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. Patrick's Care Centre</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Cowper Care Centre Designated Activity Company</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Dublin Street, Baldoyle, Dublin 13</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>30 January 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000179</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0023113</td>
</tr>
</tbody>
</table>
About the designated centre

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

St Patrick’s care centre is based in Baldoyle, Dublin 13 and provides accommodation for 78 residents. The centre provides care and support for both male and female residents, primarily for those aged over 65. The centre contains a dementia specific area which can accommodate 15 residents. The majority of the accommodation provided is in single ensuite bedrooms with one bedroom offered on a shared basis. There are a number of communal rooms available for residents to socialise and meet their relatives. Residents also have access to secure garden areas.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Number of residents on the date of inspection:</th>
<th>77</th>
</tr>
</thead>
</table>
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 30 January 2020</td>
<td>09:40hrs to 17:20hrs</td>
<td>Michael Dunne</td>
<td>Lead</td>
</tr>
</tbody>
</table>
**What residents told us and what inspectors observed**

All residents spoken with during the inspection expressed high levels of satisfaction with the care and support services provided by the centre. Residents mentioned that they were happy with the staff team and that staff could not do enough for them. The inspector observed a number of interactions between staff and residents. Residents who required support to engage in activities were assisted by staff in a calm, respectful manner. Residents were seen to receive encouragement by staff to participate in activities and seemed to enjoy being part of the activity session.

Other residents who required mobility support were supported by staff in an unhurried manner, staff were observed to be giving positive verbal prompts to residents and were mindful of residents communication needs.

Resident who spoke with the inspector commented on the quality and quantity of food provided by the centre and overall there was a positive response to the food provision.

The inspector also reviewed resident questionnaires which were received before the inspection. Resident questionnaires are documents designed to access resident’s views on a number of key service areas. Residents gave favourable responses regarding the quality of food, helpfulness of staff, the layout of their bedrooms and that their rights were respected. These views were similar to the views of residents spoken with in the course of the inspection.

Family members who spoke with the inspector also gave positive accounts about the care and support that their loved ones were receiving from the centre.

**Capacity and capability**

Overall the quality of care services provided was of a high standard. There was a stable staff team in place to monitor the delivery of this care. The rosters examined showed that where there were gaps, these were covered ensuring sufficient staff numbers were available to meet resident’s needs. The person in charge had worked in this centre for some time and was supported in their role by a team of nurses and clinical nurse managers. Staff understood their personal roles and responsibilities which provided for good overall management of quality systems.
Staff had access to regular training to maintain their knowledge in areas relating to safeguarding, fire safety and manual handling.

There was evidence that resident’s views on the quality of service provision was canvassed through resident satisfaction surveys and during resident forum meetings. These views were also reflected in the centre’s annual review of quality and safety.

**Registration Regulation 4: Application for registration or renewal of registration**

The provider submitted the required documentation in good time in order for the application for renewal to be assessed by the regulator.

Judgment: Compliant

**Regulation 15: Staffing**

There were sufficient numbers of staff seen on the day of the inspection with the required skill-mix to meet the needs of the residents. The person in charge was supported in their role by a team of nurses, three clinical nurse managers and a team of healthcare assistants to provide direct care to the residents.

A number of residents told the inspector that staff were caring, kind and that they listened to them. This view was reinforced by a number of relatives who took time out to speak to the inspector. Relatives were highly complimentary of staff and of the overall service provided to the residents. The inspector noted a number of staff and resident interactions throughout the day where staff were observed communicating with residents in a respectful and person-centred manner. This type of communication reinforced resident’s rights to dignity and autonomy.

Judgment: Compliant

**Regulation 16: Training and staff development**
There were a number of training opportunities available to staff in the centre. Records seen confirmed that staff had regular access to mandatory training such as fire safety, manual handling and safeguarding. Other training records showed that staff had attended a range of nursing training; focusing on wound management, infection control, and continence care. There was also a training programme designed specifically for staff caring for residents with dementia.

Staff mentioned that they found the training provided useful in their day-to-day interaction with residents and that it helped them care for the residents in a more structured manner. Staff also confirmed that there was a system of induction, probation and supervision available in the centre.

There was evidence of good communication between staff members when providing care to residents. There were sufficient numbers of nurses and clinical nurse managers available which provided good levels of staff supervision throughout the day.

Judgment: Compliant

**Regulation 21: Records**

The registered provider representative confirmed that all staff working in the centre had the required Garda vetting disclosures in place prior to commencing employment at the designated centre. Confirmation was also received with regard to staff references, employment histories, staff identification and relevant qualifications that were necessary for staff to have in place prior to working at the centre.

Judgment: Compliant

**Regulation 23: Governance and management**

The inspector found that there was a clearly defined management structure in place with clear lines of accountability and responsibility. This structure ensured that staff were clear of their roles, and that the appropriate provided for clarity in staff roles and ensured that systems used to monitor care was carried out by staff who were equipped to do so. The centre used a range of tools to monitor the quality of care provided including the use of clinical audits. Learning from audits were incorporated into the centres quality improvement plan to improve health and social care.
outcomes for the residents living in the centre. A range of clinical, quality and safety meetings provided the platform for identified improvements to be implemented and monitored.

There were sufficient resources available within the centre which maintained staffing levels and ensured that resident care needs were prioritised. The home environment was well maintained, clean and provided residents with high quality fixtures and fittings.

The annual plan for quality and safety for 2019 had been completed and incorporated the views of residents recorded through a satisfaction survey.

Judgment: Compliant

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

A selection of contracts for the provision of services were reviewed. Contracts seen reflected those who were funding their placement on a private basis and those who were funded through the Fair Deal scheme. All contracts seen clearly set out the terms and conditions upon which the placement was been offered. Contracts set out the fees to be charged for the placement and also referenced any additional charges that the resident may have to pay for, such as a charge relating to the provision of social activities. Resident contracts seen did not identify the room number of the room being offered or the location of the room within the centre. The provider had subsequently made alterations to these contracts which now reflect the room number and location of the bedroom offered to residents.

Judgment: Compliant

**Regulation 3: Statement of purpose**

There was a statement of purpose in place which accurately described the facilities and services provided by the centre. The statement of purpose was updated on a regular basis to take account of any changes to the suite of services being provided.

Judgment: Compliant
Regulation 34: Complaints procedure

There was a complaints policy in place which was widely advertised throughout the centre. This policy contained all the requirements of regulation 34 of the Health Act 2007 with regard to investigation, feedback, record keeping and support for those wishing to lodge a complaint. A selection of complaints received by the centre were reviewed and all seen were investigated according to the centre's policy on complaints. Complaints logs were maintained to good standard on the centre's Q pulse system with all complaints reviewed to improve standards of care or quality of service going forward.

Discussions with staff confirmed that they were aware of the complaints policy and their role in supporting residents who wished to lodge a complaint. Similarly, the residents and family members spoken with during the course of the inspection were also aware of this policy and how they would go about raising a complaint.

Judgment: Compliant

Quality and safety

The inspector found that residents were cared for by a stable staff team who were aware of each resident’s individual needs. There was evidence of robust communication within the staff team ensuring that residents' health and social care outcomes were prioritised and met. There were arrangements in place which addressed residents' primary healthcare needs while links to access specialist intervention were also well established.

The layout of the premises allowed for residents' rights to privacy and dignity to be respected. Resident's bedrooms provided sufficient space for residents to pursue individual activities or to meet their families in private. The design of the building allowed for residents to be mobile within their own environments without hindrance. Appropriate signage was located throughout the building to guide residents to key locations within the centre.

There were a range of communal spaces available for residents to use. Each unit had its own small meeting room which was tastefully decorated and furnished with appropriate seating to meet the needs of the residents.

Systems were in place to ensure residents' safety was maintained and prioritised. However the current arrangements for the recording of fire drills and fire evacuation
required review to ensure learning from these drills was identified and used to drive improvements in this area.

Regulation 10: Communication difficulties

Residents with diagnosed communication needs were supported in a dementia specific area within the centre. This facility was decorated to take account of residents' communication needs, with the effective use of colour and texture to distinguish between different areas and facilities in the centre. There was a focus on engaging residents in a holistic manner with supportive care plans designed to achieve this. Staff were seen to engage with residents in a manner that promoted residents' autonomy and choice. There was evidence of staff engaging with specialist support to ensure resident's needs were met. This was enhanced by staff training which focused specifically on supporting residents with communication needs.

Judgment: Compliant

Regulation 12: Personal possessions

Storage arrangements in resident’s bedrooms provided residents with sufficient space to store and retrieve their personal belongings easily. All bedrooms contained a lockable facility for residents to use. Where appropriate, residents were able to keep control of their own social entitlements and finances or with support of their family members where this was required.

There was a system in place for the management of residents' laundry, which ensured that residents received their own clothes back from the laundry without delay. Residents confirmed with the inspector that they were happy with these arrangements.

Judgment: Compliant

Regulation 17: Premises
Residents' accommodation was provided on the ground and first floors with all bedrooms providing en-suite facilities. The majority of the resident's bedrooms were single capacity with only one double bedroom being shared. Resident bedrooms were large enough for residents to store their personal belongings, including any equipment that they were using. Resident bedrooms contained thermostats which allowed residents to regulate the temperature of their bedrooms.

There were communal facilities located throughout the centre for residents to meet their friends or family in private. The dining facilities were large enough for residents to enjoy the dining experience with appropriate seating and lighting to enhance this experience. A large oratory was located on the ground floor and was available for religious use.

The layout of the premises met the requirements of the residents, with corridors linking facilities within the centre providing sufficient space for residents to walk around the centre independently or with their mobility aids.

The centre was decorated to a high standard with fixtures and fittings well maintained. The centre was clean and comfortable with sufficient lighting and ventilation throughout.

There were also opportunities for residents to access a secure garden facility from the ground floor sitting room.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed the lunchtime dining experience in which there was good communication and coordination between the staff supervising the meal service. This resulted in residents who required support with eating and drinking being provided with this support in a timely manner. It was observed that residents were offered a choice of meal and residents with specific dietary requirements were also catered for.

It was evident that residents enjoyed the dining experience as many were observed in conversation with their dining partners. Residents told the inspector that they liked the food provided and said that staff would provide an alternative meal if they did not like what was on the menu. A number of residents informed the inspector that they liked having their breakfast in their rooms.

Residents told the inspector that they were also able to access food and drink outside of mealtimes. In cases where residents had specific dietary or nutritional requirements, then access to a dietitian or speech and language therapist was arranged through a referral to these services.
### Regulation 28: Fire precautions

There were a number of arrangements in place to ensure residents were protected from the risk of fire. There were service level agreements in place with outside contractors to maintain the fire monitoring system in the centre. Records seen indicated that the fire alarm system was tested in January 2019, while fire extinguishers were last checked in December 2019.

Staff at the centre carried out a number of daily and weekly checks to maintain and support the integrity of the centre's fire safety measures. These checks included checking the fire panel and fire exits on a daily basis, with fire doors subject to weekly checks. There was clear fire signage displayed throughout the centre directing to the nearest fire exits while each floor contained a fire map of that floor.

All staff were provided with fire training on a regular basis which was carried out by the centre's service manager. This training incorporated a mixture of fire drills and on-site evacuations. Evidence seen, confirmed that the centre was carrying out fire drills at regular intervals; however, the information captured in these drills did not assure the inspector that the drills were effective in maintaining resident safety in the event of a fire. The inspector discussed this with the service manager and outlined the steps required to ensure fire drills are effective in the future.

### Regulation 29: Medicines and pharmaceutical services

There were robust arrangements in place to manage the ordering, storage, issuing and return of medication in the centre. There was a medication policy in place that outlined these arrangements and was based on national guidance issued by the Pharmaceutical Society of Ireland. Medication records were well maintained with clear evidence of residents' medication being reviewed on a regular basis, and consistent with the centre's medication policy. There was evidence of good communication between the centre and the prescribing pharmacist, with records indicating that regular checks and audits were in place to maintain effective medication management. Staff training records confirmed that nursing staff had
Residents that were prescribed medication on an as and when required basis (also known as PRN). The required general practitioner (GP) signature was in place for all those records seen. There were effective arrangements in place to ensure that MDA’s or controlled medication were monitored and secured appropriately. The temperature of medication fridges were recorded on a daily basis, resident creams and ointments were seen to display resident details and the dates the medication was opened. Medications, when opened, had an expiry date and in addition there were specific guidelines with regard to the temperature medications were required to be stored.

Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
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<tbody>
<tr>
<td>The inspector found that there were a range of health and social care services in place to meet the needs of the residents living in the centre. All residents had an assessment of their needs carried out before being admitted to the centre. This information allowed the centre to create care plans that were focused on resident’s individual needs and assisted in identifying interventions to meet those needs. Care plans were well written and easy to follow. Care records seen were resident focused with resident preferences incorporated into these plans. Where residents were unable to be involved in the care planning process, there was evidence seen that families were consulted and informed of the contents of the care plans. Care plans were reviewed on a regular basis with amendments to care plans clearly documented in the care records.</td>
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<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 6: Health care</th>
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<td>The healthcare needs of the residents were met through a range of services arranged by the centre. Arrangements were in place for a GP to attend the centre on a Monday to Friday basis with out-of-hours support arranged through Dublin doctor. There was access to a number of ancillary healthcare services such as dieticians and speech and language therapy (SALT), to provide support with residents nutrition and hydration needs. Access to tissue viability nursing (TVN) was also in place, this service provides support and guidance to manage any cases of wound care</td>
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identified in the centre. Currently, referrals for occupational therapy physiotherapy input were made to community services. Resident records indicated that referrals were made to these services. Care plans seen were amended according to the advice issued by health specialists.

Access to other primary healthcare services such as opticians and chiropody was provided by services visiting the centre. There was also evidence that residents were referred to the Health Service Executive (HSE) in order to access the national screening programmes for breast, bowel, cervical and diabetic retina checks ups. The centre regularly monitored the quality of healthcare services provided through the use of nursing metrics and healthcare audits. Information collected focused on areas such as resident falls, medication management, resident nutrition and hydration needs with a view to improving resident health and wellbeing.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to respect residents' rights in terms of choice and autonomy during the inspection. Staff were seen to take into account residents' communication needs and communicated with residents in a manner that gave them time and space to respond. It was clear that staff were aware of residents' needs through the quality of the interaction between them. There was a well-planned activity programme in place to meet the diverse needs of the residents. The inspector observed a music session in the dining room which was well attended by residents. Residents were seen to enjoy this activity and were encouraged to engage by the staff present. Residents who wished to pursue their own activities were also supported by activity personnel who provided material and support to these residents. Residents' views were sourced through resident forum meetings, where residents were asked to give their views on the quality of the service provided.

Notice boards were well maintained with up-to-date information on display for the residents and families to view. Details of independent advocacy were displayed on notice boards throughout the centre.

Residents were supported to exercise their voting rights. The centre ensured that residents were on the electoral register.

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:

<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>Registration Regulation 4: Application for registration or renewal of registration</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 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>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 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</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 28: Fire precautions</td>
<td>Substantially 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 9: Residents' rights</td>
<td>Compliant</td>
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</tbody>
</table>
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 28: Fire precautions</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

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

Training
1. All new staff are provided with Fire safety training at induction and yearly thereafter.
2. All staff working in the NH will continue to attend fire drills/evacuation, at least once every 6 months.
3. All new staff will be required to attend a fire drill during their orientation period.

Fire Equipment
1. St. Patrick’s Service Manager will continue to ensure all fire prevention equipment is serviced as per service level agreements.
2. Nursing staff will continue to check Fire detection equipment and Fire Emergency Exit doors daily as required.
3. Weekly fire doors and fire panel check will be continued as per policy.

Personal Emergency Evacuation Plan
This is put in place for every resident on admission and reviewed to reflect current resident’s needs on an ongoing basis.
All resident’s beds are equipped with an evacuation sheet.

FIRE DRILLS
1. The PIC is responsible for ensuring that all staff attend fire drill at least once every 6 months or as needed, these shall include:
   • Practical fire alarm drill
   • Practical fire assembly drill
   • Practical evacuation drill
   • Unannounced fire drills
   • An assimilated fire drill done with night-time staff levels to take into account different staffing levels as compared to day-time.

These fire drills will be done to cover all sections and shifts, to ensure full compliance with Regulation 28.
2. The PIC is responsible for the record keeping of all fire prevention activities and
general maintenance of the fire book.

STEPS IN PLACE TO ENSURE EFFECTIVE FIRE DRILL AND DOCUMENTATION

1. A new fire drill form has been designed to capture all relevant information as per copy attached to comply with Regulation 28: Fire precautions.
2. The PIC will conduct fire drills and evacuation starting with the largest compartment and progressing to a full evacuation, evaluating the following:
   • All resident’s responses to the fire drill, including actual times taken towards assisting them.
   • Staff and visitors responses.
   • Overall time taken during the drill
   • Outcomes and recommendations. (what worked well? And what didn’t work so well?)
   • What are our learning outcomes for the future drills/evacuations?
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 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>Substantially Compliant</td>
<td>Yellow</td>
<td>20/03/2020</td>
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