evacuation procedures were tested following the inspection and further drills were required to ensure competency in the event of a fire.

Fire containment in the centre was generally good with all fire doors fitted with self-closing devices, however these doors were not routinely checked for their effectiveness or faults which could go unnoticed. Fire doors were visually checked by the provider following the inspection which reduced the level of risk found. One first floor compartment in the centre only had one evacuation route in the event of a fire. The provider gave an undertaking to have the premises and all fire safety procedures in the centre reviewed by a competent person to ensure that the building and systems in place were fully supporting the safety of residents and staff.

The fire detection and alarm system was a zoned system and had been serviced quarterly in line with the regulations. Records for the quarterly servicing of the emergency lighting in the centre were submitted following the inspection and showed that this had been completed in line with the requirements.

There was an ongoing schedule of preventative maintenance which ensured the standard of painting and condition of the premises was in good repair and was both clean and comfortable for residents living in the centre. Communal spaces and bedrooms were comfortable and enjoyed many features of a period building. The provider was in the process of upgrading en-suite bathrooms in the centre as part of a restrictive condition of registration which is due for completion by 31/12/2021. Assistive grab rails were required in several en-suite and communal bathrooms to maintain and promote the safety of residents. Sluicing facilities in the centre also required review.

The centre continued to maintain infection prevention and control procedures to help prevent and manage an outbreak of COVID-19 and to date the centre had been successful in this. For example, daily symptom monitoring of residents and staff for COVID-19 continued. A successful vaccination programme was completed in the centre and there were arrangements for the vaccination of new residents and staff. Staff were observed to have good hand hygiene practices and correct use of PPE.

A hand hygiene sink had been installed at the entrance hall and alcohol hand gels were readily available throughout the centre. However overall facilities for and access to hand wash sinks in the areas inspected were less than optimal. There was a limited number of hand wash sinks in the centre. The building was laid out in a way that allowed sections to be safely closed off if isolation was required and some areas contained their own exits to allow for safe cohorting of staff and residents should it be required. However there were no appropriate sluicing facilities for the safe cleaning and decontamination of shared equipment – this is discussed under premises. In the absence of same the provider did have arrangements in place to clean equipment and to minimise the use of shared equipment. Good records were maintained of cleaning in the centre and overall the centre appeared clean.

There was a combination of electronic and paper records maintained for each resident in the centre. Validated assessment tools were used to assess physical needs for example risk of malnutrition, pressure sore development and falls. There were comprehensive and person-centered care plans in place to direct staff to meet the resident's needs where the need was identified, for example wound care. There were good standards of evidence based health care provided and residents were supported to access their GP and allied health services as required. A physiotherapist attended the centre twice a week to provide both group activity and individual assessment. Residents also had access to a specialist frailty team which attended the centre to treat and support residents and prevent admissions to the acute hospital.

The use of restrictive practices in the centre was high with 34% of residents using a bed rail. Risk assessments were not always completed for bed rails and less restrictive alternatives were not always trialled in line with the national guidance. Less restrictive options like half bed rails were not available. Safety checks were in place and carried out correctly and in line with the national guidance. Other potentially restrictive devices such as key-coded door locks and sensor alarms were not identified as restrictive and required review to ensure they were not impacting on the freedoms of residents. The centre were undertaking to review the remaining bed rails and all restrictive practices with a view to reduce the use of restrictions and promote a restraint free environment.

There was a proactive approach to risk management in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

Indoor visits had resumed in line with the national guidelines and there were

ongoing safety procedures in place, for example, temperature checks and health questionnaires for visitors. Residents could receive visitors in their bedrooms and outside in the gardens. There was evidence of adequate arrangements in place for consultation regarding visits with relatives and families during the COVID-19 pandemic.

There was a rights based approach to care in this centre. The service promoted the rights of individuals by respecting individual choices and preferences and by involving residents in the organisation of service. There were regular resident meetings and residents were encouraged to make suggestions about the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. All bedroom accommodation was single rooms and this promoted residents' privacy.

Generally there were facilities and opportunities available for all residents to participate in activities in accordance with their abilities and preferences. However recent changes in staffing availability meant that dedicated activity staff were now only available four days per week instead of seven. While the provider had allocated care staff to provide group activities in the absence of dedicated activity staff, some residents' who were unable to or chose not to participate in a group activity did not have an alternative option. Residents could choose to go on outings and regularly utilised their local amenities, for example, coffee shops and the promenade.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 17: Premises

Several en suite and communal bathrooms did not have assistive grab rails to support and maintain the safety of residents.

The centre did not have appropriate sluicing facilities as required by the regulations, Schedule 6 part 3(e).

Judgment: Not compliant

Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practice in the centre was not fully in line with the national standards and other national guidance. For example:

- 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 used for hand washing by staff.
- There was clutter in some storage rooms and items were stored on the floor, this posed a risk of cross contamination and prevented the floors from being effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were concerns about the safe evacuation of residents from the centre when staffing levels were lowest. There were no records of simulated fire evacuation drills to demonstrate the ability to safely evacuate all residents and staff in the event of a fire in the centre. Following an urgent action plan the provider submitted a simulated evacuation drill of the centre's largest compartment with night time staffing levels. While this drill demonstrated some good practices, further drills were required to ensure all staff were sure of their role and of the correct procedure to follow in the event of a fire. The drill record lacked information on how the simulation was conducted and what role each of the three staff took on, how they located the fire and proceeded to evacuate. This information is important to identify

any potential delays and learning for future drills.

The provider was unable to demonstrate the effectiveness of fire compartments and oversight of the maintenance and the performance of fire doors was unknown.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices required review. The use of bed rails was high, with 12 of 35 residents using bed rails on the day of inspection. This was not in line with the centre's policy or the national policy on promoting a restraint free environment.

Sensor alarms and key-coded door locks required review to ensure they were used in line with the national policy and not impacting on the freedom of residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Activity provision required ongoing review to ensure that all residents had daily access to participate in group or individual activities in accordance with their abilities and preferences. Some residents who chose not to participate in groups and who were unable to participate did not have daily opportunity for social activity.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kinvara House Nursing Home OSV-0000054

Inspection ID: MON-0031616

Date of inspection: 14/09/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Review systems for monitoring the quality and safety of the service to ensure they are informing ongoing safety improvements in the centre. Completed</p> <p>Review roles responsible for systems for monitoring the quality and safety Completed</p> <p>Reassign roles and update systems for monitoring the quality and safety of the service. Completed</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All 36 bedrooms are single with toilet and hand washing facilities with a number having walk-in showering facilities in a certain number of bedrooms. A review of current sluicing practices by appropriate professionals with intention to make necessary that are required.</p> <p>Complete 31/12/21</p> <p>Several en-suites are currently being upgrade and grab rails will be fitted with support of</p>	

<p>OT and builder. Complete 30/11/21</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Additional hand basins to be provided for staff. Complete 15/11/21</p> <p>Store room clear of items on floor Completed</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Fire Drill report of a simulated evacuation of the centre's largest compartment on the first floor, rooms 28-32 Please see attached report. 2. All compartment doors tested. Please see attached report 3. Records for the quarterly servicing of the emergency lighting 2021. Please see attached report 4. Appointed a Fire Engineer from HSFC to provide assurance in relation to risk assessment, fire doors and containment <p>Completed</p> <p>Fire Engineer to carry out review to provide assurance in relation to risk assessment, fire doors and containment Completed Fire Engineer to provide report and recommendations Complete 18/11/21</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Audit of Bed Rail use Completed Reassessment on use of sensor alarms Completed</p> <p>Reduction of bedrails in use to 4 following a trial of no bedrails. Individuals expressed desire to keep rails in place following a trial and being offered alternatives. Completed</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Review of group and individual activities Completed</p> <p>New process for capturing all activities both individual and group. Completed</p> <p>Review of roles and activity coordinator role now incorporated to resident's liaison role. Completed These measures are implemented to ensure rights of residents are met.</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.	Not Compliant	Yellow	30/11/2021
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	18/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	15/11/2021

	associated infections published by the Authority are implemented by staff.			
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	18/11/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/10/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	18/10/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only	Substantially Compliant	Yellow	18/10/2021

	used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	18/10/2021