



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

## Issued by the Chief Inspector

Name of designated centre:	Our Lady of Fatima Home
Name of provider:	Dominican Sisters Tralee Company Limited by Guarantee
Address of centre:	Our Lady of Fatima Home, Oakpark, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0000264
Fieldwork ID:	MON-0037989

## About the designated centre

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

Our Lady of Fatima Nursing Home is a single-storey building that commenced operation in 1968. It provides continuing, convalescent and respite care for up to 66 residents. It is situated on the outskirts of Tralee town and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum. There is a chapel attached to the centre where mass is celebrated daily. Residents accommodation is provided in 58 single bedrooms and in four twin bedrooms all which are en-suite. There is a large central dining room and a number of sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden and a smaller enclosed area opening from the activities room. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:	63
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 13 October 2022	09:15hrs to 17:45hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector and discussions with residents, Our Lady of Fatima Home was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff.

On arrival to the centre the inspector carried out the necessary infection prevention and control precautions, such as recording body temperature and application of a face mask. After an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises. The inspector observed during the walk of the premises and observing care delivery throughout the day, that some staff were not wearing face masks correctly. This was immediately brought to the attention of the person in charge.

Our Lady of Fatima Home is a single story designated centre registered to provide care for 66 residents in the town of Tralee, County Kerry. There were 63 residents living in the centre on the day of this inspection. The inspector saw that bedroom accommodation consisted of 57 single and four twin bedrooms, all with en-suite facilities. The centre was divided into six distinct wings; all depicting Saints names. St Albert's wing, which comprised of nine single bedrooms, had recently been refurbished. The inspector observed that these bedrooms were large and beautifully decorated with ample storage, flat screen televisions and large shower rooms. This wing also had a new sitting room constructed, which was decorated with wall paper depicting forests and comfortable leather furniture. Residents told the inspector they enjoyed this comfortable space and found it very peaceful and relaxing.

Overall, the inspector observed that the premises was laid out to meet the needs of the residents. There were appropriate handrails and grab rails available in the bathrooms and along the corridors, to maintain residents' safety. The building was well lit, warm and adequately ventilated throughout. Bedrooms were appropriately decorated with many residents decorating their rooms with personal items. All bedrooms were observed to have sufficient space for residents to store their personal belongings. However, the inspector observed that the activities room and one dining room required some decorative upgrades, to bring them in line with the style and decor of the centre. While the centre was noted to be generally clean internally, it was evident that some improvements were required, in relation to the general environment, such as replacement of carpets on one wing and some painting. This is further detailed under regulation 17.

The inspectors spoke with a total of nine in detail, over the course of the day and the feedback was positive. Residents who spoke with inspector said that staff were good to them and treated them well. One resident told the inspector that staff would "do anything for them" while another resident described staff as "marvellous". Two residents told the inspector that there had been a lot of new staff

recently and said they would take "time to adjust". Residents who were unable to speak with the inspector, to give their views, were observed to be content. The inspector also spent time in communal areas observing resident and staff interaction and found that staff were kind and caring towards residents at all times. Some visitors were observed attending the centre on the day of the inspection, primarily in the visitors room. From conversations with visitors and residents it was evident that visiting was restrictive in the centre and was only facilitated for one hour periods. Some visitors the inspector spoke with found this difficult and expressed their wish that they could see their family member more often. The inspector requested that management review this procedure.

The inspector observed a calm and content atmosphere in the centre throughout the day. It was evident that residents' choices was respected. For example; some residents got up from bed early while others chose to remain in bed until mid-morning. The inspector saw that mass took place in the centre, in the large church, every morning. Twenty nine residents attended mass on the day of this inspection. There were two dedicated activity staff members who worked Monday to Friday, organising and providing a programme of activities to residents. At weekends, a designated carer took the lead, to facilitate activities for residents. There was a varied activity schedule which included pottery, bingo, singing, men's shed and live music sessions. Throughout the day, the inspector observed various group activities being held such as a sing-a-long session, quizzes and a lively chair exercise class. Residents appeared to be enjoying the fun in a relaxed manner and the activities staff members were respectful of each resident's communication needs and ability to participate. Residents regularly attended meetings in the centre and said that staff and management were available to them at all times.

The inspector observed the dining experience for residents on the day. The centre had two dining rooms. Mealtimes were seen to be a social occasion, allowing residents to interact and chat. The large dining room to the front of the building was bright and well maintained. Tables were nicely set and residents had a choice of where to have their meals throughout the day. The Inspector observed that the lunch time meals was well presented and there was a good choice of nutritious food available.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. However, improvements were required to achieve regulatory compliance in relation to restrictions on visiting, fire safety, infection control and the general environment.

These are discussed under the quality and safety section of this report.

There was a new registered provider of the centre since May 2022, the Dominican Sisters Limited by Guarantee. This company, with responsibility for the running of the centre, consists of a voluntary board, comprised of seven directors. This inspection found that there was a clearly defined management structure in place, which identified the lines of authority and accountability. From a clinical perspective care is directed by a person in charge, who had been appointed in May 2022, five months prior to this inspection. They worked full-time in the centre and demonstrated a clear understanding of their role and responsibility. They were supported in their role by two clinical nurse managers. The inspector was informed that the provider was actively recruiting for an assistant director of nursing, which would further strengthen the management team. The centre also had the support of an operations manager and one of the company directors worked in the centre part time. There was evidence of good systems of communication where members of the board met monthly to discuss the operational management of the centre. There were regular management and staff meetings and it was clear that each person was clear on their area of responsibility.

Staffing levels were kept under constant review and there were adequate staff to meet the needs of residents on the day of the inspection. Staff spoken with were knowledgeable of residents individual needs and were seen to be responsive to request for assistance by residents. Staff were supported and facilitated to attend training and there was a high level of attendance at training in areas to support staff fulfill their roles. There had been a number of new staff employed over the past few months and there was evidence of a comprehensive induction programme in place for these staff.

A range of clinical audits in areas such as medication management, wound care and care planning were carried out, which reviewed internal practices. Action plans were developed following these audits to implement improvements. However, the monitoring and oversight of infection control required to be addressed which is detailed under regulation 23. There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2021 with an associated quality improvement plan for 2022.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. Incidents occurring within the centre were being documented and all had been notified to the Chief Inspector, as required by the regulations.

## Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and

management of the service.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were two registered nurses in the centre day and night.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
There was a training programme in place for staff, which included mandatory training and other areas to support provision of quality care. Training records reviewed by the inspector indicated that a number of staff required refresher training in fire safety and there was evidence that this was booked for the week following this inspection. Staff were supervised in their work and received regular feedback from management, regarding their performance.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
The registered provider had established and maintained a Directory of residence which included all the information as specified in Schedule 3 of the regulations.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>The following management systems were not sufficiently robust to ensure that the service provided was safe, appropriate, consistent and effectively monitored:</p> <ul style="list-style-type: none"> <li>oversight of the visiting procedures for residents to ensure that they are not restrictive and protected residents rights.</li> <li>the monitoring of infection control via audit was found not to be consistently</li> </ul>



taking place in the centre, to include the monitoring of compliance with staffs use of face masks which was not being adhered to on the day of this inspection.

- further oversight was required of issues pertinent to premises and fire safety as outlined further under the relevant regulations.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, as per regulatory requirements, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres' policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were well managed in the centre. There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. Residents and families were made aware of the complaints policy and knew how to make a complaint if they wished to do so. Records of complaints were well maintained and investigated in line with the centres complaints policy.

Judgment: Compliant

## Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Our Lady of Fatima Home. Residents health, social care and spiritual needs were well catered for. However, some areas pertaining to visiting restrictions, infection control practices, fire precautions and the premises, required to be addressed and these will be discussed in more detail, under the relevant regulation.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and speech and language, as required. Care planning documentation was available for each resident in the centre. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. All care plans reviewed were updated four monthly or as needs changed, which is required by the regulations.

Residents spoken with on the day of this inspection stated that they felt safe in the centre. All interactions observed between staff and residents were seen to be respectful and courteous. The provider was not a pension agent for any residents living in the centre. There were adequate arrangements in place for the management of residents personal monies, held for safekeeping. However, as mentioned earlier in this report visiting to the centre was found to be restrictive. This finding was supported from discussions with staff, residents, visitors and via the review of the booking records.

The provider was committed to making the centre comfortable and homey for residents. Overall, this inspection found that the premises met the requirements of the regulations, with some exceptions as outlined under regulation 17. The centre was observed to be clean throughout and the provider employed an appropriate amount of cleaning staff, however, some areas required to be addressed pertaining to infection control which are detailed under regulation 27.

There were systems in place ensure daily, weekly and quarterly fire safety checks were conducted and recorded. Evidence was provided which showed that the emergency lighting system and fire fighting equipment were serviced regularly. The inspector was informed that the provider was in the process of upgrading the emergency lighting system within the centre. However, some further areas pertaining to fire safety required to be addressed and are outlined under regulation 28.

The inspector found that there were very good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There was access to a varied programme of activities that took place in different areas of the centre and with different size groups. Residents spoke positively about how these arrangements improved their quality of life. Residents were consulted with, via meetings and topics seen to be discussed were food preferences, staffing and activities.

## Regulation 11: Visits

The inspector found that visiting to the centre was unnecessarily restrictive. Residents visitors were allocated one hour slots each and had to book in advance. There was very little flexibility with regards to this. Although family could visit residents in their bedrooms, if there was more than one person this was not permitted and where children visited they were requested to visit outside the centre. Residents and families expressed concern re this restrictions to visiting and this was not in keeping with the residents right to visitors.

Judgment: Not compliant

## Regulation 12: Personal possessions

Residents bedrooms had ample storage which ensured they had access and control over their own clothes. Residents clothes were laundered to a high standard. Residents reported they were satisfied with this service.

Judgment: Compliant

## Regulation 17: Premises

Parts of the premises did not conform to the matters set out in Schedule 6 of the regulations, for example;

- on one wing of the centre carpets were stained and worn.
- some areas of the premises required painting such as bedroom door frames and walls.
- two communal rooms were found not to be suitably decorated for their stated purpose. For example; the smaller dining room in the centre had hoists stored in it and it lacked appropriate decor. The activities room also had clinical curtains hung in the centre of the room and minimal comfortable seating for residents use, resulting in many residents remaining in transit wheelchairs.

Judgment: Substantially compliant

## Regulation 27: Infection control

Some area required to be addressed pertaining to infection control practices, to achieve full compliance with the standards, for example:

- there were an inadequate number of clinical wash hand basins, at suitable locations, to support effective hand hygiene. Some sinks in the centre did not comply with the recommended Health Building Note 00-10: Part C standards.
- staffs compliance in the wearing of face masks was poor and required to be addressed, as it posed a risk of transmission of infection.
- a bedpan storage rack was cracked and rusted in one sluice room, therefore, effective cleaning could not be assured.
- some equipment, such as hoists were visibly unclean.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following pertaining to fire precautions required to be addressed:

- there was limited directional signage throughout the centre to guide staff, residents and visitors, so that they would know the direction of the nearest exit or nearest compartment, to safely evacuate residents should a fire occur.
- fire drills were not used frequently to ascertain whether or not staffing levels were adequate to ensure that all residents in a compartment could be evacuated in a timely manner, at times when staffing levels were lowest. A drill was submitted following this inspection, which provided some assurances. However, further drills were required to ensure staff had the competence and training the evacuate a compartment with minimal staffing levels.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning were documented electronically. On review of a sample of care plans the inspector found that the standard was good and described individualised and evidence based interventions, to meet the assessed needs of residents. Care plans were updated four monthly or when residents care requirements changed, as required by the regulations.

Judgment: Compliant

## Regulation 6: Health care

Residents were observed to have access to a range of medical supports, including access to general practitioners, psychiatry, and allied health and social care professionals such as dietitians and speech and language therapy. Care records seen indicated that where medical professionals made clinical recommendations, residents' care plans were amended as necessary. There was a low incidence of pressure ulcer formation in the centre and skin integrity was well monitored.

Judgment: Compliant

## Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for all staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. The provider was not a pension agent for any residents living in the centre, at the time of this inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that residents' rights were upheld and that care in the centre was person-centred. The inspector observed that interactions between staff and residents were courteous and relaxed. Facilities in the centre promoted the privacy of residents and they were regularly consulted with about the organisation of the service. Residents were supported to maintain their links with family and friends and their local community. Residents had access to television, local newspapers and other media. There was an extensive programme of activities in the centre, which had a positive effect on residents quality of life.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Not compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Our Lady of Fatima Home OSV-0000264

Inspection ID: MON-0037989

Date of inspection: 13/10/2022

## 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	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"> <li>1. We have removed the visiting restrictions and visitors do not need to make an appointment. Quality survey among relatives is being conducted currently to ascertain satisfaction regarding new visiting guidelines.</li> <li>2. Safe management of the care environment audits ongoing to ensure monitoring and oversight of Infection control.</li> <li>3. Daily observation rounds conducted to ensure staff are wearing masks correctly.</li> <li>4. 'Safe use of mask' posters displayed on notice boards to remind and promote staff compliance.</li> </ol>	
Regulation 11: Visits	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>Visiting guidelines has been reviewed in discussion with families and residents and based on the current HPSC guidelines.</p> <p>Getting back towards normal life in nursing Homes: information for residents Version 1.1– 08.08.2022(HPSC) has been made available to residents.</p> <p>Quality survey among relatives is being conducted currently to ascertain satisfaction regarding new visiting guidelines.</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"> <li>1. St. Dominic's unit: We have plans in place to renovate the corridor by end of January 2023. Carpets will be removed, washable flooring will be installed. Doors, doorframes and walls will be redecorated. (St. Dominic's unit corridor will be entirely upgraded).</li> <li>2. St. Dominic's unit dining area will be upgraded to improve the décor and the ambience which will be completed by end of January 2023.</li> <li>3. Activity room: Clinical curtains have been removed. Seating arrangements have been made by placing additional chairs to ensure residents are transferred to comfortable seating where possible.</li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. Existing sinks at nursing stations will be replaced to comply with the standards. We will look at the feasibility of installing additional hand wash basins in suitable locations.</li> <li>2. Daily observation rounds conducted to ensure staff are wearing masks appropriately to ensure IPC standards.</li> <li>3. Bedpan storage rack was replaced.</li> <li>4. Equipment cleaning schedule and checklists in place; additional cleaning supplies are provided.</li> </ol>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. Directional signage with floor map has been placed in all units and at the entrance.</li> <li>2. Additional quarterly compartmental evacuation drill will be conducted to ensure compliance.</li> <li>3. Emergency lighting and escape route plans are being revised by fire consultants. Appropriate action will be taken.</li> </ol>	



## 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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Not Compliant	Orange	01/11/2022
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	28/02/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	01/12/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	01/03/2023
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	31/01/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/01/2023

