

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Santa Sabina House
Centre ID:	OSV-0000159
Centre address:	Navan Road, Cabra, Dublin 7.
Telephone number:	01 868 2666
Email address:	lesley.costello@santasabinahouse.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Congregation of Dominican Sisters
Provider Nominee:	Lesley Costello
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 September 2017 10:00 To: 27 September 2017 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration.

The Inspector was satisfied that the residents received a good quality service that was person centered and reflected their needs. There was a good level of compliance with the regulations inspected from the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013.

During the inspection the inspector met with residents, observed practice in the centre, and spoke with staff and the management team. They also reviewed a range of documentation including resident's records, medication records, and the organisation's policies and procedures.

Residents spoken with were positive about the routines in the centre, and being able to practice their religion through daily prayers and reading of mass. There was a range of social activities for residents to engage in within the centre, for example art, gardening, and singing. The centre also had a vehicle which was used for trips out to

local places of interest, concerns and events. Residents who spoke with the staff felt they enjoyed the range of options open to them.

Staff were seen to know the needs of residents well, and had relevant experience to carry out their role. Supervision of staff practice and overview of the quality of the service was carried out by the person in charge and provider representative. They had systems in place such as regular discussions about risk and safety, and regular audit of practice in the centre. These systems provided assurance that the centre was meeting the needs of the residents and operating within the regulatory framework.

Three areas for improvement were identified in relation to infection control practices, safe fire practice in relation to bedroom doors, and gaining a fully employment history of staff including an explanation for any gaps. This is discussed further in the body of the report and the action required is included in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose met the requirements of the regulations. It accurately described the service that was provided in the centre and the facilities available. It had been reviewed in August 2017.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were effective systems to ensure the service provided was safe, appropriately resourced, and met the needs of the residents.

There was a clearly defined management structure in the centre. The provider nominee was based in the centre, as was the person in charge. The lead of the pastoral care

team was based in the centre who was able to advocate on behalf of the residents if they wished.

The provider nominee reported to the Board every two months, and minutes showed that they covered topics relevant to the effective running of the centre such as resources, staffing and residents' needs. A Board member met with the inspector during the inspection and confirmed they were satisfied with the arrangements in place and felt assured that the system in place was providing assurance that the centre was being run effectively for the residents.

The provider nominee had set up a range of meetings to oversee the running of the centre including the risk management committee, health and safety committee and an operations management group. Through a review of the minutes of these meetings the inspector got an overview of the issues being managed in the centre, and a clear focus on ensuring positive outcomes for the residents.

The meetings reviewed the findings of audits carried out in the centre, for example medication, use of restraint, infection control, meals and mealtime, falls prevention and clinical documentation. Where audits identified an area for improvement there was a clear action plan developed with a clear task, named person, and clarification it had been achieved. The inspector found improvements had been achieved, for example improvement to choices at meal times following feedback from residents and through the mealtime audit.

An annual report was available that reviewed the main areas of practice in the centre for the last year, and an improvement plan for the coming year. Improvements noted in the report included a plan to increase the levels of activity outdoors for residents and training for staff and improvements to the premises.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre is managed by a suitably qualified and experienced manager in the area of health and social care. She was engaged in the governance and operational management of the centre, and provided oversight of the day to day running of the

centre.

There was a clinical nurse manager available to deputise in the absence of the person in charge.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcomes was not reviewed in full.

A recruitment policy in line with the requirements of the regulations was implemented in practice and a review of a sample of staff recruitment files found that all were complete with the exception of full employment history for two staff. The provider and person in charge explained usually if there were gaps in employment it would be clarified at interview and recorded, however in the two examples seen this practice could not be seen. The files checked had Garda Síochána (police) vetting in place. The person in charge verbally confirmed all staff had a Garda vetting in place, and would not commence employment without it. The inspector confirmed that up to date registration numbers were in place for nursing staff.

Judgment:

Substantially Compliant

***Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that measures were in place to safeguard and protect residents from abuse, that there were systems in place to promote a positive approach to responsive behaviour, and the management of restrictive practices were in line with the national policy.

There was a policy and procedure in place for the prevention, detection and response to abuse that was comprehensive and would guide staff practice. Staff spoken with were clear of the different types of abuse set out in the policy and explained how they would respond if they witnessed abuse or had it reported to them. The training records confirmed all staff had completed training, or were booked on a course if they were newly appointed to work in the centre. There had been no allegations of abuse but the senior management team were clear on the actions they would take.

There was policy 'Caring for residents with challenging behaviour'. It was clearly written to guide the practice of the staff and gave clear definitions including for behavioural and psychological symptoms of dementia (BPSD). Staff were seen to be familiar with the needs of the residents and knew how to support them. At the time of the inspection no residents had responsive or challenging behaviour but staff spoken with were clear of the policy and how to approach care planning.

Inspector's also reviewed the policies for the use of restraint. It reflected the guidance 'towards a restraint free environment'. At the time of the inspection bed rails were only in use for one resident and no other types of restrictive practice were being used. There was a process in place where a type of restriction was being considered. It included a review of a multidisciplinary team who clarified what other measures had been trialled prior to the recommendation being made, a regular review of any restrictions in place, and confirmation of the residents consent where possible.

In relation to finances, the Prioress for the centre was a pension agent for residents. The person who managed finances was not available on the day of inspection, however the provider nominee reported that monies were reported to be paid in to a resident account, and any fees for the service were then taken out. Residents were admitted with a small amount of money and it was reported that there were clear records for any deposits or withdrawals with the signature of two to validate the entry.

Residents who spoke with the inspector said they felt safe and well supported in the centre by kind and caring staff and volunteers.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in the centre. However improvement was required in relation to some areas of infection control practice and a review was required in relation to the bedroom doors being partially open.

There was an up to date health and safety statement in place. There was also a range of health and safety policies to ensure the safety of residents, staff and visitors to the centre. This included an emergency plan that covered fire, flooding, loss of electricity and what plans were to be followed if the residents could not occupy the centre. The policies were monitored in practice and regular health and safety meetings were held to review if any actions were required in the centre.

The risk management policy set out clearly the process being followed in the centre, and included the topics listed in the regulation. The risk register was seen to follow the policy setting out the risk identification procedure, the actions taken to reduce the risk and the reassessment outcome. The risk register was monitored as part of the Risk management committee, and was seen to be a live document supporting the governance and management in the centre including allocation of resources.

There was an infection control policy in place. There were arrangements in the centre to ensure good infection control measures such as having personal protective equipment, and sanitizing hand wash available through the centre. However two areas required improvement. The waste disposal arrangement for continence wear bins were not sealed as designed, and the safe disposal of sharps as box was noted not to be sealed and the room it was in was not always locked.

Records reviewed on inspection showed that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. This included fire extinguishers and emergency lighting. There were weekly and monthly checks carried out by staff which included checking that all the fire doors were releasing on the alarm sounding. The inspector saw that there was adequate means of escape and fire exits were unobstructed. However one area in relation to fire safety required review. The bedroom doors were designed with a main door and a narrow panel that could be opened if a bed or wide wheelchair needed to pass through. During the inspection it was noted in a number of rooms the main door closed and to leave the narrow panel open

while the main part of the door was shut. In the event of a fire, while the main door had a closer on it to ensure it remained shut the narrow panel would not automatically close and so the door would not provide protection from fire or smoke unless someone was able to close it. While the fire policy did state staff should close doors, the practice requires review to ensure effective arrangements are in place in the centre. It was also noted, and pointed out to the person in charge, that some fire doors were not fully closing automatically and required review.

Staff spoken with were clear on what to do in the event of the fire alarm sounding. They described the process of receiving orders, and what action to take. They stated that due to the drills they carried out they would be confident about what to do if it were required.

Records reviewed showed that fire drills were practiced regularly, with three having been completed in 2017 using different scenarios to support staff to practice their skills, including a night time drill, and including residents with their consent. Records of these fire drills included those in attendance, times and any issues identified which required improvement.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were written operational policies relating to the ordering prescribing, storing and administration of medicines to residents.

The inspector reviewed the audits that had been completed by the pharmacist in January and May 2017. A further audit was also carried out on the day of the inspection. The audit findings were positive and identified only a small number of improvement, and records showed that they had been completed.

A review of residents medication records showed that prescriptions were clearly recorded setting out the medication, dose, and administration times. Where medication was 'as required' (PRN) the maximum dose in 24hours was clearly stated.

A number of medication errors had been reported through the incident management process. These mostly related to incorrectly signing on medication administration sheets.

The person in charge explained that where there were a number of incidents, nursing staff were required to complete the medication management course again, and would have their practice observed and be signed off as competent to ensure standards were being met. The person in charge reported a reduction in the errors and the inspector noted errors were paperwork based rather than linked to incorrect administration. The inspector observed nurses administering medication and found it to be in line with national guidance.

Information was available in resident's rooms advising them of the process if they chose to use their own pharmacist rather than the one organised by the centre. At the time of the inspection no one had chosen to do this.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of evidence based nursing care and appropriate medical and allied healthcare. The approach followed in the centre was person centred and focused on the needs of each individual.

Residents' needs were being assessed prior to admission covering their current needs and any medical history to ensure the service was appropriate before a place was offered. On admission a detailed assessment was completed and care plans were put in place to set out how the residents' identified needs were going to be met. This included clinical and social needs.

The inspector reviewed a selection of care plans that covered need such as being at risk of falls or pressure areas, diabetes, dementia and nutritional needs. All care plans were found to provide a clear description of the residents need and how they were to be met. They were also written in a way that described the resident's likes, dislikes, routines and preferences for care and support. The also included information on what to do if the resident's needs changed or intervention was not effective.

Each care plan was reviewed every four months or sooner if required. Residents or their advocates were involved and signed a hard copy of the document to show their agreement and consent to the treatment. It was noted where residents' were identified as requiring additional support or supervision it was recorded to make it clear the least amount of limitation should be placed on the resident, for example where residents were at risk of falls but enjoyed mobilising around the centre, the approach was to observe and maintain skills of the resident as much as possible.

A range of nursing tools were used to assess residents and identify if there were any changes in their presentation, for example in relation to cognitive ability, nutritional needs, and risks relating to falls. These were repeated four monthly or more frequently as required.

Records showed that where medical treatment was needed it was provided. The general practitioner visited the centre on a regular basis, and if resident had more pressing need the on call doctor could be called, or there was access to local emergency departments. There were also a range of healthcare professionals linked with the centre to assess residents needs and recommend action where required. For example a dietician, occupational therapist, physiotherapist or occupational therapist. Evidence was seen that where resident's needs changed referrals were made to the appropriate service. For example when a resident was not able to swallow effectively a referral was made to the speech and language therapist who attended the centre, assessed the resident's needs, and a new care plan was drawn up with the revised advice that had been provided.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when residents returned to the centre, for example from hospital, there was a clear summary of the residents needs and guidance on any interventions needed.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The location, design and layout of the centre was suitable for the residents and met their collective needs in a comfortable and homely way.

The centre was seen to be well maintained, clean and well decorated on the day of inspection. Ventilation and heating was seen to ensure the comfort of residents.

There was adequate sitting, recreational and dining space as well as residents' private accommodation. There was a chapel in the centre that was easily accessible for those attending the services. Corridors were spacious and provided handrails on either side to support resident with mobility needs. There was a selection of seating areas. One was large and had a range of comfortable seating, and views outside over one of the gardens. There were other smaller rooms around the centre used for reading or quiet activities, there was also an activities room decorated with the art work of the residents. There were gardens off a number of the sitting rooms, some were used for planting fruits and vegetables. They all had seating available and one had been designed to be accessible for those with mobility needs including ramp access and handrails.

There were 36 single en suite bedrooms and two double en-suites rooms that were only occupied by one resident at the time of the inspection. The bedrooms reviewed were seen to be spacious with furniture and equipment to meet the needs of residents. Each room had a comfortable chair, and a TV. There was a nurse call system available in the bedroom and in the en suite, and grab rails in bath, shower and toilet areas. Each bedroom also had a lockable storage area.

As the centre was provided over two levels there was a lift and a chair lift available. There was suitable storage provided in the centre for equipment. There were sluice facilities appropriate to the needs of the centre.

There was a kitchen on the premises that had suitable and sufficient cooking facilities, and storage for fresh, frozen and food being prepared.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were appropriate numbers of staff with the relevant skills to meet the needs of the residents living in the centre.

The inspector spoke with residents, reviewed records and observed practice and found that residents' needs were being met in a timely way. The roster was available in planned and actual format and reflected the staff on duty. There was ongoing recruitment taking place to cover vacant posts, and as much as possible the staff team covered any extra shifts required. There was occasional use of agency staff but this was kept to a minimum.

All staff had either completed fire safety and safeguarding training, or were booked on to a course in the weeks following the inspection. There were a range of courses provided to staff to ensure they had the relevant skills to meet the needs of the residents in the centre. This included moving and handling, infection control, nutritional training, pressure ulcer prevention, and responding to responsive behaviour.

The provider nominee, person in charge and clinical nurse manager all provided oversight of the practice in the centre. Day to day supervision was carried out by the person in charge or CNM. Annual appraisals were carried out for staff, and there was ongoing review in relation to adherence to the centres policies and procedures, for example medication management.

For volunteers working in the centre there was a Garda vetting check and a document setting out their roles and responsibilities.

Residents who spoke with the inspector were positive about the staff working in the centre, and very appreciative of the volunteers who regularly visited the centre and spend time with individuals and also joining prayers and mass.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Santa Sabina House
Centre ID:	OSV-0000159
Date of inspection:	27/09/2017
Date of response:	24/10/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Two examples were seen where there were unexplained gaps in the employment history for staff employed in the centre.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the Chief Inspector.

Please state the actions you have taken or are planning to take:

With immediate effect, all interview notes will incorporate a detail of unexplained gaps in work history. All interview panels will be made aware of this requirement, and this request has been detailed now as part of the interview questionnaire documentation.

Proposed Timescale: 18/10/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Procedures around the disposal of continence wear and sharps required improvement to be in line with expected infection control standards.

2. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

Two new Sanganic Bins were purchased and circulated for use. All Sanganic bins have lids and a notice regarding the importance of lid closure. The sharps box has been removed from the treatment room, and a notice has been put up on the door to "Keep door locked at all times".

Proposed Timescale: 23/10/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Doors in the centre required review to ensure they would provide effective containment of fire if required.

3. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

A full maintenance review of all bedroom doors was undertaken and completed by 23/10/17, and all bedroom doors are now fully functioning to ensure effective

containment of fire.

Communication has also been issued to staff regarding the narrow panel door and the importance of keeping this closed at all times. Regular checks will be on-going by the Person in Charge and General Manager.

Proposed Timescale: 23/10/2017