Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>St. Attracta's Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>St. Attracta's Nursing Home</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Hagfield, Charlestown, Mayo</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05 September 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000386</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0022807</td>
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</tbody>
</table>
St. Attracta’s Residence is made up of a large bright reception area, a bright spacious dining room with additional seating overlooking the gardens, and a number of large day rooms that enable quiet time and group gatherings, a private family meeting room, training room, offices and meeting rooms, nurses station, treatment room, a Chapel, a hair and beauty salon, laundering and sluicing facilities as well as landscaped gardens overlooking the surrounding countryside. Car parking facilities are available for visitor use. There are 52 bedrooms in the centre. All bedrooms are equipped with nurse-call alarm, televisions, private telephone point and electronically adjusted orthopaedic beds.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 66 |
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 5 September 2019</td>
<td>09:00hrs to 19:00hrs</td>
<td>Catherine Sweeney</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector spoke with 10 residents on the day of inspection and also received feedback through eight residents’ questionnaires completed prior to the inspection. Residents stated that they felt safe and comfortable in the centre. They told the inspector that they enjoyed a good quality of life. A common theme throughout the feedback was that staff were always respectful, kind and very helpful.

Residents told the inspectors that they enjoyed the range of meals and menus available to them. They confirmed that they were offered a choice at every meal. They stated that the food was always ‘well presented and delicious’.

Residents were complimentary of the living areas in the centre, especially enjoying the views from the day room, the large dining area and the access to outdoor space.

Residents spoke of feeling involved in the daily life in the centre, by being 'encouraged and helped to do things for ourselves'. The inspectors observed a resident helping to clear up after breakfast and assisting with the washing up.

The inspector spoke to residents family members who were very satisfied with the standard of care and the communication with the family who lived abroad. This open communication allowed the family to feel continuously reassured of their mothers safety within the centre.

The residents knew the management team well. One resident described the atmosphere in the centre as being 'one big family'.

Capacity and capability

This was an announced inspection by the Office of the Chief Inspector. The general manager and the person in charge were present during the inspection. The information requested by the inspector was provided in an organised and timely manner. The management structure within the centre was clear and understood by staff.

The governance and management of the centre was generally well organised, however, a review of the management systems found that urgent action was required in relation to the fire safety procedures within the centre. An urgent action plan was issued the day after the inspection. The provider submitted a satisfactory compliance plan on 16 September 2019 which provided assurances that
the fire safety issues would be addressed. The management of fire safety management is discussed further under the quality and safety section of this report.

There was good oversight in most other areas of the service such as clinical care, complaints management, and the management of restrictive practice. The inspection followed up on actions from the last inspection which took place in June 2018. All actions had been addressed. Clinical and environmental audits had been completed but required further development to ensure that quality improvement interventions could be implemented. For example some audits were not dated, while other audits did not outline the actions to be taken and by whom.

Staff rosters and training records indicated that the staff were supervised and supported in their roles. A review of the training records indicated that mandatory and specific dementia care training was available to all staff. The inspector spoke with staff members from every department of the centre. Staff stated that they were well supported by the management team and that they would not hesitate to bring any issues of concern to them.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced nurse. She was well known to the residents and families. During the inspection she clearly demonstrated that she had sufficient knowledge of the regulations and standards of the care and welfare of the residents in the centre. She had a special interest in dementia care and had completed further professional development in this area.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the staffing levels and skill mix in the centre were adequate to meet the assessed needs of the residents and the size and layout of the designated centre. Staff interaction with residents was seen to be kind and respectful. Residents spoken to confirmed this to be true.

Judgment: Compliant

Regulation 16: Training and staff development
A training matrix was reviewed by the inspector. All staff had completed mandatory training including safeguarding of the vulnerable adult, Fire training, moving and person handling, the management of responsive behaviours and infection control. Further training such as dementia care, medication management, and food hygiene training was made available to staff. Staff spoken to said that they were well supported to carry out their duties to protect and promote the care of the residents.

Judgment: Compliant

**Regulation 19: Directory of residents**

The centre had a directory of residents that contained all the information required by schedule 3 of the Regulations.

Judgment: Compliant

**Regulation 21: Records**

The inspector found that records kept in the designated centre were in line with the requirements of Schedule 2, 3 and 4 of the regulations and were available for inspection. A review of residents records, stored and managed within an electronic documentation system allowed the staff to deliver a safe and effective service. A review of staff files found a safe and effective recruitment and induction process, and all the information in the staff files met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

**Regulation 22: Insurance**

The inspector found that appropriate insurance cover was in place against injury, loss or damage to residents property. The insurance certificate is displayed within the centre and details outlined in the residents contracts.

Judgment: Compliant
### Regulation 23: Governance and management

There was a clear management structure within the centre. The person in charge was supported by a general manager and two clinical nurse managers.

There were management systems in place ensured that care delivery was effectively monitored.

The inspector reviewed clinical and environmental audits, meetings notes, resident surveys and the annual quality review completed in 2018. While the audits identified quality improvement issues, key recommendations and action plans to inform practice development were not always developed effectively.

All actions from the previous inspection had been addressed.

Judgment: Substantially compliant

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

Each resident had a signed contract of care that met with regulatory requirements.

Judgment: Compliant

### Regulation 3: Statement of purpose

A review of the centre’s Statement found that it contained all the information required by Schedule 1 of the Regulations. A copy of the statement of purpose was made available to residents and visitors.

Judgment: Compliant

### Regulation 30: Volunteers

The inspector found that a register of volunteers was in place which outline the roles and responsibilities of each volunteer. All volunteers had a Garda vetting disclosure in place.
Judgment: Compliant

**Regulation 34: Complaints procedure**

The centre had a robust system of complaints management in place. There was a complaints policy and procedure in place which was displayed in prominent areas of the centre. A nominated person was identified to oversee the complaints procedure. All complaints were documented in a complaints log. All complaints were investigated and the satisfaction of the complainant was recorded. Learnings from complaints were identified and discussed with staff at communication meetings.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

The centre had policies and procedures in place. A folder containing all the policies set out in Schedule 5 of the Regulations was made available for inspection. All staff had been given access to an on-line policy system. Policies had been reviewed and updated in accordance with regulations.

Judgment: Compliant

**Quality and safety**

The premises was found to be clean and well maintained. The layout of the communal areas supported meaningful social interaction. There was a large dining room which residents were observed to enjoy meals at the time of their choosing. The outside space was safe and well maintained. Residents have full access to the outdoor areas.

The designated centre was compliance with Regulation 17, Premises in terms of spacial requirements and overall adequate numbers of bathrooms, However, inspectors were concerned about the location of bathrooms in close proximity to Clew Bay. Clew Bay unit contained 13 rooms which accommodated 19 residents, 11 of whom required maximum levels of care. There was only one shared shower room in close proximity to this unit for use by these 19 residents shared one shower room. The inspector was concerned that the privacy and dignity of these residents may be compromised by the availability of shower and bathrooms close to...
them. In addition the layout of the double rooms did not afford some residents room to have a chair beside their bed.

There was a fire safety system installed and records showed that the fire system and fire fighting equipment was in place and serviced regularly. However, the inspector was concerned about overall fire safety management in the centre. The inspector required the provider an urgent review, by way of an urgent compliance plan, of the fire safety procedures to ensure safe evacuation procedures in the case of emergency. The specific concerns are outlined below under Regulation 28.

The inspector found that the health and social care needs of the residents were met to a high standard. Care plans for residents with complex needs were detailed and person-centred. Residents had good access to doctors and allied health professionals.

Residents were provided with a nutritious, wholesome and varied menu. Residents who required assistance with meals were supported in a respective and sensitive manner. Residents had access to fresh drinking water throughout the centre. Meals were observed to be relaxed and social occasions. Residents at risk of weight loss had a comprehensive and person-centred care plan that guided staff in relation to the resident's eating and drinking needs.

Residents told the inspector that they felt safe and comfortable in the centre. A policy was in place to ensure that residents were safeguarded against abuse. Staff spoken to were knowledgeable about how to respond to suspicions, allegations or incidents of abuse.

**Regulation 11: Visits**

A visitors policy was displayed throughout the centre. There were no visiting restrictions in place. Visitors were seen to come and go in the centre throughout the day. There were adequate private areas available throughout the centre for residents to receive visitors.

**Judgment: Compliant**

**Regulation 17: Premises**

The centre was purpose built and was in a good state of repair both internally and externally. The centre was warm and comfortable. The single bedrooms in the centre were spacious and well proportioned. While the designated centre was in
compliance with Regulation 17, Premises, a review of residents accommodated in the Clew bay unit may be required to ensure that the residents privacy and dignity could be maintained. For example, a twin room in the Clew bay wing did not have space to accommodate a chair for each resident, and the size of the en-suite toilet could not be accessed by residents with maximum dependency needs. Furthermore, a shower room on the unit was shared by 19 residents.

Judgment: Compliant

**Regulation 18: Food and nutrition**

There was a comprehensive policy in place for monitoring and recording nutritional intake which was found to be put into practice.

Judgment: Compliant

**Regulation 20: Information for residents**

The residents guide, which contained all the required information, was available to the residents in all the communal and recreational areas of the centre.

Judgment: Compliant

**Regulation 26: Risk management**

The centre had a comprehensive risk management policy in place. The inspector reviewed the risk register and found that risks, with the exception of fire safety, had been identified and controls had been put in place to manage identified risks. The issues relating to fire safety have been addressed under Regulation 28, Fire precautions.

Judgment: Compliant

**Regulation 27: Infection control**
There was a robust infection control policy in place. The centre was clean. The procedures in place for managing the prevention and control of infection were in line with the national standards.

Judgment: Compliant

### Regulation 28: Fire precautions

An urgent review of the fire safety systems was required. Findings were discussed with the management team and an urgent compliance plan request was issued the day after the inspection. The inspector found that the fire safety systems and management plan did not ensure resident safety. For example,

- guidance for actions in the event of fire were unclear. A floor plan identifying 'compartments' was in place beside the fire panel, however, maps to guide residents, staff and visitors to escape routes were not displayed throughout the centre

- the emergency guidance provided in the health and safety policy and fire procedure was not clear. It did not identify compartments or adequately direct staff in relation to evacuation procedures.

- Two senior members of staff spoken with were not clear on what action to take in the event of an evacuation. They were not familiar with the term 'compartment'. This could cause confusion in the event of an emergency and poses a risk to residents, visitors and staff.

- fire evacuation drills records reviewed did not provide assurances that residents could be evacuated safely in a timely manner in the event of a fire. Records showed that fire drills were carried out as part of external fire safety training and had simulated the evacuation of only one resident. A single compartment identified on the floor plan on the Clew bay suite contains 13 bedrooms accommodating 19 residents, 11 of whom had maximum levels of care needs. There was no recorded evidence of full compartment evacuations with regards to staffing levels and residents dependency levels.

A satisfactory urgent compliance plan response was received from the provider on 16 September 2019 which addressed the non-compliant issues.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services
The centre had safe medicine management procedures in place. Medicine storage and administration was in line with best practice. Medicines controlled under the misuse of drugs legislation were stored and checked twice daily by nursing staff.

**Judgment: Compliant**

**Regulation 5: Individual assessment and care plan**

Each resident had a comprehensive assessment completed prior to inspection and then at four monthly intervals or as required thereafter. The health and social needs of the residents had been identified and an appropriate person-centred plan had been developed. Care plans reviewed contained details of how staff could support residents to achieve quality of life in line with their wishes.

**Judgment: Compliant**

**Regulation 6: Health care**

Residents health care needs were met through timely access to treatment and therapies. The centre had good access to general practitioners and other allied health professionals such as physiotherapy, occupational therapy, tissue viability nurse, psychiatry of later life, and palliative care support.

**Judgment: Compliant**

**Regulation 7: Managing behaviour that is challenging**

The centre promotes a restraint free environment. A review of the restraint register identified all interventions and risk assessments associated with restrictive practices. Alternatives such as low-low beds, crash mats and sensors were available to manage risk without restrictive practice such as bed rails.

**Judgment: Compliant**

**Regulation 8: Protection**

All staff had a Garda vetting disclosure on file. All staff had attending safeguarding training. The centre had a policy in place to manage residents finances. The centre
did not act as a pension agent for residents. Where pocket money was kept for residents, a robust system of accounting was in place. Residents told inspectors that they felt safe in the centre and that they felt able to talk to staff if they did not feel safe. There were systems in place to support the identification, reporting and investigation of allegations or suspicions of abuse. Staff spoken to were aware of the identification and reporting procedures in relation to safeguarding.

Judgment: Compliant

### Regulation 9: Residents’ rights

Residents had access to activities which were scheduled weekly and facilitated by two activity coordinators. Activities were appropriate to the needs and wishes of the residents. There were adequate areas in the centre where residents could spend their time, in company or alone.

Residents had access to local and national newspapers, television and radio. Residents were facilitated to vote using the special register that allows for voting within the centre. Notice boards throughout the centre directed residents to advocacy services, activity schedules and community information. A newsletter was also available which detailed in pictures and text, the activities and outings that had occurred throughout the summer months.

Judgment: Compliant
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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
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</tbody>
</table>

Outline how you are going to come into compliance with Regulation 23: Governance and management:
On the day of inspection the inspector stated a preference for audits to include a summary of findings. St. Attracta’s practice in house is to communicate the findings of audits completed to staff via various communication methods. At the end of August 2019 management had completed 46 internal audits, year to date, for the purposes of good governance and review. Future audits will include a brief summary of findings.

The Provider is satisfied at the time of submission of this Compliance Plan that it is in compliance with Regulation 23 and the adequacy of its steps and measures taken to ensure the compliance of the Centre with the general fire safety rules. In order to assure Inspectors, the Board of Directors of the Provider has

| Regulation 28: Fire precautions                  | Not Compliant          |

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Provider is satisfied of its compliance with Regulation 28 and the adequacy of its steps and measures taken to ensure the compliance of the Centre with the general fire safety rules. In order to assure Inspectors, the Board of Directors of the Provider has
proceeded to engage with its professionally qualified and competent fire safety adviser to conduct a review of items raised during the Inspection with a view to providing all necessary written confirmations/certifications which the Providers will be satisfied to provide to the Inspectors.

St. Attracta’s has proactively spent extensive time and resource in recent years on ensuring fire compliance. In responding to the issues identified by the inspector St. Attracta’s wish to state the following:

• Emergency procedures are in place on the walls in prominent locations. All emergency lighting is in place and signage to external assembly points. Way finding maps had been considered as advised by HIQA Fire Precautions, February 2016. Following this consideration these maps were removed as they are considered ineffective for residents and staff. All resident rooms are located on the ground floor and from virtually every part of the house you can see emergency exits. On further review of our house, its residents and signage it has not been possible to identify one resident who would use and benefit from way finding signage. All staff are orientated and trained on the house and will not be ever expected to rely on a sign to inform their location.

• It is the opinion of the inspector that our Fire Procedure is not clear. St. Attracta’s management disagreed with the inspector on the day of inspection and continue to disagree. All staff have been trained in fire safety and on the procedures and have confirmed they are clear on what to do in the event of an evacuation. Terminology regarding zone/compartment was used interchangeably by two staff in error when questioned. This does not indicate they do not know what to do in the event of an evacuation being required. Future documentation shall be referring only to the term compartment.

• St. Attractas carries out fire training annually and evacuation drills for all staff members to ensure compliance with regulations. An external fire safety training company was sourced to do additional evacuation drills during 2019 to ensure absolute compliance. We sourced this company as they are certified experts in their field.

• All staff were trained on evacuation of a compartment in compliance with the regulations.

• The fire system clearly identifies all rooms-specific locations in the house.

The inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>30/10/2019</td>
</tr>
<tr>
<td>Regulation 28(2)(i)</td>
<td>The registered provider shall</td>
<td>Not Compliant</td>
<td>Red</td>
<td>30/10/2019</td>
</tr>
<tr>
<td>Regulation 28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>30/10/2019</td>
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<tr>
<td>Regulation 28(3)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>30/10/2019</td>
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