



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	St Gabriel's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Colla Road, Schull, Cork
Type of inspection:	Announced
Date of inspection:	27 August 2024
Centre ID:	OSV-0000600
Fieldwork ID:	MON-0044203

## About the designated centre

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

St. Gabriel's Community Hospital is a 21 bedded residential care facility located on the outskirts of Schull village on well- maintained grounds with beautiful views over Schull harbour. Bedroom accommodation within the centre comprises of 17 single en suite bedrooms and two twin bedrooms. Communal accommodation includes a large sitting or recreational room with an adjacent lounge which overlooks the garden and sea. There is a decked balcony outside the lounge area with seating and a bird table. Further communal areas include a dining room with a built in kitchen area. An enclosed garden area opened off the dining room with plenty of tables, chairs, benches and plants for residents to enjoy. The service provides continuing care, respite care, palliative care, community support and long term care. It is a mixed gender facility catering for all dependency levels. Care is provided by a team of nursing, care staff, chefs, household staff, medical officers and a wider multidisciplinary team.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	20
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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
Tuesday 27 August 2024	09:20hrs to 16:45hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

Based on the observations of the inspector, and discussions with residents, staff and visitors, St. Gabriel's Community Hospital was a nice place to live, where residents' choices were supported and respected. There was a welcoming and homely atmosphere in the centre. The inspector met with many of the 20 residents and spoke with five residents in more detail, to gain an insight into their experience of living in the centre. The inspector also met with three visitors. Residents were very complimentary regarding the staff and service provided to them. A resident told the inspector that it was "top hotel class" another, that staff were "excellent".

St. Gabriel's Community Hospital is a two story designated centre, in the coastal village of Schull, in West Cork. The centre overlooks Schull harbour and has stunning sea views from some residents' bedrooms and communal rooms. Residents' accommodation is all based on the ground floor with staff facilities and offices on the first floor. The centre can accommodate 21 residents in 17 single and two twin rooms, all with en suite facilities. On the day of the inspection, there were 20 residents living in the centre.

The design and layout of the premises met the individual and communal needs of the residents. The inspector observed that bedrooms were very spacious, bright and well maintained. All had lockable storage space, and many bedrooms were decorated with residents' personal photographs, possessions and memorabilia. Some residents had furniture from their own homes in the centre, while other bedrooms had extra storage and shelving and was personalised, to meet the resident's individual needs.

There was a variety of communal and private areas observed in use by residents on the day of inspection. Communal space within the centre comprised a large sitting room, which opened onto a bright conservatory overlooking the sea; a dining room with a kitchenette and a family room. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. The centre was very clean, homely and warm throughout. Corridors displayed artwork created by residents and other pictures, which made the centre welcoming. The centre had a secure internal courtyard that was furnished with seating and raised flower beds, which was a restful space, that residents could enjoy. The centre also had a patio area surrounding the conservatory, where glass panels and two key pad security gates had been installed, so that residents could freely access it as a safe outdoor space from the centre. The centre also had a designated garden area, where a resident who enjoyed gardening had grown lettuce, carrots, potatoes, tomatoes and strawberries, that were then used by the centre's chef.

All residents whom the inspector spoke with were very complimentary of the home cooked food and meals available in the centre. Residents stated that there was always a choice of meals, and the quality of food was very good. The inspector saw picture menus displayed on each dining room table, with the choices available for

the main course and desserts for lunch. The inspector observed the lunch time meal in the dining room and saw that it was a sociable experience for residents. Music was playing during the meal and a staff member was singing along. Each table was decorated with flowers, tablecloths and had appropriate condiments. There was a choice of sauces with each course, such as apple sauce with pork and white sauce and lemon wedges served with salmon. There was a choice of textured modified diets for lunch and the inspector saw that these appeared appetising. Residents who required assistance were provided with this, in an unhurried and respectful manner.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete, to obtain their feedback on the service. In total, five relatives and four residents completed the questionnaires. Overall, residents conveyed that they were happy living in the centre, which some described as a "wonderful" or "beautiful home" and described staff as "very obliging and kind", "respectful and outstanding".

There were visitors coming and going on the day of inspection and visitors confirmed that there were no restrictions on visiting their relatives in the centre. Visitors were full of praise for staff working in the centre and the care they provided to their loved ones. The inspector spoke with some of the staff members to ascertain their experience of working in the centre. Overall, staff reported that it was a great place to work and with a great team.

Residents who spoke with the inspector gave positive feedback on their experience of living in the centre. Residents were encouraged to maintain their mobility through access to allied health care professionals, such as physiotherapy and occupational therapist services. There was a varied and flexible activities schedule over seven days of the week. Activities included word searches, arts and crafts, storytelling and reminiscence, music with arts for health, baking and sing-alongs. Mass was held in the centre once a month. The inspector saw that this schedule was displayed in residents' bedrooms. Residents outlined how they could participate in activities of their choosing.

On the day of inspection, a member of the arts for health team was working in the centre and was facilitating residents create a memory book. This book was created with artwork, pictures, sayings, songs and poems of significance to the residents' life stories. Residents' reminiscence were included in the art created. A resident, who loved to play cards, told the inspector how they had lively card sessions with other residents in the centre. A staff member was assigned as an activity co-ordinator and they led a group of residents with a lively interactive board game in the afternoon. A well known traditional singer had recently attended the centre, where residents and staff shared a lovely sing song. The centre had its own bus so that day trips and outings to local amenities could be facilitated for residents.

The inspector observed interactions with staff and residents during the inspection and saw that staff provided care in a respectful manner. It was evident that staff were aware of residents' preferences and dislikes, in relation to their appearance, and how they liked to spend their day. Residents described person-centred and compassionate care. Residents told the inspector they could choose how they spent

their day and what time to get up or go to bed. Those residents who could not communicate their needs appeared comfortable and content.

Residents' views on the running of the centre were sought through regular residents' meetings that were held in the centre. Residents views of the running of the centre were also sought through residents' surveys. Residents living in the centre had access to independent advocacy services.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This announced inspection was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector found that the governance and management arrangements, required by regulation, to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. St. Gabriel's Community Hospital was a well-managed centre, where residents were supported and facilitated to have a good quality of life.

The registered provider for St. Gabriel's Community Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a full time clinical nurse manager and a team of nursing, health care, household, catering, activity and maintenance staff. The person in charge reported to a General Manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by human resources, fire and estates and practice development. The practice development co-ordinator and the general manager attended the centre on the day of inspection.

The inspector found that there were effective communication systems in place between the provider and the onsite management team. From a review of minutes of quality and patient safety meetings, it was evident that key risks to residents were reviewed and actioned. The director of nursing attended regular meetings with the directors of nursing from the other community centres within the area. A new quality improvement initiative had been established whereby the clinical nurse managers within the Cork/ Kerry community hospitals attended a "quarterly clinical cuppa" forum. At these sessions, both external and HSE specialists provided educational updates on key aspects of practice such as wound care, antimicrobial stewardship, sepsis awareness. The clinical nurse manager shared the learnings from these sessions with staff working in the centre, through provision of reading materials and the safety pause meetings held in the centre. The practice development co-ordinator outlined to the inspector, how they were leading a project, to improve recognition of the clinically deteriorating person. As part of this

project, a respiration awareness initiative, which included providing watch fobs to nursing and care staff, to improve the accuracy of recording respiration rates was underway.

There were systems in place to monitor the service. Key quality indicators in aspects of residents' care, such as weights, antimicrobial usage and falls were being monitored by the management team. Falls were analysed to identify any trends or areas for improvement. The provider had a schedule of audits in place and audits were completed in areas such as infection prevention and control, end of life care, medication management and food and nutrition and care planning documentation. High rates of compliance with local audits was reflective of the inspector's findings on the day of inspection.

There were sufficient resources available to ensure that safe and effective care was provided to the residents. The staffing levels and skill-mix were adequate to meet the needs of the 20 residents living in the centre. There was an ongoing training schedule in place to ensure all staff had relevant and up-to-date knowledge and skills. This was monitored by the person in charge.

The inspector saw incidents were well managed in the centre and accurately recorded. The management team were correctly submitting the required notifications to the Chief Inspector, within the required time frames.

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. These were reviewed at intervals not exceeding three years, as per regulatory requirements.

The inspector found that records were stored securely. Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection.

#### Regulation 14: Persons in charge

The person in charge was full time in position. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge, regarding their role and responsibilities and residents' care needs.

Judgment: Compliant

#### Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill mix of



staff was appropriate, having regard to the assessed needs of residents and the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

From a review of training records, and from speaking with staff, it was evident to the inspector that staff working in the centre were up-to-date with mandatory training or scheduled to attend mandatory training in the weeks following the inspection. Staff working in the centre, could avail of training appropriate to their roles through a combination of in person and online training sessions. A training matrix was maintained to monitor staff attendance at training provided.

Judgment: Compliant

### Regulation 21: Records

The inspector found that records were stored securely. Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same.

The centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose.

There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. An annual review had been completed for 2023, which complied with the regulations.

Judgment: Compliant

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

A sample of contracts were reviewed. These included the services to be provided, terms and conditions, fees to be charged, and the bedroom number and occupancy of the room.

Judgment: Compliant

#### Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector was satisfied that all notifications were submitted as required by the regulations to the Chief Inspector.

Judgment: Compliant

#### Regulation 34: Complaints procedure

There was a low incidence of complaints in the centre. The complaints procedure was displayed near reception. Complaints records were examined and complaints were seen to be dealt with in a timely manner and issues were reviewed and actioned. Records were maintained in line with regulatory requirements. An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed in the centre.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations and these were kept under regular review by the person in charge in line with the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that residents living in St. Gabriel's Community Hospital were supported to have a good quality of life, where their rights and choices were promoted and respected by staff. Residents told the inspector that they felt safe and well cared for.

Residents were provided with a high standard of nursing and health care and records indicated residents had regular medical reviews. A General practitioner was on site in the centre each week day to review residents as required. Residents also had access to health and social care professionals and specialist services, such as speech and language therapy, dietetics, physiotherapy, occupational therapy and community mental health and palliative care services.

Residents' nursing and health care records were maintained in paper format. Resident's care needs were assessed through a suite of validated assessment tools to identify areas of risk specific to residents. Care plans were informed through the assessment process and developed in consultation with residents where possible.

Residents' nutritional care needs were assessed to inform the development of nutritional care plans. These care plans detailed residents' dietary requirements, monitoring of residents' weights, and residents' food preferences. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents told the inspector that they felt safe living in the centre.

A review of fire precautions in the centre found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. Fire doors appeared well maintained and there were no gaps observed. While, it was reported by staff that regular fire drills were occurring in the centre, the inspector identified that further action was required, as there were no records maintained to demonstrate the effectiveness or if any areas for improvement were identified during these drills. This is outlined under Regulation 28, Fire precautions.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents' individual needs, preferences and capacities. The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities. Resident meetings were

held and records reviewed showed good attendance from the residents. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities.

### Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in many of the communal areas. Visits to residents were not restricted.

Judgment: Compliant

### Regulation 12: Personal possessions

There were systems in place to ensure residents' clothes were laundered regularly and returned to the correct resident. The inspector saw that residents had lockable storage in their rooms to keep their valuables.

Judgment: Compliant

### Regulation 17: Premises

The premises were suitable to meet the individual and collective needs of residents in line with the centre's statement of purpose. Residents' bedroom and communal areas were well maintained to a high standard. The external patio near the main day room and conservatory had been recently enclosed with secure gates and clear barriers so that residents could easily access this area.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were well met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements. The dining experience was seen to be enjoyable and residents were very complimentary regarding the food, the choice and variety available. Pictorial menus were displayed on each table in the dining room to assist residents when choosing their meals. Residents with assessed risk of

dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

From a review of a sample of residents' records, it was evident that while transfer records, for residents admitted after an admission to acute services, was available to review, copies of transfer records, sent from the centre to acute services, were not always maintained in the centre, as required in the regulation.

Judgment: Substantially compliant

### Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulation. There were systems in place for the investigation of serious incidents.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that there were effective systems in place for the implementation of infection prevention and control standards. A nurse working in the centre was the nominated link nurse for infection control and had completed a prescribed course in infection prevention and control. The inspector saw that residents' rooms and equipment in use was visibly clean and there was a deep cleaning schedule in place for residents' bedrooms.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider was not taking adequate precautions against the risk of fire. Records of fire drills, demonstrating that the centre's largest compartment, could be evacuated

in a timely manner, when staffing levels were at their lowest, were not available to review.

Signage to indicate the use of oxygen in a resident's bedroom was not present to alert staff in the event of a fire. This was addressed on the day of inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were developed following a comprehensive assessment of residents' need and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives. A sample of care plans reviewed were found to be person centred and contained detailed information to guide the staff in the provision of health and social care to residents.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced based nursing care. Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that a GP visited the centre daily and as required. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, optician, psychiatry of later life and palliative care. Medical records reviewed included detailed notes of residents' care. Where medical or allied health care professional recommended specific interventions, nursing and care staff implemented these, as evidenced from residents' records.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to safeguard residents and protect them from the risk of abuse. Residents reported that they felt safe living in the centre. The provider was not a pension agent for any resident. Nonetheless, there were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as podiatry.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents told the inspector that they could choose what activities they liked to participate in and how to spend their day. Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in regular residents' meetings and taking part in resident surveys. Residents had access to independent advocacy services.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for St Gabriel's Community Hospital OSV-0000600

Inspection ID: MON-0044203

Date of inspection: 27/08/2024

## 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 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: Nursing management have ensured the implementation of a new transfer record which is a triplicate no carbon required document and will ensure a copy of all transfer records sent from the centre to acute services are maintained in the centre as required in the regulation.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Nursing management have facilitated training for further two Fire Marshals who have now completed their training and will support the two hospital safety representatives in ensuring that all fire drills will be carried out at suitable intervals with staff at St Gabriel's and where practicable with the residents. Records of these drills will be recorded and managed in the centre as required by the regulation.	

## 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 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	11/09/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the	Substantially Compliant	Yellow	11/09/2024

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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