



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

Issued by the Chief Inspector

Name of designated centre:	The Fern Dean
Name of provider:	SRCW Limited
Address of centre:	Deansgrange Road, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	23 November 2021
Centre ID:	OSV-0000759
Fieldwork ID:	MON-0034538

About the designated centre

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

The Fern Dean Nursing Home is set in its own gardens close to Blackrock in Co. Dublin. It is a purpose built nursing home, which can accommodate 118 male and female residents over the age of 18 years. The centre is comprised of 105 single en-suite bedrooms, five twin en-suite bedrooms and one three-bedded en-suite bedroom, across three floors. The ground floor, called the Garden Lodge, can accommodate 33 residents. The first floor, called Fern Lodge, can accommodate 46 residents and the second floor is called Sycamore Lodge and can accommodate 39 residents. Each floor has its own dining and sitting rooms. On the ground floor there is a hair salon, an oratory and a private room that visitors can use. There is 24 hour nursing care, and residents with cognitive impairment and or dementia are welcome. The centre can also accommodate respite and convalescent residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	111
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 November 2021	09:10hrs to 18:10hrs	Michael Dunne	Lead
Tuesday 23 November 2021	10:30hrs to 18:10hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Residents received good quality care from a dedicated staff team and experienced positive social and health care outcomes. A person centred approach to care was evident throughout the inspection with residents expressing high levels of satisfaction regarding the support they received from staff. Residents said that they were listened to and that in general they had control over their lives in terms of when they wanted to retire or get up, what they wanted to eat and how they wanted to spend their day. There were however, areas for improvement regarding fire safety and the suitability of premises where the registered provider had submitted an application to register an additional 23 beds across the ground, first and second floors. These areas for improvement are discussed in more detail under their respective regulations.

This was an unannounced inspection and upon arrival inspectors were guided through the infection prevention and control protocols required on entry to the designated centre. Inspectors met with residents throughout the day and overall residents said that they felt safe in the designated centre. Residents who spoke with the inspector said that if they had a concern that they could talk to any member of staff about it.

Residents also expressed satisfaction at having received their booster vaccinations and flu jabs and confirmed that staff talk to them on a daily basis to check on their health well being. There were no restrictions on visits to the centre with visitors required to book their visit via an on line booking system. Visitors were seen attending the centre throughout the day and were screened by staff on arrival. Visitors saw their relatives and friends within assigned areas, the garden or in the residents own room.

Residents met in the course of the inspection were dressed in clean and appropriate clothing and were wearing suitable footwear. Residents who required support with their personal care were provided with sensitive support in an unhurried manner. Call bells were seen to be answered within acceptable time limits. Equipment used to transfer or assist resident mobility was seen to be clean and well maintained.

The Fern Dean was laid out over three floors with sufficient communal space made available for resident use which included dining and sitting rooms, oratory and quiet rooms. Resident private spaces were of sufficient size for them to be able to store and retrieve their personal items unhindered. All resident rooms had access to an ensuite facility. Residents also had unrestricted access to a secure garden area which was seen to be used by residents on the inspection day. The environment was warm and welcoming. There was good quality seating available for residents and the centre was tastefully decorated throughout. Preparations were ongoing for the festive season with the area next to the reception hosting a large Christmas tree which had been professionally decorated, a feature that residents made known to

the inspectors.

Two communal rooms used for residents which were re-purposed as staff rooms during a COVID-19 outbreak had been brought back into use solely for residents. Inspectors noted upgrades and improvements to the premises on the first floor in line with assurances provided by the registered provider in their compliance plan following the inspection held on the 19 May 2021.

Residents were seen to enjoy the activities on offer with many actively participating in an organised music session. Activities was a topic discussed in resident meetings where residents were encouraged to give their views on the suitability of activities provided. There were information boards located throughout the designated centre indicating the activities that were scheduled on a daily basis and included activities arranged for the 12 days of Christmas which had been chosen by the residents.

Although inspectors did not directly observe a meal service on the day of the inspection, menus located in the dining rooms indicated that residents were provided with a range of foods in line with their choice and preferences. Food was an agenda item in resident meetings and where residents required improvements to the menus this was acted upon by the provider. In general residents said that they felt content with the food provided.

Overall residents reported being happy living in the centre and that they appreciated the care and support provided by the staff team. The next two sections of this report present the findings of the inspection in relation to the governance and management arrangements in place and on how these arrangements impact on the quality and safety of the service provided.

Capacity and capability

This was a well managed centre with the registered provider eager to ensure the designated centre was in compliance with the regulations. Overall the registered provider had taken measures to come back into compliance with Health Act 2007 however there were still improvements that were needed to ensure that systems to monitor and ensure fire safety were adequate.

This was an unannounced inspection to review compliance plan assurances submitted by the registered provider following an inspection carried out on 19 May 2021. The inspection also reviewed an application submitted by the registered provider to vary conditions 1 and 3 of the current registration to increase the numbers of residents in the designated centre through the provision of an additional 23 bed spaces over the ground first and second floors. This inspection was conducted in conjunction with a fire and estates inspector, who reviewed the registered providers compliance with regulation 28 fire precautions regarding the existing building and the proposed extension.

With respect to fire precautions within the proposed extension, inspectors noted gaps to fire doors which required adjustment to ensure an effective barrier to the spread of fire and smoke. Bedroom doors in the extension were not provided with automatic self closing devices; further assurance was required on the arrangements in place to ensure fire doors would be closed in the event of a fire. There was a portable ramp provided to facilitate evacuation up a flight of external steps, which required signage and instruction on its safe use to be displayed. The external route from one exit required review to ensure it was suitable to facilitate the safe evacuation of residents away from the building to a place of safety.

SRCW Ltd is the registered provider of the Fern Dean. There are three directors on the board, one of which is the registered provider representative. There was a governance structure in place which identified clear lines of accountability and responsibility. There was a person in charge in the centre who was supported by unit managers and clinical nurse managers. While there were systems in place to monitor fire safety they were not adequate and did not provide inspectors with the required levels of assurance that existing fire safety measures were sufficient robust. There were still outstanding improvements needed which are discussed in more detail under regulation 28 and in the quality and safety section of this report.

There were good staffing resources available in the designated centre with plans in place to increase the staffing complement in line with the intake of extra residents. The registered provider had systems in place to ensure that staff were adequately trained to provide care to the residents. Inspectors saw records relating to mandatory training. There was also a supplementary training programme in place to support residents with dementia to have a more positive dining experience.

All complaints logged on the complaints register had been dealt with according to the centres policy.

The provider proactively sought the views of residents and family members regarding the quality of services provided, records seen regarding responses received from residents and family members indicated high levels of satisfaction with the service provided. The provider intended to incorporate the results of these surveys into the annual review for 2021.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

Prior to the unannounced inspection visit the registered provider had submitted an application to vary conditions 1 and 3 of the current registration in order to add an additional 23 beds to the designated centre. The application indicated that 11 beds were to be added to the ground floor, seven on the first floor, and five on the second floor. At the time of the inspection a number of issues were brought to the attention of the registered provider and are discussed in more detail under regulation 17 premises and regulation 28 fire precautions.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the skill mix of the staff team were sufficient to meet the assessed needs of the residents which included nursing, care and household staff. The registered provider had a plan in place to increase both clinical and support staff in order to meet the needs of the additional residents. The increase in staff support was to coincide with the phased increase in the number of residents moving to the centre.

Judgment: Compliant

Regulation 16: Training and staff development

In addition to mandatory training, staff had completed training modules in Nutrition and Dementia, Nutrition and the mealtime experience and clinical supervision during mealtimes.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found improvements in the effective management of infection prevention and control and the promotion of resident rights had been implemented, however systems to monitor fire safety measures still required strengthening. There were improvements required in relation to fire safety and to the systems that provide assurances that fire safety measures were effective and adequate.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which accurately described the services and facilities available and met the requirements as described in schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place to deal with complaints received from residents and stakeholders. The policy outlined the key stages of how a complaint was to be dealt with including investigation, feedback and appeal. The complaints policy was publicised in key locations within the designated centre. Residents spoken with in the course of the inspection were able to confirm that they could raise a concern or complaint with any member of the staff team. Staff spoken with confirmed that they were aware of the complaints policy and saw their role as one of helping residents use the complaints procedure should they require it.

Judgment: Compliant

Quality and safety

Overall there were examples of good quality care being provided to residents to ensure that they experienced positive health and social care outcomes. Residents had good access to health care provision with effective systems in place to refer residents for specialist support when required. There was a well-structured activity programme in place to support residents with the social care needs. Improvements were required related to fire safety and there were some minor improvements required regarding the building extension of the designated centre. The registered provider submitted additional information in relation to fire precautions and to premises upgrades post inspection.

Inspectors noted that the provider had made improvements to the premises identified in the inspection dated the 19 May 2021. The building works regarding the extension to the designated centre has been completed with some minor improvements still outstanding and identified under regulation 17. The registered provider had created an additional 23 bedspaces which were completed to a high standard with high quality fixtures and fittings included. All new rooms were single ensuite and included one twin room. These rooms met the requirements of SI 293 of 2016 Health Act 2007 (Care and Welfare of Residents In Designated Centres for Older People) (Amendment) Regulations 2016. Rooms were tastefully decorated and suitable for the needs of proposed residents. Residents privacy and dignity were protected through the provision of curtains. There was sufficient communal space available for residents to use on all of the new extensions.

There was evidence of good consultation with residents to ensure that their needs were met. Residents had access to sufficient space in the centre to meet their relatives and friends, either in communal rooms or in their own room. Inspectors

noted that two existing communal rooms which had been re-purposed as staff rooms had been made available for residents use again. The centre was clean, warm and welcoming with numerous information boards located throughout the centre keeping residents informed of key events and information of general interest.

information was made available concerning COVID-19 to residents, staff and visitors and located throughout the centre indicating the correct protocols to follow to prevent the introduction of infection into the designated centre. Staff were seen to be mindful of these protocols with effective mask wearing, hand hygiene and cough etiquette seen throughout the day. All visitors seen in the course of the inspection underwent a number of precautionary COVID-19 checks before gaining entry to the centre.

From a fire safety perspective, further assurances were required from the provider to ensure adequate fire precautions in the designated centre.

Fire doors to bedrooms throughout the centre were not fitted with automatic closing devices. Instead the provider relied on staff to carry out this function. Staff spoken with included the procedure to close doors to bedrooms during an evacuation. Inspectors saw an evacuation strategy assessment, dated September 2021. This assessment was on the basis that these doors are always kept in the closed position. At this inspection, a large numbers of doors were found open and inspectors were told this was the expressed wish of residents. Effective systems were not in place to facilitate residents choice for fire doors being kept in the open position and further assurances were required from the registered provider.

While deficiencies were noted to some fire doors, the provider had commenced developing a system whereby fire doors were assigned an asset number and this would inform a programme to audit the fire doors going forward. Inspectors observed evidence where specialist fire sealing contractors had sealed up service penetrations to ensure an effective barrier to the spread of fire.

The person in charge was proactive in relation to evacuation strategies and demonstrated a good understanding of the evacuation procedure. Targeted safe evacuation times were determined per sub-compartment and evacuation drills were measured against this target time. Further assurance was required regarding fire compartment and sub-compartment boundaries, to ensure residents are moved through effective compartment/sub-compartment boundaries, into areas protected from the effects of the fire.

Inspectors reviewed the kitchen and laundry areas and observed good practices in relation to fire safety. Staff spoken with in these areas were knowledgeable on the procedures to follow in the event of a fire and directed inspectors to the appropriate emergency utility shut off points.

Notwithstanding the above, there were non-compliant findings in relation to fire precautions. These are set out in greater detail under regulation 28

Regulation 17: Premises

A number of areas in relation to the proposed extension required review to include:

- The installation of handrails in the ground floor extension.
- The provision of tables and chairs in resident communal areas.
- The erection of signage to assist with wayfinding.
- The completion of minor snagging to ensure TV cupboard closure on the first floor.

Judgment: Substantially compliant

Regulation 26: Risk management

The designated centre's risk management policy met the requirements as set out under schedule 5 of the regulations.

Judgment: Compliant

Regulation 27: Infection control

Inspectors observed improvements regarding the storage of mobility equipment. Records reviewed on inspection indicated that there was monitoring and oversight to ensure equipment was stored in an appropriate manner. Records also showed that there was regular monitoring of cleaning activities across all floors of the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

- Excessive refuse bins were inappropriately stored in the basement car park.
- The fire detector in the electric switch room had a plastic cover on it
- The absence of automatic door closers was not risk assessed. Practices did

not accord with the assessed evacuation strategy document completed in September 2021.

- A cross corridor door at second floor was unable to close due to the temporary joint provided where floor covering meet. This was immediately removed.
- The staff escape corridors at basement level were being used for storage.
- The location for the storage of oxygen required risk assessment and review.

Inspectors were not assured that an adequate means of escape was provided throughout the centre. For example:

- The compartment boundaries used for phased evacuation were not clearly defined or known by staff.
- The directional arrow on an exit sign at first floor led occupants past a stairway exit
- Some external escape routes required review to ensure they were suitable to facilitate the safe evacuation of residents away from the building to a place of safety.
- Since the previous inspection, portable ramps were positioned in the stairway enclosure, for use on external stepped routes. There was no signage to indicate their presence, nor was there any instruction on the correct use of the ramps.
- An escape stairs required a further exit sign to direct occupants towards a revised escape route.
- An exit required signage externally to prevent cars parking in front of the exit.

Inspectors were not assured that adequate arrangements were in place for giving warning of fires:

- A repeater panel was located within a hoist store and was not readily apparent. This was previously a nurse office, which had moved to another location on the same floor.

Adequate arrangements had not been made for detecting fires:

- A recently constructed office at second floor did not have a smoke detector.

Adequate arrangements had not been made for containing fires:

- Storage presses were located on fire protected corridors and were not enclosed in fire rated construction
- A number of bedroom doors were found in the open position
- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). Minor deficiencies were noted to some fire doors which required repair or adjustment.
- The doors to some rooms required review, particularly where they changed function. For example, the door to a storeroom, previously a bathroom, was

not a fire door.

- The compartment door between the basement carpark and the staff room did not close fully
- Some rooms being refurbished had holes in ceilings which required repair

Further assurance was required regarding fire compartment and sub-compartment boundaries, to ensure residents were moved through effective compartment/sub-compartment boundaries, into areas protected from the effects of the fire.

Judgment: Not compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were promoted. The inspector spent time observing residents and staff engagement and found these interactions to be based on respect for the person. The atmosphere in the centre was calm, relaxed and welcoming. Communal areas which were used as temporary staff rooms had been reassigned back for resident usage. Additional communal spaces had been made available for resident use to complement their dining experience.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Fern Dean OSV-0000759

Inspection ID: MON-0034538

Date of inspection: 23/11/2021

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> <ol style="list-style-type: none"> 1) Each Floor RGN (fire warden) completes daily fire checks on each floor. 2) Accommodation Staff completes daily fire checks on basement. 3) Maintenance team has asset tagged all fire doors and this are reviewed 3 monthly. Any repairs needed are logged and work orders created to ensure this is resolved quickly. 4) PAS 79 Risk assessment has been commissioned from a competent entity and is expected to be ready in February 2022. <p>Risk Register has been updated to include oxygen storage and residents who want the door open at night</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1) The following items have now been completed and photographic evidence sent as requested: <ul style="list-style-type: none"> • The installation of handrails in the ground floor extension. • The provision of tables and chairs in resident communal areas. • The erection of signage to assist with wayfinding. 	

The completion of minor snagging to ensure TV cupboard closure on the first floor.

Regulation 28: Fire precautions

Not Compliant

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

- 1) Refuse bins have been relocated to the left side of the new extension.
- 2) Plastic cover found on fire detector in the electric switch room was removed on day of inspection.
- 3) Risk assessment has been completed for the absence of automatic door closers. Practice is in compliance with the fire strategy as outlined on the response sent by our Fire Consultant on January 6th.
- 4) Repairs need to ensure the cross corridor door at second floor was able to close were completed on the day of the inspection.
- 5) Storage areas in the basement corridor were reviewed and items will be removed and stored in adequate compartments.
- 6) The risk assessment for the location and the storage of oxygen was added to the risk register.
- 7) Compartment boundaries are clearly marked on floor maps displayed by Fire Panels, Nurses station and corridors across the home. Additional training is being given to staff to ensure they are able to identify subcompartment and compartments anywhere in the home.
- 8) The directional arrow on an exit sign at first has been replaced to ensure is pointing accurately to the exit
- 9) Following a review of the site, we have added two additional assembly points at the side and rear of the building. These points will be used to assemble following a full evacuation. The route around the back of the building is on level ground and has temporary ramps installed where there are steps to help with any full evacuation of the site.
- 10) Signage and instructions how to use new ramps will be added in Jan 2022. As part of the fire training staff are trained in how to use the ramps
- 11) Additional signage has been ordered for escape stairs as identified by inspector. To be installed in Jan 2022
- 12) Additional signage and bollards will be installed in Jan 2022 to prevent cars from parking in front of one of the fire exits as identified during the inspection.
- 13) A repeater panel was located within a hoist store and was not readily apparent. This was previously a nurse office, which had moved to another location on the same floor. – Signage has been added to the door staff are aware of the location as part of the induction process and fire training.
- 14) New smoke detector added in Nov 2021 to the recently constructed office at second floor.
- 15) New storage presses replaced storage areas that had been on site since opening in 2013. This will be reviewed by fire consultant and as part of PAS 79 risk assessment if

changes are required same will be completed in Feb 2022

16) Any minor deficiencies noted by the inspector in the new extension related to fire doors have been repaired/adjusted by competent staff. Maintenance team has asset tagged all fire doors and this are reviewed 3 monthly. Any future repairs needed are logged and work orders created to ensure this is resolved quickly.

17) As part of the PAS 79 assessment all doors will be reviewed to ensure they are compliant and fit for purpose. Particularly when rooms changed function. To be completed in Feb 2022

18) The compartment door between the basement carpark and the staff room has been repaired and now closes fully.

19) Holes in some of the rooms ceiling as part of the refurbishment process will be repaired by end of Feb 2022

20) Aditonal certificates and Fire Consultant documentation was submitted since the inspection to provide reassurances regarding fire compartment and sub-compartment boundaries, to ensure residents were moved through effective compartment/sub-compartment boundaries, into areas protected from the effects of the fire.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	31/12/2021

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	28/02/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Substantially Compliant	Yellow	28/02/2022

	persons in the designated centre and safe placement of residents.			
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