



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

Issued by the Chief Inspector

Name of designated centre:	Newbrook Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Ballymahon Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	03 March 2022
Centre ID:	OSV-0005702
Fieldwork ID:	MON-0034004

About the designated centre

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

Newbrook Nursing Home is registered to accommodate 119 residents. It consists of two separate buildings, a single storey and a two story building known as Newbrook 1 and Newbrook Lodge respectively. It is located in a residential area, within a few minutes drive from the town of Mullingar. Both buildings are surrounded by spacious landscaped gardens and there are secure courtyard garden spaces attached to each building that residents can use safely. One of the courtyards was set out in a traditional shopping streetscape design to provide interest for residents. Residents are accommodated in single and double rooms.

The centre provides care to residents over the age of 18 who have care needs related to aging, dementia, intellectual disability, physical disability and acquired brain injury. Care is provided on a long and short term basis and residents who require periods of convalescence, palliative care or rehabilitation are accommodated.

The aims of the centre as described in the statement of purpose is to provide a high standard of evidenced based care and to ensure that residents live in a comfortable, clean and safe environment that they can consider a "home away from home".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	111
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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
Thursday 3 March 2022	10:00hrs to 19:30hrs	Leanne Crowe	Lead
Thursday 3 March 2022	10:00hrs to 19:30hrs	Michael Dunne	Support

What residents told us and what inspectors observed

Overall, the feedback from residents living in Newbrook Nursing Home was very positive. Residents who expressed a view said that they were happy regarding the care they received from the staff team. They described staff as kind, caring, helpful and felt that they responded well to any requests from residents. Interactions between staff and residents seen during the inspection were based on mutual respect, with residents supported in an unhurried manner. Where residents required additional time to communicate their needs, there were sufficient numbers of staff available to facilitate this. Residents seemed at ease as they spent their time in the various communal rooms, the outdoor areas or in their bedrooms.

On arrival to the designated centre, inspectors were met by staff who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature and symptom checking, were completed prior to inspectors accessing the centre. This procedure was also implemented for all visitors to the centre.

On the day of the inspection, the centre was clean and bright and both buildings were decorated in a homely and comfortable manner throughout. All rooms were spacious and contained plenty of furniture that were suitable for residents' needs. There were ongoing plans to upgrade areas of the nursing home at the time of the inspection. For example, large couches were being purchased for a lobby area on the first floor and a bright and colourful mural was being painted to complement a sensory activity that residents engaged in. It was evident that residents were encouraged to bring items from home to personalise their rooms, as many rooms contained unique furniture and ornaments. Some residents had also chosen the paint colour of their bedroom.

Overall the premises was laid out to meet the resident's needs in most areas however the inspectors noted that the assisted bathroom with toilet located close to the communal area had recently been converted to a housekeeping store room. This meant that residents whose bedrooms were not in this locality did not have access to a toilet nearby when they were using the communal areas.

Outdoor areas were accessible to residents and contained appropriate seating and shaded areas. The outside spaces were colourful and nicely landscaped. One of these spaces overlooked the local canal which meant that residents could observe and interact with passers-by who walked along the canal path.

Inspectors found that residents were supported to make individual choices as to how they wanted to live their lives and how they wanted to spend their day. Residents told inspectors that they were supported to engage in hobbies that they enjoyed, such as shopping, gardening or repairing clocks.

The majority of residents reported that there were ample opportunities for social engagement which included a range of group and individual activities. The centre

had access to wheelchair accessible transport that was used for the weekly outings which the residents chose. Residents enthusiastically described how they used these outings to go for lunch, visit areas of historical interest or to go on a boat trip. residents confirmed that activities had continued during the COVID-19 pandemic, with games such as bingo taking place in corridors so residents could safely participate whilst maintaining social distance in their bedrooms. On the day of the inspection inspectors observed a number of group activities during the inspection and found that residents were supported to engage in these in line with their preferences and abilities.

Inspectors observed residents moving around the centre throughout the day, either independently or with assistance from staff. All residents seen were smartly dressed and were wearing appropriate footwear.

Visiting was observed throughout the day, with the majority of visitors meeting with residents in their bedrooms. Visitors who expressed an opinion told inspectors that they were happy with the arrangements in place to maintain resident safety and that they received regular communication from the registered provider regarding visiting arrangements.

Residents were mostly complimentary about the food and of the choice of food available to them. The dining room environments in both buildings were calm and relaxed and provided for a pleasurable dining experience. Staff were observed offering choices of different dishes and additional portions of food to residents. Where some residents required assistance with their eating and drinking inspectors observed that staff were aware of residents' needs and were familiar with the type of support they required. Staff were observed to provide this support in a patient and friendly manner, by chatting with residents and seeking feedback from residents throughout the meal. Drinks and snacks were served throughout the day and could be requested at any time.

Conversations with residents throughout the day confirmed that they were happy with the medical and social care support provided by the centre. One residents said "Staff give me my medication a few times a day, I would not be able to remember to take it". There was evidence of regular medical and specialist support available for residents including support from the local pharmacist.

A number of residents informed inspectors that staff treated them with respect and listened to them when they had an issue or concern. They agreed any issues that they raised were appropriately addressed.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety headings.

Capacity and capability

This inspection was a one day unannounced risk-based inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, the inspectors found that Newbrook Nursing Home was a well-governed service that had effective management systems in place to ensure the delivery of high-quality care to residents. A number of quality improvement initiatives were underway at the time of the inspection and the registered provider demonstrated a proactive approach to identifying and addressing issues in order to improve the service.

However non-compliances were found in relation to infection prevention and control, staff training and fire precautions. These are discussed under the relevant regulations. Furthermore, the registered provider had recently converted an assisted bathroom with toilet into a housekeeping store room. This had reduced the bathroom and toilet facilities available to residents and breached the designated centre's registration conditions. A revised plan to meet the requirements of the registration conditions while also providing appropriate assisted toilets/bathrooms and adequate storage facilities was submitted to the chief inspector following the inspection.

The registered provider for Newbrook Nursing Home is Newbrook Nursing Home Unlimited Company. The person representing the registered provider entity is Chief Executive Officer of the company. There was a clearly defined management structure in place that identified the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The person in charge was supported in their role by an assistant director of nursing (ADON), two clinical nursing managers (CNMs) and a team of nurses, healthcare assistants, activity, administration, maintenance, domestic and catering staff.

There were regular management meetings, as well as monthly meetings with all staff groups. The management team regularly collated information on key areas of care for monitoring purposes. There was a programme of auditing in place, which assessed all aspects of the service. While the majority of audits that had been completed were of good quality and had an accompanying action plan this was not consistent.

Records showed that the annual review for 2021 had been completed and feedback from residents had been incorporated into the quality improvement plan.

Staffing levels on the day of the inspection were sufficient to meet the needs of residents accommodated in the centre. Recruitment was ongoing to ensure that staffing levels were maintained in line with those set out in the centre's statement of purpose. A training plan was in place for 2022 and staff who spoke with inspectors stated that they had access to training that supported them in carrying out their role. However, a review of training records showed that some staff were not up to date update in training for moving and handling practices, fire safety and safeguarding.

While the contracts of care met the requirements of the regulations, the wording was complex and not easily understood and as such was not in line with the

guidelines published by the Competition and Consumer Protection Commission (CCPC).

Regulation 15: Staffing

There were sufficient staff on duty to meet the assessed needs of residents. Staff files contained all of the information required by Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

While the majority of staff had received up-to-date training in areas required by the regulations, 33 staff required updated training in moving and handling practices or safeguarding.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A review of the directory of resident's records confirmed that the registered provider maintained these records in line with paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Overall the programme of auditing was of a good quality, however this was not consistent as evidenced by:

- the most recent call bell audit completed in February 2022 did not demonstrate satisfactory response times but this had not been addressed or re-evaluated
- falls audits were completed on a monthly basis however the information was not sufficiently analysed to identify any patterns or trends in order to identify any additional measures to reduce the risk of falls.

In addition the registered provider failed to notify the Chief Inspector that they had changed the purpose of an assisted bathroom in the designated centre and as a result the provider was in breach of their conditions of registration for the designated centre. This also meant that the premises did not provide the facilities described in the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts reviewed had set out the terms and conditions of the service and the fees to be paid. They contained details of the accommodation provided and were signed by the resident and/or their representative.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints' policy in place and records indicated that complaints were managed in line with the regulations.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life in this centre with arrangements in place to ensure each resident's health and social wellbeing was maintained by a high standard of nursing care and through a range of social care supports. The registered provider maintained good levels of regulatory compliance since the previous inspection. However, inspectors found gaps in infection prevention and control, premises and fire precautions. This are discussed further under the relevant regulations.

While staff spoken with were knowledgeable regarding the fire precautions in place to protect residents in the event of a fire emergency, a number of staff required updated training in fire safety. There were fire safety instructions located in key locations throughout the building, however there were no floor plans displayed setting out the fire compartments and nearest fire exit routes in each area. The

registered provider informed inspectors that they were currently considering the most appropriate style map to use.

Infection prevention and control strategies had been implemented to manage and reduce the spread of infection in the designated centre. These included implementation of transmission-based precautions for residents for example personal protective equipment (PPE) which were observed to be used in line with national guidelines and the monitoring of visitors, staff and residents for signs of Covid-19 infection. While there was evidence of good infection prevention and control practice there were examples of inappropriate storage both in the repurposed domestic storage room and in sluice rooms throughout both buildings which hampered effective cleaning of these areas. Gaps in existing practices regarding the decontamination of equipment which increased the risk of infection spread are detailed under Regulation 27.

A review of residents' care plans indicated that these documents incorporated residents' views and described how they wanted care interventions to be delivered. Care plans were person centred and clearly described the interventions needed to meet the assessed needs of the resident. They were subject to regular review and updated when required.

The provider was a pension agent for a number of residents. These payments were managed in line guidelines set out by the Department of Social Protection. There were sufficient measures in place to also manage smaller amounts of money or valuables held on behalf of residents.

Residents had access to a number of general practitioners (GP) who visited the designated centre on a weekly basis. Out-of-hours medical support was available. Residents who wished to retain their own GP on admission to the designated centre were facilitated to do so. A review of medical notes confirmed that residents' medications were reviewed at regular intervals by their GPs. There was access to allied health care professionals to promote residents' health and well-being. For example, where there were concerns relating to residents' diet or nutritional needs a timely referral was made to the dietitian. Arrangements were in place for residents who required psychiatric interventions, where this was required specific support arrangements were recorded in residents' care plans.

A restraint-free environment was promoted and residents living in the designated centre said they felt safe and secure. Visiting was in line with public health guidance and visitors were seen attending the designated centre throughout the day.

There was a variety of communal spaces for residents to use across both buildings, as well as outdoor spaces that were accessible for residents. The premises was well maintained and visibly clean. There were smoking facilities available for residents who smoked located in both buildings. There were a number of communal assisted toilets and bathrooms located around the designated centre. However the inspectors found that there were not sufficient toilet and sanitary facilities close to one of the communal areas which was frequently used by residents.

A schedule of activities were available that was varied and reflected residents' interests and capabilities. Dedicated activity staff facilitated this programme, with external service providers also carrying out music therapy, exercise, live music sessions and mass on a weekly basis. Outings took place weekly, with dedicated accessible transport available to residents to facilitate these outings. Staff had received additional training in order to provide sensory-based activities to residents, particularly those with a cognitive impairment. Records demonstrated that all residents were supported to engage in one-to-one and group activities and that room visits were carried out regularly with residents who spent a lot of time in their bedrooms. The activity co-ordinator described how recent initiatives had brought enjoyment to residents, such as hens that are now accommodated in one of the gardens.

Regulation 11: Visits

Visiting was in line with the Health Protection Surveillance Centre (HPSC) COVID-19 guidance on visits to long term residential facilities. Visiting was observed throughout the day, with the majority of visitors attending residents' room. Visitors who expressed an opinion told inspectors that they were happy with the arrangements in place to maintain resident safety and that they received regular communication from the registered provider regarding visiting arrangements.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that an assisted bathroom with toilet had been re-purposed as a domestic store room. This meant that:

- there were not sufficient accessible toilets close to a busy communal room.
- the centre's facilities were not configured in accordance with the centre's statement of purpose.

Judgment: Not compliant

Regulation 27: Infection control

The following issues were identified in relation to infection prevention and control:

- Although the designated centre had sluice rooms throughout both buildings, not all of these rooms contained bed pan washers to clean and sanitise

equipment after each use. as a result some equipment had to be transported through the centre in order to be put through a bed pan washer/sanitiser, which increased the risk of cross infection.

- The storage of commode chairs or boxes in some of the sluice rooms and a domestic store hampered access to the bedpan washer which also increased the risk of cross infection
- While dirty laundry was appropriately stored in this area in cloth bags, inspectors found that woollen laundry was stored in a plastic bag, which were not as secure
- Cleaning checklists had completed for all areas of the premises, but there were no records to evidence how frequently "high-touch" surfaces were being sanitised throughout the day. There was also no evidence to indicate that cleaning records were being reviewed to ensure they were completed appropriately.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A number of aspects of fire safety required improvement:

- Not all staff had had up-to-date training in fire safety
- Floor plans showing the fire compartments and fire exit routes from each compartment were not displayed
- The self-closing device on the fire door of a kitchenette had become detached, which had damaged the integrity of the door but also did not ensure that the door would close in the event of the fire alarm being activated. Although a replacement door had been ordered, inspectors required the provider to carry out a risk assessment and put measures in place to mitigate the risk until the new door was installed
- Records of regular fire exit checks indicated that a fault had been detected with one exit two weeks prior to the inspection, however there was no evidence that this had been escalated for repair.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of residents' care records confirmed that a pre-assessment of their needs had been carried out prior to the resident being admitted to the designated centre. Care plans were developed in a timely manner and those reviewed included residents' views on how they would like care to be provided to them.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access appropriate medical and specialist health care services. Records reviewed indicated that the medical care needs of residents were assessed and appropriate interventions and treatment plans implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge aimed to promote a restraint free environment in line with national policy. A restraint register was in place and under regular review. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show that the decision was made in consultation with the resident, their representative or multi-disciplinary teams.

Judgment: Compliant

Regulation 8: Protection

There were systems in places to safeguard residents from harm.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to numerous opportunities to pursue their interests on their own or in organised group activities. Staff were available to assist residents who required additional support to participate in activities.

Residents' rights were found to be upheld by staff and their privacy and dignity was maintained at all times.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Newbrook Nursing Home OSV-0005702

Inspection ID: MON-0034004

Date of inspection: 03/03/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Mandatory training has been provided to all staff now having been delayed due to Covid19 Outbreaks.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits are being re-evaluated to ensure that they are sufficiently analysed so that action plans can be put in place as appropriate.</p> <p>The Assisted Bathroom (opposite Gate View Room 19) will be repurposed as a store room. To facilitate the Residents' access to sanitary facilities (i.e. assisted shower) the Housekeeping Room beside Double Bedroom 18 will be converted to a shower, toilet and sink ensuite. All other bedrooms along that corridor have existing shower and toilet ensuites.</p> <p>There are two assisted toilets in the entrance area, the nearest one being 15 metres from the Gate View Sitting Room.</p> <p>Building work has commenced on ensuite facilities for Bedroom 18. An application to vary registration will be made once the building works are complete.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Assisted Bathroom (opposite Gate View Room 19) will be repurposed as a store room. To facilitate the Residents' access to sanitary facilities (i.e. assisted shower) the Housekeeping Room beside Double Bedroom 18 will be converted to a shower, toilet and sink ensuite. All other bedrooms along that corridor have existing shower and toilet ensuites.</p> <p>There are two assisted toilets in the entrance area, the nearest one being 15 metres from the Gate View Sitting Room.</p> <p>Building work has commenced on ensuite facilities for Bedroom 18. An application to vary registration will be made once the building works are complete.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Bed pan washers will be installed in the Evan's Glebe Sluice Room and both upstairs and downstairs in Newbrook Lodge.</p> <p>The storage of commodes in the Sluices has been reviewed.</p> <p>Woollen laundry is now stored in cloth bags.</p> <p>Cleaning checklists and records have been reviewed and revised as necessary.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire training is now up to date.</p> <p>Floor plans are in the process of being reviewed and will be displayed once that review is</p>	

completed.

The damaged fire door has been replaced.

The fire exit fault was escalated for repair and is now repaired.

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.	Substantially Compliant	Yellow	23/05/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2022
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.	Not Compliant	Orange	30/06/2022

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	23/05/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	23/05/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Substantially Compliant	Yellow	23/05/2022

	<p>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 the clothes of a resident catch fire.</p>			
Regulation 28(3)	<p>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.</p>	Substantially Compliant	Yellow	15/06/2022