



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area B
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	28 July 2021
Centre ID:	OSV-0004085
Fieldwork ID:	MON-0028942

About the designated centre

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

This centre comprises of three houses in close proximity to each other on the outskirts of a large town with easy access to local amenities. It provides services to residents with moderate to severe intellectual disability. Five residents live in one house, three in another and both of these provide full time seven day a week support to residents. In the third house two residents live there on alternate weeks so there is only ever one individual in the house at a time, this is a part-time residential home with 1:1 staff support when residents are present. The centre strives to promote positive community awareness through daily presence and participation in the local community.

Two houses are single storey and the other is a two storey house with only one bedroom downstairs. The bathrooms in each of these 3 houses are also suitable to support residents with impaired mobility. The aim of the provider is to provide a welcoming, safe and supportive environment that people can regard as home. Residents are supported by a team of social care workers and in one house also care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 28 July 2021	10:30hrs to 17:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID 19 pandemic. As such the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with residents, staff and management over the course of this inspection.

This designated centre comprises three houses located in close proximity to each other on the outskirts of a large town. The inspector visited each house and met with the seven residents who were present over the course of the day. In the first house, the inspector was greeted by two of the residents who told the inspector about a party they were attending the next day. They performed dances and songs which the residents enjoyed. Both of these residents showed the inspector their smart watches and were seen to march up and down the hall and proudly showed the inspector their step count. Another resident was in their bedroom having a cup of tea and making a jigsaw. The resident greeted the inspector and spoke with them briefly. This resident appeared content and was observed singing with staff later in the morning. Another resident was singing karaoke. Two of the residents went out to get their hair done and returned later in the morning while another did exercises with staff support. The fifth resident was at their individualised day service. The inspector observed there to be a sense of fun in the house, with staff and residents enjoying each others company, laughing and dancing together. Interactions were noted to be respectful and warm. All of the residents reported that they were happy in their house and they liked the staff helping them. The residents in this house were very active and involved in the local community prior to the pandemic. Staff had worked hard to do activities in the house when some of these activities had ceased, including painting a mural on the back wall together. The inspector saw photographs of residents engage in a number of activities over the course of the past year. There was a gazebo set up outside the house in order to facilitate outdoor visits with family. Activities such as visits to the hairdresser and beauty salon were recommencing along with family visits which residents were happy with.

The inspector briefly visited the second house. The resident greeted the inspector and showed them their bedroom. The resident showed the inspector a chart with their goals on it and spoke about how they were progressing with it. The resident had been shopping with staff that morning. The resident told the inspector about a recent fundraising event they had done for a charity. This resident said that they liked living in their home and appeared content and well cared for.

In the third house, the inspector met with two of the residents. The third resident was at home with family. On arrival, both residents were sitting watching television. They greeted the inspector and told them they liked living in the house. They spoke about different places they liked to visit with staff. One of them said that they really liked living there and that the staff were great. At the back of the house was a potting shed and some raised planters. Staff reported that the residents had

particularly enjoyed going out in the garden and doing some painting and planting during the course of the pandemic.

Residents were actively involved in the running of their homes such as menu planning, shopping for the household and planning their daily routine. Weekly residents meetings took place and there was a clear agenda for these meetings and minutes were viewed by the inspector. The person in charge reviewed these minutes to ensure actions were carried out. One of the residents participated in the regional advocacy group. Some of the residents also attended a tenancy association within the organisation.

In summary, from what residents communicated and what the inspector observed, it was evident that this was a well managed centre which was delivering very good standard of care and support to the residents living there. Residents were enjoying a good quality of life, notwithstanding the challenges posed by COVID-19 and they were well supported by the staff team. All of the residents who the inspector met were well presented and appeared well cared for. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there were clear systems and processes in place to promote the quality and safety of the service provided to residents. Good provider level oversight of the quality and safety of care was provided through annual reviews and six monthly reviews in line with the regulations. The annual review included the voices and views of residents and their families. This indicated that residents and families were generally happy with the care which they received. Actions identified were clearly documented and completed within identified time frames.

The centre was managed by a suitably qualified person who had a good knowledge of each of the residents and their assessed needs. The person in charge had responsibility for the day-to-day running of the three houses which make up the centre. The person in charge reported to the Area Director who in turn reported to the Regional Director. Emergency governance arrangements were in place and clearly documented for staff when the person in charge was absent or off-duty.

At centre level, the person in charge had effective management systems in place to provide day to day oversight of the three houses. Daily notes for each resident were viewed on an online system by the person in charge each day and to ensure effective oversight of residents' care and support needs. The person in charge had delegated local audits to staff and reviewed these regularly. A key working system was in place.

There was an appropriate number of staff and a suitable skill mix to meet the assessed needs of the residents in each house in the centre. Rosters showed that where relief staff were required, regular staff were used who were familiar with the residents and their support needs. However, improvements were required in staff training and supervision. Some staff required refresher training in fire safety and first aid, both of which were essential in managing identified risks in the centre. Supervision sessions had not taken place in line with the provider's policy. The person in charge had a schedule of supervision sessions for the remainder of the year in order to address this.

In summary, the high levels of compliance found on this inspection were reflective of good systems of governance and management and demonstrate the providers capacity and capability to provide a quality and safe service for the residents living in the centre.

Regulation 14: Persons in charge

The post of person in charge was full-time and the post holder had the required qualifications, skills and experience necessary to manage the centre. The person in charge had effective management systems in place to ensure oversight of the houses. They were very knowledgeable about the residents and their needs and had a resident focused approach to the management of this centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had a sufficient number of staff and an appropriate skill mix on duty each day to ensure residents received good quality care in line with their assessed needs and expressed preferences. Each house had their own staff team which operated independently of one another. Planned and actual rosters were well maintained and indicated that where required, regular relief staff were used by the provider in order to provide continuity of care. Staff who the inspector spoke to reported that they felt there were enough staff to meet the residents' assessed needs. In all three houses, staff were observed to be knowledgeable about the residents needs and interacted in a respectful manner with the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix. The person in charge reported that the provider had been unable to access some training sessions during the pandemic, in particular those which required face-to-face sessions. There was an organisational risk assessment in place relating to staff not being able to access or complete relevant training. The person in charge reported that the provider was actively looking at trying to source more online options for staff.

All staff in the centre had completed mandatory training in safeguarding, hand hygiene and manual handling. However, a number of staff required refresher training in fire safety. Additionally, there were a number of staff in one house who required an update in first aid. This was required to manage the risk of choking for residents presenting with feeding, eating, drinking and swallowing difficulties.

Arrangements were in place to ensure staff were supervised and supported in their roles. The person in charge met with the Community Services Manager once a week and formally every four to six weeks. A sample of staff supervision meeting records was viewed. These indicated that a number of staff members had not accessed supervision with the person in charge within the time frame specified in their supervision policy for 2021. There was a schedule of supervision sessions in place on the day of the inspection and this had commenced.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had clearly identified management structures in place to ensure that a safe and quality service was being delivered to the residents. The provider had carried out annual reviews and six monthly visits of each house. The annual review involved consultation with residents and their families, both of whom reported they were happy with the service. Actions on both the annual review and the six monthly review were clearly identified and documented. On the day of the inspection, actions were completed within identified timelines and signed off by the person in charge and their manager. The provider had clearly documented emergency governance arrangements in place for when the person in charge was off-duty and these were circulated to staff every two weeks.

At centre level, the person in charge had good management systems in place to ensure day-to-day oversight of the running of the centre. The person in charge reviewed each residents online notes on a daily basis. They delegated duties to carry out audits within each house to assigned staff and reviewed this on a regular basis with the team.

Arrangements were in place to ensure staff were supervised and supported in their roles. However, as previously stated, this required improvement. The person in charge met with the Area Director once a week and formally every four to six weeks. Management meetings occurred every two weeks. Staff meetings occurred

once a month. These were carried out separately in each house and were resident focused.

The provider had clear lines of reporting relating to specific aspects of residents' care to enable information sharing with relevant committees. This was important to ensure effective oversight and to promote best practice in areas such as health and safety, risk management, fire safety and restrictive practices.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a Statement of Purpose which contained all of the information required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications indicated that the provider had submitted all notifications to the Chief Inspector within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place with clear procedures for staff to follow upon receipt of a complaint. The inspector reviewed the complaints log in each of the houses. The complaints log was reviewed by the person in charge on a monthly basis. There were no open complaints on the day of the inspection. However, it was evident that a resident had been supported by staff to make a complaint. The provider had responded to this quickly and worked with the resident to resolve the issue by setting up an individualised hub for their day service. Residents were able to tell the inspector who they would talk to if they were not happy about something.

Judgment: Compliant

Quality and safety

Residents in this centre were found to be living in a centre which was striving to provide them with a good quality of life. As stated above, the centre demonstrated person-centredness in all aspects of care, documentation and interactions throughout the inspection.

Resident welfare and development was very well provided for in this centre. Each resident had a clear and updated person centred support plan in place and the person in charge and staff team had gone to great effort over the pandemic to support the residents in difficult circumstances.

Some residents presented with changing healthcare needs and it was evident that they were being supported to enjoy the best possible health. Residents had access to a range of health and social care professionals and there was evidence of input into care plans by these professionals as appropriate. All of the residents care needs were reviewed at least annually and all care plans were in place and up to date.

Residents were found to be safe and well protected in this centre. Inspectors reviewed the provider's policies and procedures on safeguarding and found that they were in place, up to date and clearly understood by staff. Staff were able to speak with inspectors about the different types of abuse, how they would report, record and manage allegations/disclosures. Inspectors found evidence of this being implemented in practice which demonstrated the provider and staff teams' commitment to the safety of residents being the paramount consideration at all times. Residents told the inspectors they felt safe in this centre and presented as being very well cared for.

The centre had a safety statement, risk management policy in place which were up to date. Inspectors found a robust approach to risk management was evident at provider, centre and individual levels with risks such as fire safety, resident aspiration/choking and falls identified, assessed and managed appropriately.

Inspectors found that the registered provider had safe and appropriate systems in place for fire safety management. Monitoring and detection systems were in place and serviced regularly. Fire fighting equipment, extinguishers, fire containment measures and emergency lighting systems were all found to be in place. However, improvements on fire drills was required in one of the houses.

The provider had appropriate systems and practices in place for infection prevention and control. The centre was clean and well maintained. Adequate facilities for hand hygiene disposal of clinical waste including sharps and laundry was observed. Personal protective equipment (PPE) was worn by staff in all of the houses. Staff were noted to remind residents of the need for social distancing during the inspection. A contingency plan was in place in the event a staff member or resident developed COVID-19.

In summary, management and staff in this centre were working hard to ensure that residents continued to experience a good quality of life in difficult circumstances caused by the COVID-19 pandemic. Residents were found to be enjoying a good quality of life and they were very well supported by a professional and caring staff team.

Regulation 17: Premises

The inspector visited all three houses. Each house was clean and warm. Two of the houses were single storey houses and accessible. The third house is a two storey house which has one bedroom and bathroom downstairs. There was a step from the kitchen area down into a narrow corridor and the person in charge had identified this as a potential barrier to physical access should any residents' physical needs change. This was under review.

All of the residents which the inspector met with showed the inspector their bedrooms. These were tastefully decorated in line with their preferences and interests. There were family photographs along with photos of significant life events in each room. In one house, the computer used by staff to access the provider's online record system was in the sitting room. However, this had been discussed and documented in the house as a potential issue. Both staff and residents reported that the residents wanted it to remain in place in order for residents to access the Internet.

All of the houses had access to lovely gardens which were accessible to residents. The provider had built gazebos in each garden to facilitate outdoor visits from family and friends.

Each house had a maintenance log which documented items requiring repair, requests for same and dates when these were completed. One of the houses required maintenance such as painting, repair of walls and the ceiling of a bathroom. This work had been approved by the provider and residents had chosen colours for their bedrooms. However, this had not yet commenced due to COVID-19 and two of the residents health status which precluded visitors in the home. Documentation was viewed by the inspector regarding this issue.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had a safety statement, risk management policy and very clear centre specific risk management procedures in practice. The inspector viewed the incident and accident log in two of the houses. There were clearly identified learning outcomes and actions following on from any incidents / accidents and these were

discussed at staff meetings. There were clear systems in place for the assessment, management and ongoing review of risk. The risk register had risk assessments carried out at provider, centre and individual level which were colour coded and regularly reviewed. The provider's risk management policy contained required information as per Schedule 5 of the regulations.

Inspectors spoke with staff about identified risks in the centre and how these risks were being managed. Staff were clear regarding the main risks for both individuals and the centre and could outline the control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had good systems in place to prevent and manage infection in the centre, particularly in relation to COVID-19. There was an up to date infection control policy in place. There were adequate facilities for hand hygiene with use of PPE observed across all three houses. Temperature logs for staff and residents were kept on a daily basis and there were risk assessments in place in relation to COVID-19 for residents and staff.

There were cleaning schedules in place with a focus on frequently touched surfaces. Staff were observed to remind residents of the need for social distancing during the inspection. All up to date information relating to COVID-19 and restrictions were available to staff to ensure best practice. There were appropriate measures in place for the disposal of clinical waste and sharps.

The provider had clear contingency plans in place in the event that a resident or a staff member developed COVID-19. There was an isolation unit available to residents if it was required.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment which was serviced as required. There were fire containment and detection systems in place. There was a maintenance log kept which was up to date and all equipment was tested regularly. There was clear guidance for staff on what to do in the event of an emergency. A number of staff required refresher training in fire safety. In one of the houses, residents were able to tell the inspector what they have to do in the event of a fire.

Each resident had a personal emergency evacuation plan in place. Fire drills

occurred on a monthly basis. These were signed off by the person in charge and sent to the provider. Clear learning was identified from each drill. Fire drills in two of the houses were carried out day and night and in a timely fashion. However, in one of the houses, there was insufficient evidence available to the inspector in relation to night time drills and the ability to safely evacuate the premises with the minimal staffing complement.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector viewed a sample of residents' personal plans in two of the houses. There was a clear system of documentation in order to identify and assess residents' needs and corresponding care plans were in place and regularly reviewed. It was evident throughout the day that this was a person-centred service which ensured that the residents' voices and support needs informed their individualised care.

Residents had annual visioning meetings where their annual and long term goals were discussed. Key workers carried out monthly reviews of person centred plans and worked in partnership with the residents. The inspector viewed photographic evidence of residents doing a variety of activities during the pandemic, which they appear to have enjoyed. One of the residents showed the inspector their goals and spoke about how they were working towards them.

Judgment: Compliant

Regulation 6: Health care

Residents in this centre were supported to enjoy best possible health. All residents had access to a local GP and a range of health and social care professionals such as Speech and Language Therapy, Physiotherapy, Occupational Therapy and Dietetics. Some of the residents presented with changing and complex healthcare needs. All of the residents' healthcare needs were clearly identified in their healthcare plans with appropriate follow up. All appointments attended by residents were documented clearly.

Where required, there was an online documentation relating to observations of blood pressure and weights. These were filled out on the provider's online system and regularly reviewed by the person in charge. Residents had access to National Screening Programmes such as Breast Check and were supported to avail of these programmes with their consent. All of the residents had been supported to consent

to and receive their vaccines for COVID-19.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected. These included policies safeguarding, health and safety and risk management. The inspector spoke with two members of staff, both of whom were knowledgeable about types of abuse and where they would report their concerns. Residents who the inspector met appeared well cared for and comfortable in the presence of staff. Two of them were able to tell the inspector they felt safe and what they would do if they were worried about anything. The inspector viewed the safeguarding log and found that the provider had managed all allegations of abuse appropriately in line with National Guidelines.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area B OSV-0004085

Inspection ID: MON-0028942

Date of inspection: 28/07/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The provider is committed to ensuring all staff have appropriate levels of training and staff development.</p> <p>The Person in Charge has ensured the staff whose fire training had lapsed have completed this training and this was completed by 6th August 2021.</p> <p>A training plan is in place to ensure that all staff complete mandatory and relevant trainings. Continued monitoring of training matrix by Person in Charge to ensure no mandatory training for staff is completed within relevant timeframes.</p> <p>First Aid Training schedule has been developed by registered provider in cooperation with Muiriosa Education and Training Department. Training will commence in September 2021. An interim measure to mitigate the identified risk has been the scheduling of CPR Training for 8 staff on 3rd September 2021. Further dates are planned for October 2021.</p> <p>As noted on the day of inspection a supervision schedule is in place following a leave of absence by the Person in Charge. Proposed date for completion is 30th September 2021.</p> <p>Local Protocol has been developed by Area Director and Local Managers outlining procedures in place to ensure staff will undertake formal supervision in the absence of Person in Charge for a period of 28 days or more. Completed and implemented on 6th August 2021</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge has ensured the staff whose fire training had lapsed have completed this training since the inspection. This was completed by 6th August 2021.</p> <p>Night time fire drills will continue to only be conducted with one staff and the Person in Charge and provider nominee will ensure this practice is monitored ongoing on a monthly basis.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2021
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting	Not Compliant	Orange	06/08/2021

	equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	06/08/2021