



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

Issued by the Chief Inspector

Name of designated centre:	Mount Sackville Nursing Home
Name of provider:	Sisters of St Joseph of Cluny
Address of centre:	College Road, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	06 July 2022
Centre ID:	OSV-0000176
Fieldwork ID:	MON-0037369

About the designated centre

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

Mount Sackville Nursing Home is located in Chapelizod, Dublin 20 and is close to the Phoenix Park amenities, schools and bus routes. The centre has 33 single bedrooms all laid out over three floors, and can accommodate both male and female residents. Floors can be accessed by stairs or passenger lifts. Full-time long-term general nursing care is provided for persons over the age of 65, and people living with dementia. Admission takes place following a detailed pre-admission assessment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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 6 July 2022	08:35hrs to 18:30hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live, with plenty of communal and out door space. Although the residents received good care and were well supported by staff, areas were identified that required action included governance and management, staff development and training, infection control and fire safety. This will be further discussed in the report below.

On arrival to the centre, the inspector was guided through infection prevention and control measures, which included recording of temperatures, completing hand hygiene and the wearing of face masks.

After a short introductory meeting, the inspector completed a tour of the designated centre. The inspector observed that many residents attended the dining rooms for their breakfast where they had a varied choice of fruit, porridge and other cereals. Many of the communal areas also contained items of interest such as fish tanks, games and sensory objects for residents' amusement and occupation. All residents spoken with were complimentary of the care and support they received from the staff within the designated centre. One resident stated that they had "nothing but positive things to say about the place". The inspector spoke with four residents and a number of visitors, over the day of the inspection. From what residents told the inspector and from what was observed on the day of inspection, the designated centre was a pleasant place to live and residents' rights were respected in how they spent their days.

The centre's convent was located on the ground floor, and was found to be calm and inviting. Live mass was celebrated daily and mass was streamed into resident's bedrooms. Resident's bedrooms were seen to be comfortable spaces, and were well maintained and personalised with pictures and photographs.

The centre had a number of safe outdoor spaces and gardens which were maintained to a high standard. The gardens were landscaped with colourful plants, and contained flower beds and walkways for residents to use for exercise and fresh air. There was a goat and four sheep which were penned in an outdoor area, and a dog who gave residents a lot of joy. One resident spoken to commented, that the "animals were a great source of joy and entertainment".

Residents' comments regarding staff were very positive, reporting to inspectors that the staff were "very kind" and that "they couldn't do enough for you". From the inspector's observations, staff appeared to be familiar with the residents' needs and preferences, and were respectful in their interactions. All residents who spoke to the inspector reported they felt safe and secure in the centre.

Residents were seen to receive visitors throughout the day of the inspection. The inspector spoke with visitors who provided positive feedback about the service being provided to their loved one and reported that they were very happy that they were

updated regarding their loved ones care.

There were two dedicated activity staff employed to coordinate and deliver the centre's activity programme. Residents were seen to enjoy the activities observed on the day of the inspection with plenty of friendly conversation between residents and staff.

The inspector observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. A daily menu was displayed for residents on a blackboard situated outside the dining room. There was a choice of two hot meals at lunchtime, and a hot meal option for the evening meal. Inspectors observed that food was presented with care and was seen to be nutritious and smelt appetising. New potatoes grown in the out door garden were on offer on the lunch menu. Staff offered discreet assistance and encouragement to residents in dining rooms and to the residents who choose to take their lunch in their bedrooms. All residents and visitors who spoke with the inspector were very complementary regarding the choice of food on offer.

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 the quality and safety of the service being delivered.

Capacity and capability

The inspector found that residents living in Mount Sackville nursing home received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. However, the registered provider had not ensured that the governance systems were effective in overseeing that a safe service was continuously provided for residents living in the designated centre. Action was required to strengthen governance and management systems, access to mandatory staff training, fire safety and infection control practices in the centre

There was an established governance and management team in Mountsackville which consisted of the Director of Nursing, who also held the role of person in charge. The person in charge worked full-time in the centre and was well supported by one clinical nurse manager, nursing staff, health care assistants, activities staff, and domestic and maintenance staff. Management met regularly to review clinical and non-clinical data gathered. The person in charge had reviewed the centre's COVID-19 preparedness self-assessment plan and ensured that it contained up-to-date information to guide staff in the event of an outbreak. While the management team had systems in place to monitor the quality of services and the effectiveness of care given, action was required to ensure the service is safe and consistent. This is further discussed under Regulation 23: Governance and Management below.

Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge, who was also the designated COVID-19 lead. In their absence, senior nurses became the lead should an outbreak occur.

The registered provider had a schedule of written policies and procedures prepared and accessible to guide and direct staff. These policies were updated regularly and contained references to current national policies, guidance and standards to inform best practice.

A comprehensive annual review of the quality of the service in 2022 had been completed by the registered provider, in consultation with residents and their families.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, inspector saw that there were sufficient staff were on duty to meet the assessed needs of the residents.

The registered provider had a mandatory training schedule in place for 2022 which included fire safety training, manual handling, infection prevention and control and safeguarding of vulnerable adults. Although the training matrix records reviewed by the inspector indicated that staff were up-to-date with manual handling, infection prevention and control and safeguarding training, the person in charge had failed to arrange timely fire safety training.

While contracts of care were in place for each resident and had been appropriately signed, inspectors found that action was required to ensure they detailed the requirements set out in the regulations in relation to the terms on which a resident shall reside in that centre. This is further discussed under Regulation 24: Contract for the Provision of Services below.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre. Inspectors reviewed the record of complaints, no complaints were received in 2022 and 2021. Complaints received previously were seen to have clearly outlined actions and the outcome of the complaints were documented.

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the requirements of residents in line with the statement of purpose.

There were registered nurses on duty at all times as confirmed by the person in charge and the staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff were up-to-date with their mandatory training requirements in safeguarding, infection prevention and control and manual handling.

Fire training is dealt with under Regulation 28.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to provide sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. For example:

- Alcohol gel bottles were being topped up to save money. The practice of using alcohol gel bottles had been identified on hygiene audits but no appropriate action had taken place to discontinue this practice.

The registered provider had not ensured effective governance arrangements were in place to ensure that the service provided was safe and effectively monitored. For example:

- Management systems, which monitored fire safety and the residents living environment, failed to respond to identified risks. For example while fire doors were identified as a risk in November 2021, no action plan had been developed to mitigate this risk.
- There was insufficient oversight of the designated centre's risk register. For example, the risk register did not identify the risk in relation to the fire doors found on inspection and recorded in management meeting minutes.
- While management was aware of staff requiring mandatory fire safety training, this training was not scheduled until five months after it was due.

An urgent compliance plan was issued in relation to findings under Regulation 28 following the inspection. The registered provider commenced action to comply with Regulation 28.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of two contracts between the resident and the registered provider, and found that they did not clearly set out the terms on which a resident shall reside in the centre. For example:

The room number of the residents' bedroom was not recorded.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all restraints in use in the designated centre were notified to the Chief Inspector. The locking of doors was not recognised as an environmental restraint and was not notified on a quarterly basis..

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was displayed prominently in the reception area. The procedure stated the Director of Nursing was assigned to deal with complaints.

There were good records maintained, with evidence that all complaints were investigated in a timely manner and that complainants were satisfied with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed policies and procedures specified in Schedule 5 of the regulations. They were up to date and all required policies were in place.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Residents had good access to health care and there was evidence of good recreational opportunities being provided to residents. However, action was required in assessment, fire safety and infection control practices.

Inspector reviewed a sample of residents' records. Overall, these records were seen to be person-centred and showed that assessments were carried out prior to residents being offered a place in the centre. Care plans for two new residents who were admitted to the designated centre were developed within 48 hours of the residents' admission, and inspector found that care plans were reviewed at intervals not exceeding four months.

Residents had timely access to medical, health and social care professionals. Inspectors were told that a general practitioner (GP) visited the centre one day a week. Access to specialised services such as a geriatrician and psychiatry of later life were available when required through a local hospital. Residents had good access to on-site services such as physiotherapy and occupational therapy. Residents' records showed that residents had access to services such as a dietitians, speech and language therapy and tissue viability nursing (TVN). Residents were facilitated to access the services of the national screening programme.

There were a number of restrictive practices observed and reviewed on the day of the inspection. Care records showed that when residents had a restrictive practice in place such as bed rails or a sensor alarm, there was a risk assessment in place for its use. Residents' consent was obtained or if they were unable to provide consent due to capacity, discussions were held within the multi-disciplinary team. However, while some residents had access to the outdoor spaces using a fob, some residents were not provided with fobs and instead had to seek assistance from staff to enter and exit areas of the centre, thus impacting on their right to move freely around the centre. This environmental restraint was not notified to the chief Inspector in the quarterly returns.

The inspector noted that there was a varied programme of activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. Staff made good efforts to ensure the residents' rights were upheld in the designated centre and care was seen to be person-centred. Residents were supported to exercise choice in terms of when they decided to get up and how they chose to spend their day.

There were a variety of systems in place to ensure that residents were consulted in the running of the centre and played an active role in the decision making within the centre. This consultation occurred through carrying out resident surveys and residents' meetings. However, resident meetings were limited to one in 2021 and

one in 2022, this meant the resident's voice was not heard frequently.

Visitors who spoke with inspectors were satisfied with the unrestricted visiting arrangements in place. The inspector observed that residents were able to receive visitors in private and had a choice of many different lounges and seating areas located throughout the centre.

Overall the centre was observed to be clean and staff who spoke to inspectors were knowledgeable on effective cleaning practices. The registered provider had made personal protective equipment (PPE) available, to staff who overall were seen to use the PPE as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities. However a number of areas under infection control required review, as discussed under Regulation 27:Infection Control below.

There was a health and safety statement and a fire safety policy in place. While the fire alarm system, fire extinguishers and emergency lighting in place were maintained and serviced regularly, emergency procedures required review to consider the building layout and escape routes. Fire safety management and simulated fire evacuation drills were not undertaken in line with best practice guidelines to ensure the safe evacuation and placement of residents in the event of an emergency or fire. This is further discussed under Regulation 28:Fire Safety.

Regulation 11: Visits

The registered provider had adequate arrangements in place to facilitate residents meeting with family and friends in the centre. There were also arrangements in place to ensure the ongoing safety of residents against the risk of exposure to COVID-19 from visitors.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that good infection prevention and control practices were consistently adhered to in the centre. For example;

- Bottles of alcohol hand gels were topped up which increased the risk of contamination.
- The alcohol gel bottles had out of date expiry dates. It was difficult to ascertain if these gels were out of date, as the bottles were been topped up.
- The hand gel dispensers were seen to be unclean and were not wall mounted. These practices posed a cross-infection risk.

- There was no hand wash sink in one sluice which posed a cross contamination risk.
- A crash mat was seen to be very frayed which would leave it difficult to effectively clean.
- Unused incontinence wear was observed to be out of its packaging which could lead to cross infection.
- Cleaning schedules had times but no dates. Which left it difficult to see if the cleaning was carried out daily.
- Two sharps bins were stored on the floor and did not have the temporary closure mechanism engaged when they were not in use to ensure they were stored safely. These practices could pose a risk of exposure of blood-borne viruses to individuals.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had failed to make adequate arrangements for means of escape. For example

- Emergency lighting required review for example one running man exit light was directed into a toilet.
- A number of doors within the centre were either not fire doors or were not up to the appropriate standard.
- A number of escape routes out of the centre were not accessible for example one fire escape had a bolt fixed to the top of the door, this was removed on the day of inspection.
- Fire evacuation plans were not clear, they did not include the fire compartments.

The registered provider had failed to make the necessary arrangements for staff of the designated centre to receive suitable training in fire safety. For example:

- Fire drills were not organised at suitable intervals, for example, no fire drills had been carried out this year. Three staff spoke to were not clear on the evacuation procedure for residents in case of fire.
- From discussions with staff and the examination of fire drill documentation, the inspector was not assured that fire drill practices were sufficient to demonstrate that arrangements for evacuation in the event of fire were safe and appropriate.
- The records were unable to illustrate the following : the time taken to evacuate residents from a specific compartment; to identify equipment used and to detail issues that may have arisen during drills practiced.
- The personal emergency evacuation plan for each resident was held electronically in the resident's care mobility care plan and a sticker placed on each resident door. In the event of a fire, these areas may not be accessible

or visible.

- The registered provider failed to ensure that all staff were up-to-date with their fire training. Training records provided to inspectors indicated that staff were due to have fire training in April 2022. This had not been provided and dates for training were booked for September 2022.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was seen to be carried out on each resident care plan reviewed prior to their admission to the designated centre. Care plans were prepared within 48 hours of admission, and reviewed at interval not exceeding four months or as appropriate. Consultation was evident with the resident or his or their family members.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a regular review with a general practitioner.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to a consultant in gerontology and psychiatry of later life as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre had a policy on the use of restraint dated and a restraints register in place. The inspector found that restraint was used in accordance with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The Inspector spent time observing residents and staff engagement. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. There were facilities in place for recreational activities and residents were observed throughout the day spending time in the communal areas.

Residents had access to safe and well-maintained internal gardens. Residents had access to the daily newspapers and TV.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Sackville Nursing Home OSV-0000176

Inspection ID: MON-0037369

Date of inspection: 06/07/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Alcohol gel bottles have been replaced on the 8th of July 2022 • Risk register regarding Fire reviewed on the 8th of July with Fire Engineer • Fire training and Fire drill took place with Fire consultant on the 18th of July 2022. Next Fire Training session planned for September 2022. Fire Drill every 6 months with Phoenix assistance. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none"> • The room number of the residents' bedroom has been added to new contracts on the 19th of July 2022 	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

- After inspection, the PIC went onto HIQA portal to complete the quarterly notification with the same information. (19/07/2022)

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- All alcohol gel bottles replaced on the 8th of July
- Delivery of goods on the 18th of July, Sink in place on the 19th of July
- Crash mat was replaced by a new one on the 25th/07/2022
- Press where unusued continence wear are stored now has doors to reduce the risk since the 22nd of July
- Cleaning schedules had times but no dates. Which left it difficult to see if the cleaning was carried out daily. The cleaning schedule gives the schedule of the cleaning and cleaning staff sign the sheets that are in every room. Have been reminded again to record the date. The Housekeeping Manager has been requested to ensure this happens. The Operations Manager has added a spot check of same on her schedule on the last Wednesday of the Month,
- Sharp box that was on the floor is now fixed to the wall. Nurses have been reminded yet again to ensure this does not reoccur on the 20th of July and regularly since.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Emergency lighting reviewed and completed on the 29th of July. Awaiting written Report
- Fire Doors ordered – will be replaced by the 10th of October
- Escape routes are all accessible since the 6th of July
- Fire evacuation plans were unclear and these are under review reviewed by Fire Engineer. Scheduled to be delivered on 29th August
- Fire training and Fire drill took place with Fire consultant on the 18th and 19th of July 2022. Next Fire Training session planned for September 2022. Fire Drill every 6 months with Phoenix assistance.
- PEEP are reviewed every month and are at the Fire panel for easy access. Interventions is care plans regarding evacuation in the event of a fire and magnet at the doors are additional tools but not the only ones.

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 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	08/07/2022
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.	Not Compliant	Orange	08/07/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned,	Substantially Compliant	Yellow	19/07/2022

	the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	20/07/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	10/08/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	29/07/2022
Regulation	The registered	Not Compliant	Red	06/07/2022

28(1)(c)(i)	provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	08/07/2022
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.	Not Compliant	Red	23/09/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Not Compliant	Red	19/07/2022

	working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	19/07/2022