



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Riverview
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Morrison Terrace, Mullauns, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	21 January 2021
Centre ID:	OSV-0005504
Fieldwork ID:	MON-0031987

## About the designated centre

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

Sonas Nursing Home, Riverview is a modern building that opened in 2017. It is registered to provide care for fifty three male and female residents who require long-term, continuing, convalescent or respite care. Care is primarily provided to people over 65 years with low to maximum dependency care needs. The centre is located near the river Moy in Ballina and is a short drive from the train station, shops and business premises in the town. Residents' accommodation is provided in five double and 43 single rooms all of which have ensuite facilities that include a shower, toilet and wash hand-basin. Residents have access to appropriately spacious communal sitting and dining areas, a visitors' room and an enclosed courtyard garden that can be accessed from several points around the building. The centre has good levels of natural light and windows throughout enable residents to see the outdoors when seated in armchairs. Catering, laundry and staff areas are also located within the building. The aim of the centre as described in the statement of purpose is to provide a residential setting where residents are cared for, supported and valued within the care environment that promotes the health and well-being of residents.

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

Number of residents on the date of inspection:	50
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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
Thursday 21 January 2021	09:00hrs to 17:00hrs	Geraldine Jolley	Lead

## What residents told us and what inspectors observed

The inspector talked with seven residents during this inspection. They said they were very happy living in Riverview and said they were well cared for by staff that they knew well and who made life comfortable for them. All residents were sitting in the communal areas and were observed to be well supported by staff who engaged with them regularly and prompted and facilitated activities. The residents talked about the relaxed atmosphere of the centre and said that the changes brought about as a result of COVID-19 where the centre had been divided into two areas had worked well as they continued to have plenty of space to move around, choice about where they sat during the day and how they spent their time.

The inspector saw that residents had regular interaction from staff, were encouraged to talk to each other and were socially engaged throughout the day. There were two activity staff available, one in each area. They were observed to initiate suitable activities that met residents needs including the needs of people with communication problems or who had dementia. For example, items on display that included plants in the windows and the flower displays on dining tables were used to prompt conversation and the inspector saw several meaningful conversations initiated by staff that prompted residents to engage and respond. Residents who required help to mobilise were assisted promptly when they requested assistance and staff were always nearby to offer assistance.

The inspector spent time chatting to residents before the lunchtime dinner. Residents said they had lovely meals and that the quality and variety of food served suited their taste. Two residents said the catering staff knew what they liked and didn't like and ensured that meals were prepared in line with their preferences. Extra portions and smaller portions depending on personal preference were available. The inspector observed that all residents were offered a choice of drinks and were also offered snacks during the day.

Two residents told the inspector that they had made their own choice to move to Riverview and were glad they had done this while they had been able to make the decision for themselves. They described having good choice over their day to day lives and said carers asked them every day what they wanted to do in relation to getting up, going to bed and how they wanted to spend their day. The inspector saw that residents were able to pursue interests they had before they were admitted to the centre and while these were restricted now due to COVID-19 measures they were hopeful that they would continue when life returned to a more normal routine. The inspector was told that there was access to advocacy services and residents were informed about these services and how they could help them.

## Capacity and capability

This centre was well organised and had a staff team that worked effectively to ensure residents had a good quality of life and a high standard of care. The person in charge and the clinical nurse manager were available throughout the inspection and provided the information the inspector requested to complete the inspection. The provider had a well organised governance and management structure for this centre. This had been strengthened recently by the appointment of a regional manager to oversee this centre and three other centres in the area on behalf of the provider. The management team consists of the provider representative, the regional manager, the quality and governance coordinator and the infection control lead nurse. They had arrangements in place to ensure the service is delivered safely and to a high standard. Systems were in place to review the service and the quality of care delivered to residents and this included a system for consultation with residents and families. A survey to determine their views and to inform the annual review of the service was underway. Opinions provided to date on areas that included meals, privacy standards and the care provided by staff were very positive.

The staff team was well resourced. During the day there were two nurses, the person in charge, clinical nurse manager and 10 carers on duty. At night there were also two nurses on duty. They were supported by three carers. This meant that the centre, that was divided into two areas with two distinct staff teams to reduce the possibility of infection transfer, could operate effectively during the day and night.

There was good oversight of areas that included complaints management, accidents and incidents, restraint use, staff training and infection control to ensure appropriate safe standards were met. The inspector found that audits completed were analysed and when required had an improvement plan put in place. For example, when falls audits were completed any actions or learning identified was communicated to staff to prevent further incidents. An inspection by the Health and Safety Authority had been completed in November 2020 and the recommendations made to improve safety had been addressed. Individual certificates for slings used by residents were available, adequate pedal bins had been supplied and an area to care for staff if they became ill had been organised. A staff member had been allocated responsibility as the COVID-19 support for the centre and her duty included keeping in touch with relatives, ensuring they were kept up to date about residents' care when they could not visit and facilitating additional social care activities.

The provider had ensured that staff training was a high priority. Staff confirmed that they had training on the statutory topics of moving and handling, fire safety and safeguarding vulnerable people and training records confirmed this. Training on topics relevant to care practice and the safe operation of the service was also provided. The inspector saw that topics that included person centred care and responsive behaviours, infection prevention and control and restrictive practice was included in the training schedule. There was an induction programme for new staff and staff confirmed that the person in charge reviewed their roles with them.

The inspector spoke with staff from varied areas. The inspector found that person centred care was a priority for staff and management. Throughout the day, the

inspector observed that staff and resident engagement was meaningful, prompt and supportive to residents. The person in charge had a full time role and together with the clinical nurse manager they were available to provide leadership and guidance to the staff team. Residents said they found the staff helpful at all times and said when new staff were appointed they were introduced to them.

The inspector found that the action plan from the last inspection had been addressed. Concerns expressed at the time about the proposed new extension had been discussed with residents and relatives and had been addressed. Changes were made to the design and the building work that includes seven bedrooms and a sitting area was almost complete. Extra storage had been provided for residents who required it. The risk management issues that included unsafe storage of hoists and oxygen had been addressed and these items were noted to be stored safely and did not present risk.

### Regulation 15: Staffing

The staffing complement during the day and night was appropriate to meet the needs of residents and ensure safe quality care was delivered. There was a good skill mix allocated to the service. During the day there were two nurses in addition to the person in charge and the clinical nurse manager. They were supported by 10 care staff in the morning and nine later in the day. At night there were two nurses and three carers allocated for duty.

The centre was managed by a qualified nurse who was appropriately experienced and qualified for this role. During the inspection she demonstrated that she was well informed about the regulations and standards and she had systems in place to ensure the centre achieved a high level of compliance.

Other staff on duty during the day included two activity staff, three cleaners, a chef and catering assistant. The inspector judged that current staffing levels were appropriate to meet the care needs of residents and ensured that the two teams could operate effectively in the two areas. Incidents of staff absenteeism were covered by team members. The person in charge had a staffing plan to ensure adequate staff were available to meet the proposed increase in resident numbers when the new extension is registered.

An action plan in the last report had been addressed. All areas where residents spent time were observed to be supervised and to have a member of staff present throughout the day.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and records reviewed confirmed that all staff were up to date with training in safeguarding and safety, manual handling and fire safety.

Staff were appropriately supervised. Staff informed the inspector that they were well supported by the management team. All new staff had completed an induction programme. Staff members spoken with were knowledgeable of residents' needs. In respect of COVID-19, the staff the inspector talked with were knowledgeable about the typical and non-typical presentation of this virus and the symptoms and signs to look out for in residents, should they become unwell. With particular reference to the National Public Health Emergency (NPHE), all staff had completed training on COVID-19 that incorporated hand hygiene and how to put on and take off PPE. The HPSC had issued and updated national guidelines throughout the emergency and staff were kept up to date on changes to the guidance during handovers and training sessions. The person in charge said that updates were relayed promptly to staff.

There was one resident who had tested positive for COVID-19 in isolation on the day of the inspection. The inspector was informed by the person in charge that staff had been advised of the PPE requirements for caring for COVID-19 positive residents and the inspector observed that a readily accessible supply was available and was being used appropriately by staff.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of authority and accountability were clear. The recent appointment of a regional manager had strengthened the governance structure and ensured the person in charge had access to appropriate support as well as improving the oversight the provider had of the service.

The most recent inspection of this centre, conducted in April 2019, found that the registered provider had ensured that there was an effective governance structure and sufficient resources in place to enable the effective delivery of care, in accordance with the centre's statement of purpose. The finding of this inspection confirms that these arrangements had been sustained which had resulted in good outcomes for residents.

The systems in place to ensure that the service is appropriate and consistently monitored were reviewed. The findings indicated the centre was managed well and that recommendations and actions from statutory bodies including the office of the Chief Inspector were put in place. The action plan from the last report had been addressed.



Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaint record and found that complaints were dealt with promptly and appropriately. All complaints had been resolved by the person in charge and the centre's staff. The inspector noted there was good communication with residents and others who raised issues. For example concerns over delays with post had been explained clearly and were due to unforeseen problems with post from abroad.

Residents said they could make a complaint without difficulty and said that any matter they raised was resolved. An appeal process was available.

Matters that were a concern to residents and relatives at the last inspection in relation to the construction of the new extension had been resolved. Arrangements had been made to meet with relatives and their concerns were listened to and addressed.

Judgment: Compliant

### Quality and safety

The centre provided residents with a good quality of life that met their needs. There were arrangements in place to manage risk and protect residents. The centre is purpose built and the design and layout of the premises met the needs of the current residents. Corridors are wide and have handrails to support residents when walking from one area to another. Residents were observed to move freely around the centre. There is adequate communal space and a choice of sitting rooms where residents can spend time during the day. These rooms were busy during the day with varied activities in progress. The dining rooms are attractively decorated and provide a good environment for residents to have their meals. There is good space between tables, lots of natural light and home like furnishings that make the environment attractive for meal times. There is also an oratory and a visitors' room available for residents' use. The standard of hygiene was good and residents said that their bedrooms are cleaned daily. There was signage to guide residents around the building and to help them identify their bedrooms.

The person centred care approach that underpins the delivery of care ensures that residents receive care that enhances their physical and psychological wellbeing. The inspector saw that residents had good access to primary care services including allied health professionals. The advice from allied healthcare professionals was

followed by staff with good outcomes for residents. For example, where residents had mobility or skin care problems these were identified early and plans were in place to stabilise the situation. The recommendations of speech and language therapists and dietitians were adhered to by staff. Residents told the inspector that catering staff prepared specialist diets that they needed and consulted with them regularly about meals and changes to the menu. Care plans were up to date and in general provided good guidance for staff on how care was to be delivered. The emphasis on problem areas in some care plans required revision as some residents were independent in many aspects of their lives but this was not evident in the care records reviewed.

Residents' rights were protected and promoted. Privacy and dignity was respected and this was demonstrated by the positive attitudes and interactions of staff when relating to residents as well as the physical layout arrangements. Staff approached residents in a calm unhurried manner and were observed to be kind and thoughtful in their interactions with residents. There were measures in place to safeguard residents from abuse. A policy and procedure was available to guide staff actions if they had a safeguarding concern. Staff training on this topic was up to date. Residents told the inspector that they felt safe and in the centre and knew that there was access to advocacy services or other professionals if they needed support.

Residents had a varied activity programme that was coordinated by two members of staff with support from carers and nurses. Activities developed for people with cognitive impairments formed part of this programme, and this had a positive impact. The inspector saw that residents were encouraged to talk and that all opportunities for engagement were used by staff to ensure residents were included in as many conversations as possible. Residents' links with the community were maintained where possible, and this was supported by access to local media, national daily newspapers and telephone services.

There was good emphasis on risk management and the promotion of safety. Infection control measures met good practice standards and the current guidance. There was adequate PPE available and this was stored centrally so that staff could access the supply easily. Fire safety measures included regular fire drills and training sessions. The inspector found that some drills were completed with the least number of staff on duty but the evacuation of a complete compartment had not been undertaken to ensure that staff could manage this in an emergency.

An action plan in the last report identified that residents in some double rooms had inadequate storage. This was remedied by the provision of extra wardrobes and residents spoken with were satisfied with the storage space and the laundry services provided.

An extension to the building was almost complete. This includes six bedrooms and a large communal area that is centrally located opposite the main entrance. An application to register this is due to be made when the new areas are complete and furnished.

## Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The risk register was kept under review by the person in charge who had ensured that operational risks were documented. The last review had been completed on 19 January 2021. Individual risk assessments were also completed for residents. The actions described in the last report had been addressed. Hoists were noted to be stored safely and did not present a hazard to residents walking around and oxygen storage arrangements were safe.

The person in charge carried out a number of audits and checks to oversee the quality of care delivery and identify issues so that improvements and learning could be implemented. The inspector reviewed the environmental audits and found that where improvements were identified action was taken indicating the centre's monitoring processes were successful. For example, the maximum capacity for staff rooms at any time had been identified and was being adhered to and fire safety measures in relation to the larger compartments in the centre were also identified and measures such as ensuring dependency levels were appropriately distributed to reduce risk were in place.

Judgment: Compliant

## Regulation 27: Infection control

The inspector observed that the infection control measures met good practice standards and that staff were working safely. The centre was visibly clean. There was a schedule for cleaning all areas and this included the deep cleaning of a number of bedrooms daily. Communal rooms were well organised and social distancing was in place.

The inspector found the following measures ensured that infection control measures were appropriate and provided a high level of safety for residents and staff:

- The centre was divided into two areas which controlled staff contacts and meant that in the event of a suspected COVID-19 case or an outbreak that this could be managed within each restricted area
- Residents' equipment including wheelchairs, hoists and specialist chairs were clean
- There were hand hygiene alcohol dispensers strategically placed along the hallways and all were functioning well
- Supplies of oximeters, thermometers and blood pressure equipment were available for all residents to prevent infection transfer
- The number of staff using staff areas was restricted and two staff areas had been organised to facilitate this
- There was a plentiful supply of PPE available. Signage was

displayed regarding COVID-19 and there was appropriate disposal and storage of clinical waste.

There were two cleaners on duty daily and this increased to three on three days a week to ensure that all areas were effectively cleaned. Staff were observed to clean frequently touched surfaces such as tables, chairs and handrails frequently.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector reviewed the fire register and the records of fire safety exercises. The clinical nurse manager has completed the train the trainer course for fire safety. Fire drills are completed regularly and there were 34 documented exercises completed in 2020 and one so far in 2021.

The fire drill exercises described the activity that was undertaken and how staff responded. Any learning was identified to ensure staff improved their response. Staff were advised of the compartments that were large and the dependency level in this area was monitored. For example one compartment contained 12 residents and the dependency here included five residents who had low care needs and were mobile. This compartment is to be reduced in size when the building work is complete. All residents had clear personal evacuation plans that outlined their support needs in an emergency. The inspector noted that while the fire drills informed staff actions well they did not include the regular evacuation of complete compartments beyond the nearest set of fire doors and further if needed to ensure staff could evacuate the centre in a timely manner in an emergency. A fire drill demonstrating actions for both resources and equipment is required to safely evacuate from the largest compartment using night time staffing levels and details to be submitted to the office of Chief inspector for review.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The standard of care plans was generally good and conveyed that staff were familiar with residents' needs, choices and preferred routines and recorded these in a meaningful way that guided practice. Care plans and associated records were maintained on a computer programme.

Care plans described residents' independence and the level of assistance and support required in terms of personal care, mobility and nutritional needs. The inspector noted that some care plans focused on problems rather than on the

independence and capacity of residents. Taking into account the overall good standards of care that were evident during the inspection and confirmed by residents the inspector formed the view that the strengths and abilities of residents should be described more prominently to effectively guide staff to maintain and promote independence.

There was information that described residents' choices about how their daily routines were to be organised and the inspector was told by residents that staff observed their wishes in relation to how they liked to spend their day. Risk assessments of critical areas that included vulnerability to falls, nutrition problems and tissue viability were in place and the associated care plans provided guidance on how these areas were to be managed to prevent deterioration.

The person in charge told the inspector that there was a system for ensuring relatives were informed promptly of their relatives' health situations and any changes in their conditions during this time when visits were not taking place. A staff member had been allocated to undertake this duty and keep families up to date.

Dementia care needs were described well and the inspector saw that residents' orientation to the premises and to people they knew was described. There was good emphasis on the psychological care that would benefit residents and the inspector saw several examples of residents being reassured by staff and orientated to what was happening.

Judgment: Substantially compliant

## Regulation 6: Health care

There was good access to primary care services including general practitioner services. The provider employed physiotherapists for the centre five days a week. She undertook moving and handling assessments and advised on mobility issues and health care problems. The inspector saw that assessments and treatment interventions were undertaken on site. There was a treatment room that was well equipped where the physiotherapist could see residents and carry out treatment programmes.

From an examination of a sample of residents' care plans, discussions with residents and staff the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. There were arrangements in place to manage and monitor wounds. The inspector saw that a wound care problem had an appropriate treatment plan in place and was gradually improving.

Assessments were carried out in relation to residents' weight. There were measures in place to address the needs of three residents who were assessed with weight loss. These measures included a referral to the dietician and the residents' general

practitioner and implementation of their recommendations. Residents were weighed monthly and more frequently if fluctuations in weight needed to be monitored or presented a risk.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector saw that there were opportunities for residents to participate in activities that reflected their interests and choices. There was a range of activity material available and social care had a high priority with an activity/social interaction available morning and afternoon. Social care planning was undertaken by the activity coordinators and the staff team assists with the delivery of recreational activities.

Staff encourage and organise celebrations for birthdays and other occasions. Recently there had been a "drive-by" birthday celebration which had been enjoyed by everyone. The minutes of some of the monthly residents meetings highlighted suggestions and feedback on recreational activities and there was evidence that residents views were taken into account when activities were planned.

Residents were able to make choices about how they lived and how they spent their day and said that staff respected their wishes. The inspector found that the privacy and dignity of residents was promoted and respected. Residents were observed to be respectfully addressed by staff.

Residents have access to the internet and private telephones. There was good emphasis on ensuring that resident kept in touch with friends and family and a range of technological devices were available to facilitate regular meaningful communication. While visits were restricted in line with public health guidance the person in charge said that visits were organised where possible and an enclosed booth had been made available for this purpose. Compassionate visits were arranged when these were required.

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 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sonas Nursing Home Riverview OSV-0005504

Inspection ID: MON-0031987

Date of inspection: 21/01/2021

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The recent upgrade to the premises has improved the fire compartment sizes. All staff are scheduled to participate in evacuation drills. These drills will be timed and recorded and night time staffing levels will be utilised in the scenarios. 30/04/2021.  A recent drill record has been submitted to the chief inspector for review. All other drill records will be maintained in the centre and are available for inspection.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Further enhancements of the residents care plans will ensure a focus on the residents capabilities and guide staff with health promotion. 14/05/2021.	

## 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 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/03/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	31/03/2021

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/04/2021