



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

## Issued by the Chief Inspector

Name of designated centre:	St Anne's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Westport Road, Clifden, Galway
Type of inspection:	Unannounced
Date of inspection:	17 February 2021
Centre ID:	OSV-0000632
Fieldwork ID:	MON-0032066

## About the designated centre

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

St Anne's Community Nursing Unit is a designated centre in County Galway providing care for male and female residents over the age of 18 years. Residents are accommodated on the ground floor of the building in single, twin and multi-occupancy (occupancy greater than two people) rooms. Appropriate communal sitting and dining space is available in the centre, as well as safe and suitable outdoor space. The centre is located in a quiet rural area and there are transport links available to get into the local town. The centre is currently registered to accommodate 22 people, and each resident's dependency needs are regularly reviewed to ensure their care needs are met.

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

Number of residents on the date of inspection:	19
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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 17 February 2021	10:30hrs to 16:30hrs	Una Fitzgerald	Lead
Thursday 18 February 2021	10:30hrs to 14:00hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents spoken with expressed high levels of satisfaction with all aspects of the care received in this centre. The feedback from the residents was that this was a good place to live in a supported care environment, where you could maintain your independence but still have company and security. The inspector spent time observing the interaction between staff and residents and observed an open relaxed environment. Staff promoted a person-centred approach to care and were found to be kind and caring.

This was an unannounced inspection completed during the COVID-19 national pandemic. On arrival to the centre, the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, face covering, and temperature checks.

Overall the centre is homely. There are a variety of communal rooms for resident use. The inspector noted throughout the two days that residents have set up their own areas and alcoves where they like to spend time. This is a small centre and the inspector observed that residents are well known to staff. The atmosphere is very relaxed. Staff walking by residents greet them by name. Residents were sitting at the entrance observing the comings and goings of the staff. The inspector observed residents been accompanied for walks along corridors. The main communal room was observed to be a hub of activity. The inspector observed throughout the two days that this room was supervised by staff at all times. Staff supervising the room used this opportunity to have social interaction with residents. For example; there was an open conversation inclusive of all about lent and the tradition to give up and fast from foods that they like.

As stated the communal room was a hive of activity, at one point the inspector observed one resident drawing, one resident completing a puzzle and one resident was sitting watching a documentary on fishing that had been specifically turned on for them. Residents told the inspector that while the restrictions on visitors into the centre had been ongoing they were very appreciative of staff efforts to ensure that their was choice on how to pass the days. The large communal room had one wall that was decorated with pictures of activities that had been completed by residents from baking the Christmas cake to decorative paper hearts to reflect Saint Valentines day.

The inspector observed that residents moved about the centre unrestricted. Residents who wished to use bathroom facilities were offered the choice of walking or using a wheelchair. The inspector observed residents were not rushed. The engagement between residents and staff was friendly and easygoing. There was ongoing banter about things of interest to the residents.

Regular residents' meetings were held. Residents were satisfied with the food and

the choices available. Residents knew who the person in charge was. No resident spoken with had made a complaint. There was an obvious, familiar and comfortable rapport between residents and staff, and a relaxed and happy atmosphere was evident.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The Health Services Executive (HSE) is the registered provider of the nursing home. This was an unannounced inspection to inform the registration renewal and to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic. The management team operating the day to day running of the centre consists of a person in charge (PIC) and a Director of Nursing. The inspector also followed up on the non compliance found on the last inspection. There are repeated non compliance under Regulation 12 Personal possessions, Regulation 17 Premises and Regulation 9 Residents' rights.

The inspector found that the management team on duty on the days of inspection had good knowledge of the systems in place that monitor the service. Records requested were made available in a timely manner. The person in charge has responsibility for monitoring the direct provision of care. There was an audit schedule in place. Audits had been completed in a number of key areas including, care plan audits, falls audit, weight management and hand hygiene audits. Audits findings relating to the provision of care were communicated to the care staff.

A full review of the management of fire precautions in the centre is required. Simulated fire drills of night time conditions had been completed. Local management had escalated concerns to senior management that the evacuation drill times were a concern. At the end of day one the inspector spoke with the Registered Provider Representative (RPR) and DON about the time it was taking to safely evacuate residents with night time staffing number. The records showed the time was above the normal outer limits. The RPR committed to increase night time staffing from three staff to four until a review of fire precautions could be completed. However, on day two the inspector was informed that this decision was reversed. As a result, an urgent compliance plan on what immediate actions would be taken to bring the centre into compliance with the regulations was issued the day following the inspection. The compliance plan response received did not provide the necessary assurances and so further engagement with the HSE was communicated.

The inspector found that staff displayed good knowledge of the national infection prevention and HPSC guidance. The person in charge had completed HIQA's Self-assessment Tool, Preparedness planning and Infection prevention and control

assurance framework for registered providers. The document had been updated in January 2021. The person in charge had a COVID-19 folder that contained all upto date guidance documents on the management of a COVID-19 outbreak. On the days of inspection, there was no resident with a suspicious/confirmed case of COVID-19 in the centre. The centre had received the vaccination programme with only a small number due to receive the second dose.

The complaints policy was last updated in October 2019. The inspector was told that the policies are developed and reviewed at a group level. The inspector noted that the policy had the name of another centre on page one. The inspector advised that the policy needs to be centre specific and so therefore should include the name of this centre. The inspector was informed that the person in charge does not have access to edit the policy. This was discussed with the RPR who committed to a review of the current process.

#### Registration Regulation 4: Application for registration or renewal of registration

The application form was submitted and the required registration fee had been paid.

Judgment: Compliant

#### Regulation 15: Staffing

On the days of inspection the inspector found there was sufficient staff on duty to meet the care needs of the residents with the exception of night time staffing in the event of the need to evacuate residents in a fire. The centre had 19 residents. There was one room vacant to allow for isolation purposes if required. On the days of inspection there were 11 residents with maximum dependency care needs, five residents with high dependency care needs and three residents with medium dependency care needs. The person in charge reviewed the allocation of staffing and made changes when appropriate. For example; as a result of the COVID-19 pandemic the staffing allocation to the cleaning of the premises had been increased.

The findings on the availability of staff to evacuate residents in the event of a fire is actioned under Regulation 28 Fire precautions.

The person in charge confirmed that staffing of the centre is stable. In addition, on the days of inspection a newly appointed clinical manager was completing an induction programme. This new addition to the team will strengthen the clinical oversight and monitoring of the service.

Judgment: Compliant

## Regulation 16: Training and staff development

The centre management were committed to providing ongoing training to staff. The training matrix reviewed by the inspector evidenced full compliance with mandatory training required by the regulations. Staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control and hand hygiene.

The person in charge held responsibility for the ongoing supervision of staff. Following on from the last inspection, the person in charge had completed annual staff appraisals.

Judgment: Compliant

## Regulation 23: Governance and management

Findings from the inspection highlight that the systems in place on the management of risk that is escalated to senior management within the HSE governance structure requires review. Appropriate action had not been taken in a timely manner to minimise the risk to ensure the best possible outcome in the event of a fire in the centre

The Schedule 5 policies and procedures required to be maintained in the designated centre were available. A review of the system in place to allow local management have ownership of the policies to ensure they are centre specific is required.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

The person in charge was aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required had been submitted.

Judgment: Compliant

## Regulation 34: Complaints procedure



The inspector reviewed the complaints log. Records evidenced the detail of the complaint, any investigation and follow up actions taken as a result. The satisfaction level of the complainant was also recorded. Feedback from residents and relatives was welcomed by the management team. For example, there was a suggestion/comment box at the main entrance. The complaints process was on display at the nurses station.

Judgment: Compliant

## Quality and safety

Residents' told the inspector that their lives had been impacted by the COVID-19 restrictions. Residents reported that they felt the care and support they had received was of good quality. Residents' medical and health care needs were met. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. All staff had received training in standard infection control precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). Staff practice was monitored. Audits on hand hygiene had been completed by the person in charge. On the day of inspection the inspector observed good hand hygiene practice by staff. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

The inspector reviewed resident files. Care plans were found to be individualised and person-centered. The system in place was clearly laid out and the information was easily retrieved. Records evidenced daily COVID-19 well-being symptom checks. For example, temperature checks were completed twice a day. This allows for early identification of the virus. The care plans of current residents were up-to-date and contained all of the information required to guide care. Residents had access to medical and allied health care supports. The inspector reviewed wound management documentation and found evidence of good practice that ensured healing of wounds had occurred. The inspector reviewed end of life care plans. Resident and family wishes were documented in the residents care plans. Daily flow records monitored key information specific to each resident. For example, any reports of pain, sleep patterns, hygiene needs and frequency of showers.

The inspector spent time observing resident and staff engagement. The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care

## Facilities guidance.

Residents had access to information and news, a selection of newspapers, radio, television and Wi-Fi were available. Residents confirmed that they were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. Residents' religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the televisions and some listened to mass on the radio.

The inspector walked the premises. Overall, the inspector found that the premises were adequately maintained. Equipment used by residents had been serviced. Appropriate directional signage was in place to assist residents to navigate their way independently around the building. There was access to the gardens. Residents bedrooms where possible were personalised. The inspector found that the four bedded multi occupancy bedroom was not appropriate in its design and layout. Residents did not have sufficient room between bedspaces. The resident occupying the middle two spaces did not have adequate storage for personal possessions.

The inspector reviewed the management of fire precautions in the centre. Quarterly servicing had been completed. Fire fighting equipment had been serviced. Testing of the fire alarm is completed weekly and daily environmental safety checks are completed. A fire door inspection report had been completed in August 2020 that highlighted significant fire door failings. Senior management were aware of this report. In addition, the simulated fire drills of the largest compartment with night time staffing levels and the length of time an evacuation took had been identified by the person in charge and escalated in November 2019. The simulated fire drill evacuation times was above normal outer limits. Insufficient control measure and action had been taken to minimise the risk in the event of a fire.

## Regulation 12: Personal possessions

The inspector found that the residents in the four bedded multi occupancy bedroom did not have adequate space to store and maintain clothes and other personal possessions. This is a repeated non compliance from the last inspection.

Judgment: Not compliant

## Regulation 17: Premises

Overall the premises were of sound construction and kept in a good state of repair. The inspector found that there was insufficient hand hygiene sinks for staff use.

There are sinks in every resident bedroom and in communal bathrooms. However, there are no hand washing facilities outside of resident bathrooms for staff use except in the sluice room. This meant that nurses preparing medication administration or preparing to complete a clinical procedure have no option but to use a residents bathroom.

The premises was found to be clean. The centre has multi - occupancy bedrooms. There is one four bedded room. The inspector found that the design and layout of this bedroom did not allow for the privacy and dignity of the residents at all times. This was evidenced by;

- The beds are in too close proximity. There was insufficient room for all four residents to have a chair at their bedside.
- Only one resident had a shelf to place personal items and so there is inadequate space and suitable storage for personal possessions.
- The residents in the middle two beds do not have any place except their locker to place personal items such as photographs.
- There was adequate screening in place which was seen to be used. However, when screening is pulled it impacts negatively on other residents.

This non compliance is repeated from the last inspection. This room was discussed with the management team who will address in the compliance plan response.

Judgment: Not compliant

### Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register that was kept under review by the person in charge was comprehensive and detailed. The risk register identified risks and included the additional control measures in place to minimise the risk. However, a review of the system once a risk is escalated to senior management is required. This is actioned under regulation 23 Governance and management specific to the system in place to manage risk once escalated to senior management.

Judgment: Compliant

### Regulation 27: Infection control

The inspector spent time observing staff practices regarding the use of PPE and found good practice. Staff were familiar with the five moments of hand hygiene. Training records reviewed indicated that all staff had completed infection prevention and control training.

Overall the building was found to be clean. As a result of the COVID-19 pandemic the person in charge had reviewed infection control practices and quality improvements had been made as a result. For example;

- Introduction of a flat mop system for the cleaning of floors. This system utilises one cloth per room to ensure that each floor is cleaned with a new cloth on every occasion.
- an increase in the allocated hours for the cleaning of the premises.
- uniforms are now provided on site.

The inspector reviewed the risk register specific to COVID-19 and infection prevention and control. Once a risk was identified it was risk assessed and additional control measures to manage the risk were outlined. For example; the person in charge had identified that the sinks in residents bedrooms required replacement. The inspector was informed that this risk has been escalated and that there is a replacement programme in place.

Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' temperatures were monitored and recorded twice a day and staff temperatures were monitored to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. In addition, the management team had put in place the following measures to protect residents:

- appropriate signage was in place to remind staff of the need to complete hand hygiene and observe social distancing when appropriate
- Appropriate use of face masks was observed by staff
- On the day of inspection there were ample supplies of PPE in stock
- There was hand hygiene gel dispensers strategically placed along corridors.
- equipment used by resident was visibly clean.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspector found that there were insufficient processes in place in the centre to ensure adequate arrangements were in place against the risk of fire. On day one the inspector was not assured that the largest compartment of upto 13 residents can be evacuated in a timely manner with the staff and equipment resources available. This was evidenced by:

- Simulated fire drills with night time staffing conditions evidenced poor evacuation time lines. For example; it took nine minutes for three staff to evacuate ten residents.
- The inspector released multiple fire compartment doors and observed that the doors did not seal. The inspector was able to see through the gap between the fire doors. This meant that in the event of a fire the smoke

would not be contained in the compartment. A fire door inspection report of the premises had been completed in August 2020 which outlined the failings on every door on the premises. The inspector was informed that replacement doors were ordered and the compliance plan response will address when the doors will be installed.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. These assessments informed care plans to meet each resident's needs. The interventions needed to meet each resident's needs were clearly described in person-centred terms to reflect their individual care preferences. In addition, the inspector found that there was a systems in place to ensure residents' care plans were reviewed and updated as necessary.

Judgment: Compliant

### Regulation 6: Health care

During the lock down period, resident 's general practitioners (GP) continued to visit the residents in the centre when medical assessment was required. Allied Healthcare Professionals were providing a remote service and advise was available over the phone.

The inspector found that the system in place that records the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure the best outcome for residents as per their medical status.

Judgment: Compliant

### Regulation 9: Residents' rights

Space was limited in the four bedded multi-occupancy bedroom, and bed spaces were in close proximity to each other. The layout limited the ability of residents to be cared for, without disturbing the people in other bed spaces. This is a repeated non

compliance from the last inspection.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
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
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Anne's Community Nursing Unit OSV-0000632

Inspection ID: MON-0032066

Date of inspection: 18/02/2021

## 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>The Fire Compliance Officer post in CHO2 which was vacant when the previous incident was escalated to Estates has now been filled. The issue of fire compartmentalization was reissued to the HSE Estates Department and a review was complete by the Fire Compliance Officer on 25th February 2021. The recommendations of the Fire Compliance Officer have been completed.</p> <p>A review of the system in place to allow local management have ownership of the policies to ensure they are centre specific was carried out. All policies and procedures are now centre specific.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The four bedded multi-occupancy room will be reduced to a three bedded accommodation when capacity becomes available to the unit. The next available female bed will be offered to a resident from the multi-occupancy room at that point the fourth bed will be removed from the room creating additional space to be utilized as personal storage for the residents. Once this occurs the room will become a triple occupancy room</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Clinical hand hygiene facility will be installed close to the nurse’s station on the ground floor by the 30/04/2021. This will provide a facility for the nurses preparing for medication administration or a clinical procedure.</li> <li>• The action taken in response to regulation 12 personal possessions address this compliance issue.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• A review in respect of Fire Safety Management was carried out by the HSE Fire Compliance Officer on 25th February 2021. This Review determined that there were 30 minute fire resistant compartments in all areas where residents are accommodated. A competent authority in respect of fire doors confirmed on the 23rd March 2021, that all fire doors in St. Anne’s have been repaired and replaced as required and are now fully compliant with Fire Safety standards. The Fire Doors together with clarification of a clearly identified external assembly point , which were the actions from the Fire Compliance Officer Review , were completed on 23rd March 2021</li> </ul> <p>Fire evacuation drills in the most complex compartment have been simulated for night time conditions which indicate evacuations can be completed well within the resistance of the fire compartments. Compliant fire doors mitigate risks from smoke inhalation</p> <ul style="list-style-type: none"> <li>• A night time simulation of the largest compartment was carried out on 25/03/2021. The times recorded was 8 minutes</li> </ul> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The action taken in response to regulation 12 personal possessions address this compliance issue.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Yellow	31/12/2021
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	Orange	30/04/2021
Regulation 23(c)	The registered	Substantially	Yellow	25/03/2021

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	25/03/2021
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.	Not Compliant	Red	26/02/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2021