



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	St Paul's Coolatree
Name of provider:	St. Paul's Child and Family Care Centre Designated Activity Company
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	22 June 2022
Centre ID:	OSV-0003767
Fieldwork ID:	MON-0028039

About the designated centre

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

The centre provides a respite service for children between the ages of 8 and 18 years with a diagnosis of autism and intellectual disabilities. The house is located in a north Dublin suburb and is close to amenities such as shops and parks. The house is a five bedrooomed house which comprises of a sitting room, a large kitchen and dining area, a shower room and upstairs there are five bedrooms, one of which is used as staff office and sleepover room. Each of the children have an assigned bedroom for the duration of their stay. The centre has a small garden to the rear with some facilities for children to play. Children enjoy activities in the community such as going for walks, going swimming, going shopping and going out on day trips. The centre is staffed by child care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 22 June 2022	08:45hrs to 15:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This inspection took place to inform a decision about the renewal of the registration for this designated centre. The centre provides a respite service to children with a diagnosis of autism and intellectual disabilities. Children receive a set number of nights each month. Children are supported to avail of a number of different activities such as going to parks or to the beach, going bowling, to the cinema, to a trampoline park and to coffee shops. The inspector found that the centre provided a high-quality service which worked closely with the childrens' families and schools to ensure that each child's needs and goals were supported while in respite. Some improvements were required in carrying out fire drills to ensure safe evacuation could be achieved at night-time.

The house is a five bedroomed house located in a suburb in north Dublin. Downstairs, there are two sitting rooms, a large kitchen, a laundry space and a bathroom which was recently renovated. In one of the sitting rooms, there was a 'sensory wall' which had a lights and various items for children to enjoy. Upstairs is a bathroom and five bedrooms, two of which are used as staff sleepover rooms and an office. The other three rooms have been adapted where required to suit the needs of individual children. The inspector found the house to be homely, warm, clean and well suited to the needs of children attending the centre. Each child using the respite service had an assigned bedroom which they used for every stay. Staff personalised this space for the children by using bed linen of their choice such as a favourite television character or a character from a movie. Children were grouped in respite with children who they were compatible with and in some cases, children who they went to school with.

On arrival to the centre, the inspector met with two young people who had an overnight stay the night before and with the two staff who had worked with them. Both were ready for school after having their breakfast. One observed the inspector and chose to leave the room and came in and out while another was sitting watching television with a member of staff. The young person was smiling and looking from the television to the staff member. The staff engaged with them about their family and it was evident they knew the child well. Staff told the inspector that they had gone to a petting farm and playground for the afternoon. Later on, the inspector briefly observed two children coming in from school.

Staff were noted to be kind and responsive to the children. They used visual supports to encourage the children to request items and to understand what was about to happen next. Staff told the inspector of some of the goals which had been achieved by children in the service that had a positive impact on their quality of life. For example, one child had increased the number of food which they would tolerate, another had developed the ability to help to dress themselves while another had learned to use public transport independently and to walk to school by themselves.

The inspector reviewed four questionnaires which were sent out to children and

their families prior to the inspection. The questionnaire seeks feedback on different aspects of the centre such as the physical environment, staff, activities available, meals and complaints. Three of the forms were completed by families while the fourth was completed by a young person using the service. Feedback was very complimentary of the service, with parents referring to staff as 'patient' and 'compassionate'. Another commented on how the child's day in respite is based around their individual needs. The young person using the service described staff as "nice friendly people". Another family member reported that staff were well trained and caring which was a "source of comfort" to them.

Parental involvement was noted to be key feature of the service and this was evidenced in a number of ways. There were monthly parent council groups and this forum was used to provide training to parents, to give feedback on the service and to participate in areas of service delivery. Parents had access to advocacy groups and advocacy briefing sessions. They were invited to an annual respite meeting and inputted to their childrens' personal plans. Two parents sat on the providers' rights committee. Parents and families were invited to attend festive events such as a summer barbeque. The provider supported parents to run summer camps and mid-term camps for children to give families additional support. Information on each families' beliefs and values were sought to ensure that care was provided in a manner which was respectful of the childrens' cultural and religious backgrounds.

In summary, based on observations of the children and young people, discussions with the staff and a review of documentation, it was evident that the centre was providing a good quality service which enabled children to have an enjoyable stay. The children were observed to be happy and content in their surroundings. Interactions between the staff and children were noted to be kind and responsive to their communication. The environment was well equipped to cater for their needs, including their communication support needs. The next two sections of this report present the inspection findings in relation to the governance and management arrangements in the centre and how these affected the quality and safety of the service being delivered.

Capacity and capability

The provider had strong governance and management arrangements in place to oversee and monitor the quality and safety of the service provided to the children. There was a management structure in place, which identified lines of responsibility and accountability. There were a number of committees established to oversee, monitor and further develop specific aspects of the service in areas such as rights, health and safety and child welfare and protection. The provider had carried out an annual review which sought feedback from the children and their families. Feedback was very positive on the service, as outlined in the previous section of the report. Six monthly unannounced provider visits took place in line with regulatory requirements. Action plans were developed and these plans tracked progress

towards identified improvements required. The provider had developed a number of quality assurance measures which included regular audits and checks to drive quality improvements. There was a clear schedule for these audits and each one was reported to different committees or members of the management team.

The provider had appointed a person in charge who was suitably experienced and qualified for their role. They were in the centre on a full-time basis and were responsible for the day-to-day management of the service. They were supported in their role by shift leaders and had assigned specific duties to different members of the staff team.

The provider had resourced the centre with a sufficient level of staff who were suitably qualified to meet the childrens' assessed needs. Planned and actual rosters were well maintained and indicated that there was a stable staff team in place. A sample of staff files was carried out prior to the inspection and were found to contain all information required by the regulations.

The provider was found to take a pro-active approach to staff training and development. The inspector reviewed the staff training matrix and found that all staff had completed mandatory training in areas such as safeguarding, fire safety, managing behaviours and courses relating to infection prevention and control (IPC). All staff received supervision on a quarterly basis and a sample of files viewed showed that there was a set agenda in place for these sessions.

The provider had an admissions, discharge and transfer policy in place. There was a respite admission team which had input from members of the multidisciplinary team (MDT). Children and their families were invited to come to the centre for a number of short visits before a child did their first overnight stay. There were written contracts in place. These outlined the quantum of service which the child would receive and the manner in which it would be provided. Contracts outlined the rights and responsibilities of both the family and the service. Transition into adult services was gradually planned with input from the child's circle of support to ensure that the transition went smoothly. There was a complaints policy and procedure in place to guide staff recognise, document and report complaints where they arose.

Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge. They worked on a full time basis and were based in the centre. The person in charge had worked in the organisation for a number of years and had good knowledge of the residents and their assessed needs. They were supported in their role by identified shift leaders.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the designated centre was resourced with an adequate number of staff who had the required skills to meet the childrens' assessed needs. There was a good ratio of staff in order to enable the children to undertake activities of their choice while they were in respite. Dependency needs of the children informed the staffing levels for each respite break. Rosters were found to be well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training needs analysis committee which undertook an annual review of training needs for all staff. The inspector reviewed the staff training matrix and found that all staff had completed mandatory training in areas such as safeguarding, fire, infection prevention and control, manual handling, CPR and positive behaviour support. A sample of staff supervision records indicated that sessions were structured and that there was a supervision contract in place. An annual performance review was completed with each staff member with the person in charge.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance which met regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have a good management structure which outlined lines of accountability. There were a number of committees at provider level which had oversight of key areas of the service such as a quality and safety committee, rights committee, a child protection and welfare committee, a health and safety committee. The provider had carried out an annual review of the service and this had included consultation with residents and their family members. The report was

adapted to support the children to understand it. The person in charge attended weekly meetings with the other persons in charge in the organisation. A meeting with all staff, the person in charge, members of senior management and members of the multidisciplinary team (MDT) met once a month to discuss the service. This had a set agenda in place to ensure all relevant service areas were discussed.

There were a number of quality assurance audits in place in the centre which had a clear schedule in place and outlined where information from each of these audits was shared. Action plans from each audit was developed and reviewed regularly. As an additional quality assurance measure, both the speech and language therapy department and the psychology department carried out audits on an annual basis on staff practices in relation to positive behaviour support and in creating total communication environments.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector viewed a sample of the children's contracts of care and found that the responsibilities of the family member and of the service were clearly defined. The quantum of service received by each family was documented clearly. Transition planning for young people commenced once they turned 16. A transition plan for a child leaving the service was viewed and was found to be detailed in order to best support them in their future adult placement.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which contained information required by Schedule 1 of the regulations

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had correctly submitted all notifications to the Authority within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place and an accompanying procedure to guide staff on documenting and reporting complaints. A child-friendly version of this policy was available to support staff to help children understand how to complain or report a concern. While there had been no complaints for the previous eighteen months, there was a system of oversight in place where it was required.

Judgment: Compliant

Quality and safety

The inspector found that the service had good structures and systems in place to continually assess and improve quality, leading to better outcomes for children and their families. Many of the children accessing respite attended a school associated with the centre. They had access to a range of health and social care professionals such as occupational therapy, psychology, speech and language therapy, social work and psychiatry. These members of the multidisciplinary team provided support and oversight of their relevant areas in the centre. For example, the speech and language therapy team provided support relating to communication while the social worker provided support on child welfare and protection concerns.

Each child had an annual assessment of need done and a six monthly-review of the personal plans was done with parents. Where a child had medical needs, there were health care or medical plans in place and these were reviewed by the medical director every six months. An audit of plans relating to each child took place on a monthly basis to ensure documentation remained up to date. Children who required behaviour support plans had them in place. The inspector found these to provide good guidance to staff on pro-active and re-active strategies to use to support each child. Any restrictive practices in place were prescribed and monitored by the provider's restrictive practice committee.

The inspector found that children were protected from all forms of abuse in the centre. The provider had a number of policies and procedures for staff to follow which were in line with national procedures for the protection of children. Staff were appropriately trained and there was a child protection and welfare committee in place. There were clear internal reporting procedures in place in addition to adherence to statutory reporting. A list of mandated persons was on display for staff and staff were found to be knowledgeable about actions required where any child protection concerns arose.

Childrens' rights were upheld, promoted and respected in the service and this was seen throughout the day. As outlined earlier in the report, children were facilitated to make choices about the food they ate and the activities they wished to do in respite. Rights were considered by the service for each child and an individual plan on how best to support children to experience and exercise those rights. Childrens' communication needs were well supported in the centre through the use of a total communication approach. Staff were trained in Lámh, with one staff member responsible for continuing to promote and develop staff skills. Visual supports were used to facilitate the children to understand their various routines and to express their choices. The welfare and development of children was promoted by providing age-appropriate opportunities for play and recreation.

As stated above, the premises was found to be in a good state of repair and appropriate to the childrens' needs. It met all of the requirements of Schedule 6 of the regulations. Risk management systems were in place. Individual and centre level risks were identified, assessed and managed through the use of risk assessments and a central risk register enabled oversight of risk. Adverse events were documented and reported and learning was shared with staff and management.

The provider was found to have a number of measures in place to protect children and staff from acquiring health-care-associated infections while attending respite. These included staff training, cleaning schedules, contingency planning and the self-identification and actioning of areas requiring improvement.

For the most part, appropriate fire safety management systems were in place. The house had fire detection and containment systems, fire-fighting equipment and emergency lighting. These items were checked and serviced as required. Children had their own personal emergency evacuation plans and these were regularly reviewed. Fire drills took place by day and indicated reasonable evacuation times. However, night time drills had not occurred in order to assure the provider that the safe evacuation of children and staff from the centre was achievable during the night.

Regulation 10: Communication

Visual supports were available throughout the centre to promote the childrens' understanding of routines and to support them to make choices relating to food and activities. More importantly, staff were observed to consistently use them and model their use with the children. Lámh was also used by the centre and relevant signs were placed on the wall as a prompt to staff. One of the staff members had recently completed an accredited course and was developing staff skills in the use of Lámh. Each child had a communication passport and a communication in their care plans. The Speech and Language Therapy department carried out an annual audit of the centre and found that the centre was using a total communication approach to ensure that all forms of communication used by the children were used and responded to.

Judgment: Compliant

Regulation 13: General welfare and development

The centre was found to promote each child's general welfare and development in a number of ways. Children were supported to maintain contact with family where they wished to do so. The centre provided the children with age appropriate opportunities for play and for recreation. In the house, there was a swing, some sensory toys and books. Children were encouraged to bring in preferred activities or items such as tablets which they used on their respite stay. The children had access to a wide range of activities such as going for walks, shopping, out to play centres and to other local amenities. The children's individual education plans (IEPs) were used to inform care plans. Children were supported to develop life-skills in areas such as dressing, eating and drinking, doing some household jobs and in travel.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be clean, homely and well maintained internally and externally. It was well suited to the children's needs and there was ample space for the children to spend time alone or in the company of others. Children had their own assigned bedrooms which staff personalised with their preferred bed linen for their stay. There were a sufficient number of bathrooms suitable for respite users. There were appropriate arrangements in place for the management of laundry and waste.

Judgment: Compliant

Regulation 20: Information for residents

The provider had produced a child-friendly statement of purpose and residents' guide which met regulatory requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

There were clear systems in place to identify, assess, manage and review risks both at centre and individual levels. It was evident that there were pro-active risk assessments in place in order to support the child or young person to develop their independence. Any adverse events which occurred were appropriately documented, reported and investigated. There were good systems of oversight in place to ensure that any trends of incidents or variances in medication were identified and actioned where required. Incidents and accidents were a standing agenda on the monthly staff meeting to ensure that any learning or actions identified were shared to mitigate the risk of recurrence. A debriefing policy and procedure was in place to support staff to reflect on and seek support following any adverse events.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had developed a number of tools and guidance for staff members to protect children and themselves from health-care-acquired infections. There was a clear contingency plan in place and the provider had used the HIQA Self-assessment tool to drive quality improvements. Bi-monthly IPC audits took place and the risk register contained a number of risk assessments relating to COVID-19 and to IPC more generally. Visual supports to help the children understand COVID-19 and to prompt them to clean their hands were on the walls in the centre. Cleaning schedules were in place and detailed and included products to use and how to clean different pieces of equipment. Staff were able to describe to the inspector what products they used, how often they cleaned various areas of the centre and equipment and how they managed any contaminated laundry.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems and procedures in place. There were appropriate detection and containment systems in place. Emergency lighting and fire fighting equipment were in place. Documentation of daily, weekly and quarterly checks were completed in addition to servicing and maintenance from external companies. Each child had a personal emergency evacuation plan (PEEP) in place. A review of the fire drills in the centre indicated that while drills were well documented and indicated good evacuation times, there were no fire drills carried out at night when the children were upstairs. Therefore, the inspector was not suitably assured that safe evacuation of children at night-time was demonstrated.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each child had an individualised assessment and person centred plan in place and this was informed by their individual education plans and parental input. A yearly respite update meeting took place between parents, the person in charge and the medical director. Person centred plans viewed by the inspector were found to have goals which were appropriate and achievable in a respite setting. They were based on developing life skills and there was evidence of children achieving these goals. For example, a child developing the skills to travel independently to school, increasing tolerance for different foods and developing skills in dressing and personal care.

Judgment: Compliant

Regulation 6: Health care

Children and young people were supported to maintain and enjoy best possible health while they stayed in respite. Each child had a health assessment and plans were in place where required. Any medical or health plans in place were reviewed by the Medical Director.

Judgment: Compliant

Regulation 7: Positive behavioural support

Children who required positive behaviour support plans had them in place and these informed staff on proactive and reactive strategies to use with each child, with regard for their communication support needs. The Psychology department carried out an annual review of staff practices in the centre in the implementation of behaviour support plans to ensure good quality support was provided. Any restrictive practices in place were prescribed and regularly reviewed by the restrictive practice committee and documentation of these reviews indicated that each child's rights were considered in these discussions.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had good systems in place to protect children using the respite service from all forms of abuse. The provider had a child welfare and protection committee in place and a system for recording body marks where they were noted. Where there were child protection concerns, staff were familiar with documentation and reporting of those concerns. All staff were trained in safeguarding which included training in government guidance for the protection and welfare for children. Staff attended a briefing and completed an assessment from the social worker in the service. Intimate care plans were viewed and found to explicitly state the level of support or supervision required by each child. Consent for these plans were signed by parents. The plans were found to be respectful of each child's right to privacy and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident throughout the inspection that the children and the young people were consulted with in a number of different ways by the service. For example, a charter of rights for children with autism was used and individualised in order to ensure that the child experiences those rights such as independence, making choices and the right to learn. The assessments made note of how the child was given opportunity to experience and understand those rights. Advocacy sessions took place with children twice a year as a means of consulting with the children about different aspects of the service such as choice of food or choice of activities or community outings. These sessions were done in an age-appropriate manner and used a total communication approach to ensure that the needs of children who were not verbal were accommodated. The right of each child to receive a service which was respectful of their religious or cultural background was met through consultation with family members.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Paul's Coolatree OSV-0003767

Inspection ID: MON-0028039

Date of inspection: 22/06/2022

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. St. Paul’s CFCC will issue communication to all center Person’s In Charge which will include the provision of evacuation drills being scheduled from the upstairs of the respite house and fire drills at different times of the day/night going forward. All fire drill schedules will now include a section to stipulate where and when the drill should take place. This will be complete by the 22/07/2022 2. Service Quarterly Fire Compliance check will be updated to include a question which aims to ensure that all evacuations take place from different areas of the respite house (inclusive of upstairs) and different times of the day and evening. This will be complete by the 22/07/2022 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff 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	22/07/2022