



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

## Issued by the Chief Inspector

Name of designated centre:	Abbeylands Nursing Home
Name of provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Address of centre:	Carhoo, Kildorrery, Cork
Type of inspection:	Unannounced
Date of inspection:	22 January 2025
Centre ID:	OSV-0000187
Fieldwork ID:	MON-0040387

## About the designated centre

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

Abbeylands Nursing Home is a purpose-built, single storey residential centre with accommodation for 50 residents. The centre is located in a rural area of Co. Cork, close to the village of Kildorrery, on large, well maintained grounds with ample parking facilities. The centre is divided into three suites, Funchion suite accommodates 13 residents, Blackwater suite accommodates 16 residents and the designated dementia unit, Lee suite accommodates 21 residents. Bedroom accommodation comprises 16 single bedrooms and 17 twin bedrooms, all except one of which are en suite with toilet, shower and wash hand basin. The centre provides respite, convalescent, palliative and extended care for both male and female residents over the age of 18 but predominantly over the age of 65. Medical care is provided by the residents own general practitioner (GP) or the resident may choose to use the services of one of the other GPs that attend the centre.

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

Number of residents on the date of inspection:

43

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 22 January 2025	09:25hrs to 17:20hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From what the residents told the inspector, and from what the inspector observed, Abbeylands Nursing Home was a nice place to live. The overall feedback from the residents was that they enjoyed a good quality of life and were supported by staff who were kind and caring. Many of the residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed. On the day of the inspection, the inspector observed a homely, warm atmosphere, throughout the centre. Residents were well cared for by a committed and dedicated team of staff, who worked hard, to ensure the residents were supported with all their needs.

Abbeylands Nursing Home is a single storey building and is registered to accommodate 50 residents in 16 single bedrooms and 17 double bedrooms. All bedrooms have en suite shower and toilet and hand wash sink, with the exception of one single room, which had a hand wash sink only. The centre was divided into three suites namely, the Funcheon, the Blackwater and the Lee suites. The Lee Suite was designated for residents living with dementia. Overall, the centre was warm and clean throughout. Bedrooms in the centre were observed to be personalised with residents' personal possessions, photographs and memorabilia. The privacy curtains in the twin rooms had been replaced since the previous inspection and the inspector saw that there were new arm chairs and seating in the communal areas for residents' use. The inspector saw that the tops of a number of bedroom lockers were worn and one locker was broken. The top of a bedroom door was also broken; this will be discussed further in the report.

The centre had a smoking room that was observed to be in use by a number of residents during the day. This room was fitted with a call bell, a fire apron and firefighting equipment was in close proximity. The inspector saw that an ashtray was stored on a wooden chair outside the exit to the internal courtyard, indicating that residents were smoking in this area as well. This was brought to the attention of the management team on the day of inspection.

During the inspection, residents were offered drinks and snacks during the day whereby fruit, home-baked cakes and yogurts were also offered. Visitors were also offered cups of tea and cakes during their visits. The inspector observed the lunch time and evening meal and saw that it was a sociable dining experience for residents. The majority of the residents enjoyed their meals in the centre's two dining rooms. Residents who required assistance were offered this in an unhurried and respectful manner. The inspector saw that there was a choice of main course for the lunch time meal and evening meal and feedback from residents was positive, regarding the quality and choice of food available. A "special" had been introduced for the evening meal and many of the residents gave positive feedback on the chicken vol au vent that was the special on the day of inspection.

The inspector observed that interaction between residents and staff were person-centred and respectful. It was evident that staff knew residents' preferences and were seen to stop to chat with residents and assist them with walks around the centre during the day. There were two activity staff working on the day of inspection and they were observed to provide residents with one-to-one and small group activities during the day. A small group of residents were enjoying a lively game of playing cards in the main dayroom and one of the residents told the inspector that they had "great craic and fun" with the staff. In the Lee Suite, relaxing and old time music was playing on the Smart TV and one of the residents were singing along with music. On the morning of the inspection, the community vaccination team were onsite to provide booster Covid-19 vaccines to residents who required them. In the afternoon, the hairdresser was in attendance and many of the residents got their hair done in line with their preferences. They told the inspector that the hairdresser was "great" and they felt good after getting their hair done.

The inspector met with a number of visitors during the inspection who confirmed that visiting was not restrictive in the centre. A number of visitors told the inspector that it was reassuring that they could visit when they wanted. A visitor outlined how prompt communication from the care team, if there were any changes to their relative's condition was a great comfort to them and two visitors described staff as "excellent."

There was a schedule of activities available over the seven days and live music was available once a week. A local priest visited the centre weekly and mass was celebrated in the centre on Fridays. Residents' views were sought on the running of the centre through regular residents' meetings. From a review of minutes of these meetings, residents were content with the activities, food choices and care from staff.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, the findings of this inspection were that management systems and oversight of the service required action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored.

The centre was owned and operated by Abbeylands Nursing Home and Alzheimer Unit Limited who is the registered provider. The company had a board of directors, one of whom was the person representing the provider and was actively involved in the operational management of the centre. There was a full-time person in charge,

who was supported in their role by two part-time operations managers, a clinical nurse manager, nursing staff, care staff, catering and housekeeping staff. The centre also employed two activity staff, who co-ordinated the activity schedule in the centre.

There was an appropriate number and skill mix of staff available, on the day of inspection, to meet the assessed needs of the 43 residents living in the centre. The person in charge had rostered an extra carer at night in response to residents' care needs in the months, prior to the inspection. There was a minimum of two registered nurses rostered 24 hours a day, seven days a week. Recruitment was ongoing in the centre, where staff vacancies arose.

There was a schedule of mandatory training in the centre, whereby staff were supported to attend training appropriate to their role. This was provided in both online and face-to-face formats. From a review of the training matrix and speaking with staff, it was evident to the inspector that staff were up-to-date with training in fire safety, safeguarding vulnerable adults, managing challenging behaviour and infection control.

There were management systems in place to monitor the quality and safety of the service provided to residents. This included a schedule of audits and monitoring of key risks to residents such as residents' nutritional needs, skin integrity, restrictive practices, dependency levels and incidents such as falls. The person in charge held regular staff meetings to ensure effective communication between the members of the team. From a review of minutes of the management team meetings held in the centre, while actions were delegated to members of the management team, actions did not include a time bound action plan to ensure they were completed in timely manner. While there were management systems were in place, the findings of the inspection, identified that the systems in place to ensure oversight of fire precautions and infection control required action as outlined under Regulation 23 Governance and management.

From a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation. An annual review of the quality and safety of care provided to residents had been prepared and was available to the inspector on the day of inspection.

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process.

## Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 43 residents living in the centre, on the day of inspection. There was a minimum of

two registered nurses working in the centre at all times. The number of carers rostered at night had increased in response to the changing needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training in both face-to-face and online formats. Staff were appropriately supervised in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place required further strengthening, to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, in particular in relation to;

- Oversight of fire precautions as outlined under Regulation 28; Fire Precautions.
- Oversight of infection control as detailed under Regulation 27; Infection control.
- From a review of the management team minutes while actions were delegated to a nominated person, these were not time bound to ensure they were completed in a timely manner.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure



The registered provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into, and review of complaints was specified in the procedure. The procedure was displayed in the centre. A records of complaints was maintained in the centre, in line with the requirements of the regulation.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents living in Abbeylands Nursing Home were provided with a good standard of care by kind and dedicated staff, who were responsive to their needs. Residents' health and social care needs were well met, through good access to health care services and residents received person-centred care. Action was required in relation to fire precautions and infection control as outlined under the relevant regulations.

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practice and a physiotherapist was on site two days a week to provide assessments and treatment to residents. There was evidence of appropriate referral to and review by health and social care professionals where required. Each resident had a nutritional assessment completed using a validated assessment tool. Residents were weighed regularly and any weight changes were closely monitored.

The inspector reviewed a sample of records and saw that validated assessment tools were used to support the development of care plans for residents. Each resident had a care plan in place, that was developed following assessment of clinical risks to residents using validated tools.

There was a low use of restrictive practices evident in the centre and the person in charge promoted the use of alternatives such as low-low beds and sensor mats. Residents told the inspector that staff respected them in the centre. Staff were observed to speak with residents in a kind and respectful manner and to ask for consent prior to any care interventions.

The centre was laid out to meet the individual and collective needs of residents and there was a rolling programme of maintenance in the centre.

The clinical nurse manager working in the centre was assigned as the clinical lead for infection prevention and control and had completed the link nurse course as recommended in the national standards. There was evidence of good oversight and monitoring of healthcare-associated infections, such as MDROS in the centre. There was good resources available for cleaning in the centre and inspectors saw that residents' bedrooms and communal areas were visibly clean. Residents confirmed that their rooms were cleaned daily. Some action was required to ensure oversight

of the standard of equipment cleaning in the centre as outlined under Regulation 27 Infection Control.

Personal emergency evacuation plans were in place for each resident and updated four monthly or if a resident's condition changed. Fire safety training was provided to staff annually in the centre. An immediate action was issued on the day of inspection as the inspector was not assured that a fire exit door was working correctly. This was actioned by the provider. The inspector saw that records of weekly fire safety checks had gaps as did records of quarterly servicing of the fire alarm and emergency lighting in the centre. These and other findings are outlined under Regulation 28: Fire precautions.

Residents were supported to engage in group and one-to-one activities based on residents' individual needs, preferences and capacities. Residents were supported to express their feedback on the quality of the service and staff engaged with residents to ensure the service residents received was based on their preferences and choice. Meetings were held with residents and records reviewed showed a good attendance from the residents. There was evidence that residents were consulted about the quality of the service, food choices and activities.

### Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre.

Judgment: Compliant

### Regulation 17: Premises

The premises, overall met the requirements of Schedule 6 of the regulations. The inspector saw that there was an ongoing maintenance plan in place for the centre. Some furniture such as bedroom lockers require repair which made them difficult to clean as outlined and actioned under Regulation 27: Infection control.

Judgment: Compliant

### Regulation 18: Food and nutrition

The inspector saw that residents were offered a choice of courses for the lunch time meal and evening meal and many residents were complimentary regarding the

quality and variety of food provided. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents who required assistance, received it in an unhurried and respectful manner. It was evident that residents who required review by a dietitian or a speech and language therapist were referred and assessed in a timely manner.

Judgment: Compliant

### Regulation 27: Infection control

While it was evident that the provider had addressed many of the findings of the previous inspection, the inspector found that the registered provider had not ensured that some procedures were consistent with the National Standards for infection prevention and control in community services (2018). The following findings required action;

- Residents wash basins were washed in the bedpan washer. This practice increases the risk of cross contamination as bedpan washers are only validated for the reprocessing of human waste receptacles.
- Improvements were required in equipment hygiene and oversight of same as a commode stored in the sluice room was visibly unclean.
- The surfaces of a number of bedroom lockers were worn and therefore could not be effectively cleaned.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider was not taking adequate precautions against the risk of fire as evidenced by the following findings;

Under this regulation, immediate action was required on the day of this inspection by the provider to address an urgent risk;

- An emergency exit was not working correctly and required review,

The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed; as the provider contacted a contractor during the inspection and this was repaired the morning after the inspection.

- The top of a bedroom fire door was cracked; this may impact the integrity of the fire door to contain fire and smoke. An exit door while working, was damaged and required replacement, the provider assured the inspector that

this door had been ordered and was due to be replaced the week following the inspection.

- While fire drills were being completed regularly in the centre, they did not provide assurance that the largest compartment could be evacuated in a timely manner at times of minimum staffing levels. The provider was given an action with regard to same on the day of inspection and these were completed and records submitted to the inspector, following the inspection.
- Records maintained in the centre indicated that there were gaps in the weekly checking of the fire alarms in the centre.
- There were gaps in the quarterly servicing of the fire alarm and emergency lighting and while this had been carried out in October 2024, these systems had not been serviced since February 2024 before that.
- Action was required to ensure that the residents were restricted to smoking only in the designated smoking area, as the inspector saw an ashtray in use stored on a wooden chair outside the exit to the internal courtyard, this was addressed by the management team on inspection.
- Signage was missing from a resident's bedroom door to indicate that oxygen was in use in the room, this was actioned by a member of the management team on the day of inspection
- A bedroom door number was missing which may lead to difficulty in locating the room in the event of a fire; this was actioned by a member of the management team on the day of inspection.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

From a review of sample of residents' records, it was evident to the inspector that validated assessment tools were used to develop care plans and they were person centred to residents' needs. Care plans were updated at intervals not exceeding four months and when required.

Judgment: Compliant

### Regulation 6: Health care

Records reviewed showed that residents received a high standard of evidence-based nursing care and there was good oversight of residents' healthcare needs. Residents had timely access to a local general practitioner, who attended the centre on a weekly basis, and there was evidence of regular reviews. Residents were also supported with referral pathways and access to allied health and social care professionals such as a dietitian, speech and language therapist and podiatry as required. A speech and language therapist was onsite on the day of inspection

providing assessments as required to residents. A physiotherapist attended the centre two days a week.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The person in charge ensured that there was a low level of restraint in use in the centre and was working towards a restraint free environment. Where restrictive practices were in use such as bedrails, the inspector found that residents were assessed appropriately and it was used in line with national policy. There was evidence of low-low beds and crash mats in use as alternatives to restraint. Staff were up-to-date with training in responsive behaviours. The inspector observed staff providing person-centred care and support to residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents' meetings. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice. There was a schedule of activities available for residents that they could participate in accordance with their interests and capacities. Residents had access to newspapers, TV and radio. Residents who required it had access to 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Abbeylands Nursing Home OSV-0000187

Inspection ID: MON-0040387

Date of inspection: 22/01/2025

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. The emergency exit in now fully operational.</li> <li>2. The leaf of the bedroom door that was cracked is now replaced as at 11/02/25</li> <li>3. We are conducting fire drills with minimum staffing levels on a regular basis</li> <li>4. Weekly fire alarm testing happens every Monday at 4 p.m.</li> <li>5. Fire alarm testing was in fact carried out again in June but was not written up in the schedule form on public display. I attach the testing certificate for your records and information, this omission will be closely monitored and avoided in the future.</li> <li>6. Arrangements have been put in place to ensure supervision, whereby a resident chooses to smoke outside.</li> <li>7. Signage relating to oxygen therapy was put up on the day of the inspection.</li> <li>8. From now all management meetings with designated actions will be timebound and reviewed at subsequent meetings for progress and monitoring.</li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. Upon investigation, this was an isolated incident, whereby staff had placed washbasin in bedpan washer prior to disposal of same in the recycling bin. In normal circumstances wash basins are not put in the bedpan washer.</li> <li>2. Commodes stored in the sluice room were not in use for a while due to corrosion and</li> </ol>	



have since been dumped on 23/01/25  
3. We are in the process of replacing damaged bedside lockers and all will be replaced by 30th June 2025.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The emergency exit in now fully operational.
2. The leaf of the bedroom door that was cracked is now replaced as at 11/02/25
3. We are conducting fire drills with minimum staffing levels on a regular basis
4. Weekly fire alarm testing happens every Monday at 4 p.m.
5. Fire alarm testing was in fact carried out again in June but was not written up in the schedule form on public display. I attach the testing certificate for your records and information, this omission will be closely monitored and avoided in the future.
6. Arrangements have been put in place to ensure supervision, whereby a resident chooses to smoke outside.
7. Signage relating to oxygen therapy was put up on the day of the inspection.
8. Fire exit door in Lee Suite dayroom was installed and fully commissioned on 11th February

## 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 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	01/03/2025
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	30/06/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Not Compliant	Orange	11/02/2025

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	11/02/2025
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	01/03/2025
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 designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	01/03/2025