



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

Issued by the Chief Inspector

Name of designated centre:	Saint Louis Nursing Home
Name of provider:	Yvonne Maher
Address of centre:	1-2 Clonmore, Ballymullen, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	21 June 2023
Centre ID:	OSV-0000289
Fieldwork ID:	MON-0040504

About the designated centre

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

St. Louis Nursing Home is a two-storey premises based in the town of Tralee and close to amenities such as shops, restaurants, and a library. While it is a two-storey building, all resident accommodation is on the ground floor. The centre provides 24-hour nursing and social care to 25 residents, both male and female, who are predominantly over the age of 65 years. The centre offers long and short-term care, respite and convalescence care. Bedroom accommodation comprises 15 single bedrooms and five twin bedrooms. Three of the single bedrooms are en suite with shower, toilet and wash hand basin. The aim of the nursing home, as set out in the statement of purpose, is to provide a high standard of professional care to residents in a safe and homely environment, while preserving and promoting independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 June 2023	10:25hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

There was a warm and welcoming atmosphere in Saint Louis Nursing Home which was apparent to the inspector on arrival. Residents told the inspector that both the management and staff were approachable and were available to meet with them daily, should they have any concerns or requests. The inspector met with the majority of residents during the inspection and spoke with seven residents in detail, about their lived experience of the centre.

The inspector was met by owner of the centre on arrival at the centre. Following a meeting with the assistant director of nursing, the inspector was guided on a tour of the premises. Saint Louis Nursing Home provides care for both male and female adults, with a range of dependencies and needs. The centre is situated in the town of Tralee, in County Kerry, and is registered to accommodate 25 residents. There were 24 residents living in the centre on the day of this inspection. It a two story facility, with residents accommodation all located on the ground floor and staff facilities and storage located on the first and second floor. The inspector noted that the exterior of the centre had been painted a sage green since the previous inspection and was much better maintained.

Bedroom accommodation comprises of 15 single and 5 twin bedrooms. Three single bedrooms have en-suite facilities, and the remainder of the bedrooms have shared toilets and showers. The inspector observed the centre was clean throughout, however, some actions were required pertaining to infection control which are detailed under regulation 27.

The inspector saw that internally the provider had carried out some redecoration of the day room, some corridors and some bedrooms, since the last inspection of the centre. Residents expressed their satisfaction with the works completed in the day room, telling the inspector it had a more homely and comfortable feel. However, the inspector observed that work was not complete and some further upgrades were required such as paintwork and repairs, which will be further discussed under regulation 17. The laundry service for residents was provided on-site. The laundry area was seen to be visibly clean and the inspector observed the a new system had been put in place to segregate clothes and reduce the risk of cross infection in this area, since the previous inspection. However, some flooring in the laundry required replacement or repair as it was cracked and could not be effectively cleaned.

The inspector spent time observing care delivery and staff interactions with residents throughout the day. Resident and staff interactions were observed to be respectful and kind at all times. It was evident that staff knew residents well and were familiar with residents' daily routines and preferences for care and support. Staff spoken with were passionate about their work and told the inspector they enjoyed caring for the residents in the centre and getting to know them. On the day of the inspection, the inspector observed staff engaging in positive interactions, laughing and joking with them. Communal areas were supervised at all times and

call bells were observed to be attended to in a timely manner.

Staff supported residents to select their clothing and maintain their individual style and appearance. Residents told the inspector that they were familiar with the staff and this made them feel safe and comfortable in their care. The care provided to residents was observed to be unhurried and personalised. Throughout the day, residents were observed to be engaged in various activities including music, hand massage, and games that encouraged light exercise. The inspector observed that the activities coordinator knew residents personal abilities and preferences well. One resident was being facilitated to knit and another was assisting staff with small tasks. Residents told the inspector that they enjoyed a variety of activities and some residents told the inspector they loved chatting with staff.

The inspector had the opportunity to meet with two visitors during the day. One told the inspector they enjoyed coming to the centre as there was a lovely atmosphere and stated they were very happy with the care their family member received. The inspector also had the opportunity to meet with a volunteer who attended the centre two to three days per week. They discussed their role which involved spending time with residents, doing activities and they reported they loved everyday they spent in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This one day unannounced risk inspection was carried out to follow up on the actions taken by the provider to address issues of non-compliance found on the previous inspection of January 2023. Overall, findings were that the provider had taken action with regards the premises, staff training, infection control, records and in the provision of a social programme for residents. Notwithstanding those positive actions, this inspection found that improved monitoring of fire safety and further work to the premises was required, which will be detailed under the relevant regulations.

Saint Louis Nursing Home is owned and operated by Yvonne Maher, a sole trader, who is the registered provider. She works full-time and has a strong presence in the centre. Within the centre, from a clinical perspective care is directed through a suitably qualified person in charge, who works in a management and supervisory capacity. They are supported in their role by an assistant director of nursing and a team of nurses, health care assistants, domestic, activities and administrative staff. The management structure was clearly defined and identified lines of authority and accountability.

The centre maintained its staffing resources in line with the statement of purpose and this was monitored in line with the resident's assessed dependency level and care needs. There was a registered nurse on duty at all times, supported by the person in charge and a team of healthcare assistants. Since the last inspection, staff allocated to activities for residents had been revised and resourced, which had a positive impact on the quality of life for residents. Significant improvements were noted in the provision and monitoring of staff training by management. Mandatory training was up to date for all staff.

The inspector reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. However, as found on the previous inspection some residents records were not stored securely within the centre, which is detailed under regulation 24. Incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Management systems were in place to monitor the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits and monitoring of weekly quality of care indicators such as the incidence of pressure wounds, restrictive practices and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement and develop improvement action plans, with regards to clinical care. However, improved oversight and monitoring of fire precautions was required, as detailed under regulation 23 and 28.

Regulation 15: Staffing

The number and skill mix of staff on duty was appropriate, for the number of residents living in the centre. Staff were knowledgeable and demonstrated competence in their work. Rosters showed that there was a qualified nurse on duty in the designated centre at all times, as required by the regulations. Improvements were noted with regards to the allocation of staff to activities since the previous inspection, which impacted on residents quality of life.

Judgment: Compliant

Regulation 16: Training and staff development

Significant improvement were noted in staff training since the previous inspection. Staff had good access to training and all staff were up to date in their mandatory training requirements. Staff were supervised in their work and received regular feedback from management, regarding their performance.

Judgment: Compliant

Regulation 21: Records

As found on the previous inspection records with regard to the daily care provided to residents, were not always maintained in a manner that was safe and secure. For example; daily records and private information with regards to residents medical care were maintained inside the front door of the centre, on open shelving.

Judgment: Substantially compliant

Regulation 23: Governance and management

The following management systems required strengthening and action, to ensure the service provided is safe, consistent and effectively monitored:

- fire precautions within the centre, which were found not to be robust on the day of this inspection, as detailed under regulation 28.
- further maintenance and upgrades to the premises, to ensure it met the individual and collective needs of the residents, as detailed under regulation 17.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a Statement of purpose relating to the centre and it was found to contain the information set out in Schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer working in the centre. They had their roles and responsibilities set out in writing and had a vetting disclosure in accordance with the National Vetting Bureau (Children's and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

This inspection found that improvements in the quality and safety of the service were evident by the provider's actions to improve the physical environment, infection prevention and control practices, and the provision of activities for residents. Residents gave positive feedback with regards to their environment and activities available to them. However, further action was required to ensure compliance with regard to fire safety, infection control and to ensure the physical environment of the premises, met the individual and collective needs of the residents.

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities to individual residents. A sample of residents' assessments and care plan records were reviewed. It was evident that residents physical, psychological and social care needs were comprehensively assessed on admission to the centre, using validated assessment tools. The outcome of these assessments informed the development of care plans that provided good guidance to staff on the appropriate delivery of care to the residents.

Residents had access to medical and healthcare services. Systems were in place for residents to access the expertise of health and social care professionals such as speech and language therapists, physiotherapy, chiropody, dietitian, and tissue viability services. Residents were facilitated to attend out patient appointments and national screening. There was evidence of good medication management practices within the centre, which included input from the pharmacist.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices, such as bedrails and staff monitored

residents safety when bedrails were in use.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. While some actions had progressed since the previous inspection with regards to new fire doors, a number of further areas required to be addressed, to ensure resident safety in the event of a fire. These are detailed under regulation 28: fire precautions.

Residents rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Residents were facilitated to attend day care services and advocates were available. Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. There were opportunities for residents to participate in meaningful social engagement and activities.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 17: Premises

The inspector found that further action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example;

- a window in a communal bathroom was observed to be broken and could not be open.
- call bells in communal bathrooms were not functioning, to allow residents to call staff if they required assistance.
- one wardrobe door was observed to be broken.
- skylights in the centre were stained and therefore did not allow sufficient light in.
- there were holes in some bedrooms walls where fixtures had been removed.
- a door handle in one bedroom was observed to be broken.
- the flooring in the laundry required repair as there were tiles missing.
- some walls in the staff changing room required plastering and painting.

Judgment: Substantially compliant

Regulation 20: Information for residents

A comprehensive residents guide was available for residents and it contained all information, as required by the regulations.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control in community settings published by the authority. This was evidenced by:

- grab rails in one bathroom were rusted, therefore, effective cleaning could not be assured.
- mouth care trays for residents use were routinely left exposed in bedrooms, which would increase the risk of cross contamination.
- the sinks in the centre did not comply with the recommended specification for clinical hand washing.
- the sink on the corridor was observed to have a stained back splash. This area was not sealed appropriately, therefore, effective cleaning could not be assured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Significant action was required by the registered provider to ensure full compliance with fire precautions in the centre. This was evidenced by:

- some fire doors did not close completely when released and this may compromised the function of the doors, in containing the spread of smoke and fire, in the event of a fire emergency.
- the inspector reviewed a sample of personal emergency evacuation plans (PEEPS). They were updated yearly and changing needs of residents, with regards their mobility status was not always reflected in these documents. Some PEEPS also identified hoist transfer as the night time evacuation strategy, however, this had not been incorporated into fire evacuation drills.
- fire drills were not used to ascertain whether or not staffing levels at night were adequate to ensure that all residents in a compartment could be evacuated in a timely manner. Drills were required to ensure staff had the

competence and training the evacuate a compartment with minimal staffing levels, which was two at night.

- the procedures to be followed in the event of a fire on display were small and difficult to read. They also did not clearly indicate evacuation procedures and closest means of escape.
- there were not records available of weekly fire checks taking place in the centre.
- although staff training had taken place, some staff were not clear with regards to horizontal evacuation and documentation indicated residents were to be evacuated externally, as opposed to horizontal evacuation.
- an office upstairs did not have a smoke detector fitted.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed on the day of inspection were personalised and updated regularly and following a change in residents assessed care needs. There was sufficient information to guide staff in the provision of health and social care to residents based on their individual needs and preferences. Care plans detailed the interventions in place to support residents and manage identified risks such as the risk of malnutrition, impaired skin integrity and falls.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the recommendations of health and social care professionals were acted upon, which resulted in good outcomes for residents. Residents had access to general practitioners, geriatrician and psychiatry of later life specialists. Services such as speech and language therapy and dietetics were

available when required. There was a low incidence of pressure ulcer development within the centre and wound care practices were in line with best practice.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who experienced responsive behaviours were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. A restraint free environment was supported in the centre and there were three resident using bedrails in the centre on the day of inspection. Staff training had been provided for all staff in responsive behaviors since the previous inspection.

Judgment: Compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and knew staff by name. They were complimentary about the care staff provided to them. Staff training in relation to the detection, prevention and response to abuse was in date for all staff. The centre did not act as a pension agent for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents has the opportunity to to be consulted about and participate in the organisation of the designated centre by participating in residents meetings. The provider had facilities for residents occupation and recreation and opportunities to participate in activities, in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Newspapers and Internet facilities were available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Saint Louis Nursing Home OSV-0000289

Inspection ID: MON-0040504

Date of inspection: 21/06/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: We will ensure all storage of records are secure. All Staff have been sent a memo to remind them of the correct storage procedure for resident’s files.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We will ensure the quality and safety of care delivered to residents is monitored on an ongoing basis, to ensure the service is safe, consistent and effectively monitored The Quality Improvement Meeting (QIM) is essential to assist with achieving suitable fire safety standards in our nursing home and in the maintenance of a staff culture of fire safety. When problems arise in the fire management system, they are identified by a Corrective Action Request (CAR), raised at the Quality Improvement Meeting and Corrective/Preventative Action decided upon and followed up by the designated person. The following management standards will be achieved within our home in respect of and reviewed as necessary but at least annually by the Quality Improvement Meeting (QIM).	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The window lock in a communal bathroom has been repaired. • An audit has taken place of all call bells , and those not functioning have been fixed or replaced . • The wardrobe door in question has now been repaired. • Skylights have been cleaned. And are to be replaced . • The holes in the bedrooms walls have been filled and painted but this is an ongoing issue as pictures etc are constantly been moved as per residents wishes . • Door handle has been fixed. • Flooring in the laundry to be replaced • Walls in the staff changing room will be replastered and painted as we are awaiting repairs to be completed . 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We will ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority are implemented by staff.</p> <ul style="list-style-type: none"> • grab rails replaced in the bathroom in question . • Staff reminded not to leave mouth care trays for residents exposed in bedrooms. <p>The sinks will be brought up to the required specification when next replaced.</p> <ul style="list-style-type: none"> • the sink on the corridor has been thouraghy cleaned and resealed , this will be replaced to the required specification on a rollout basis 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All fire doors checked to ensure they are working properly.</p> <p>All peeps reviewed to include residents mobility status and a description of the staff assistance they will need, including the number and skills of staff for both daytime and night-time evacuation the method of evacuation (wheelchair, walking aids, ski sheets or</p>	

other evacuation aids) for both daytime and night-time evacuation.

A daytime and night-time fire drill has taken place

New signage has replaced the old signage showing the procedures to be followed in the event of a fire and it now indicates evacuation procedures and the closest means of escape.

Fire checks now take place daily , weekly and monthly and recorded .

All staff have had refresher fire training on the different types of evacuation, and procedure to be followed should a residents clothing catch fire , we are a non smoking facility and therefore have also minimised this risk .

Smoke detector now fitted in office.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/07/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/08/2023

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	31/07/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should	Not Compliant	Orange	31/07/2023

	the clothes of a resident catch fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	31/07/2023