



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

Issued by the Chief Inspector

Name of designated centre:	Mount Tabor Nursing Home and Care Centre
Name of provider:	Dublin Central Mission Designated Activity Company
Address of centre:	Mount Tabor, Sandymount Green, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	07 September 2022
Centre ID:	OSV-0000071
Fieldwork ID:	MON-0037742

About the designated centre

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

Mount Tabor Care Centre is a purpose built nursing home, which was completed in 1998. It is situated in Sandymount Green on the grounds of the shared Methodist and Presbyterian church. It is in a tranquil setting, with the amenities of Sandymount village close by. The registered provider is Mount Tabor DAC and is both a limited company and a registered charity. Mount Tabor accepts residents regardless of their denominational background. The centre provides full-time nursing care and has access to the specialist services of the nearby hospitals and hospice services. Mount Tabor can accommodate 46 male and female residents, across two floors. The ground floor consists of the Gilford area, for 14 residents; and the Martello area, for 17 residents. The first floor is called Seafort, and can accommodate 15 residents. There is a pleasant central courtyard garden, and several lounges throughout the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 September 2022	08:45hrs to 18:10hrs	Niamh Moore	Lead
Wednesday 7 September 2022	08:45hrs to 18:10hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

During the inspection, there was a relaxed and calm environment within Mount Tabor Nursing Home and Care Centre. From what residents told us and from what inspectors observed, residents were happy with the care they received, reporting to feel safe and to be well supported within the centre.

When inspectors arrived at the centre, they were met by a member of staff who conducted a signing in process, ensuring hand hygiene, the wearing of a face mask and temperature checking upon entering the designated centre.

Following an introductory meeting, the inspectors did a walk around the nursing home with the person in charge. The centre is located over two storeys and set in Sandymount, Dublin 4, where residents had access to various communal rooms, a dining room, an activity room, a hairdressing room and an oratory. There was a well-maintained internal courtyard within the centre which had beautiful planting and suitable garden seating available for residents. Access to the first floor was either by a lift or stairs. During this inspection, inspectors visited some residents' bedrooms, toilets and bathing facilities, communal and dining rooms as well as ancillary rooms such as dirty utilities, cleaners' rooms, store rooms, laundry and staff areas.

The centre provides accommodation for 46 residents in 40 single and three twin bedrooms. Residents have access to en-suites. Residents were encouraged to have personal mementos, furniture, flowers and photographs in their rooms. A number of residents spoken with said that they were happy with their bedrooms.

Overall, the centre was seen to be bright, well ventilated and generally clean with a few exceptions. There was dust behind a small number of beds and hoists were seen to be unclean. There were insufficient clinical hand hygiene sinks and no hand hygiene sinks in the cleaner's rooms. While hand hygiene practice was seen to be good among staff, eight staff were seen to wear hand jewellery or nail varnish, which meant that staff could not effectively clean their hands.

The centre had an activity coordinator and activities such as music and one-to-one sessions with the chaplain were seen to take place on the day of the inspection. In addition, there were two budgies also resident in the centre referred to as Tiny and Tweety which assisted to create a homely environment.

Menus were displayed on dining room tables. Choices were seen to be offered for the main meal and while there was one option recorded on the menu for tea time, inspectors were told by staff and residents that there were additional choices available at tea time. Inspectors observed the lunch-time meal and found it was a relaxed and positive dining experience where residents were seen enjoying their meals, being assisted and supervised discreetly by staff. All residents spoken with reported positive feedback with the meals provided. Comments from some residents

included "the soup is lovely", "the food is lovely, you wouldn't get it in a five-star hotel" and "the food is very good".

Residents who spoke with inspectors said that they were happy with the standard of cleanliness of their rooms and communal areas. They said that they were kept up-to-date with changes in visiting arrangements in the centre. Residents were also complimentary of the management and staff team within the centre. One resident told inspectors that they use their call bell to alert staff and that staff come to assist them at any time. Another resident reported that staff were very kind and thoughtful. This positive feedback was also echoed in observations by inspectors where during the inspection, a number of staff members were seen to interact kindly with the residents.

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

Capacity and capability

Inspectors found that there was a clearly defined management structure in place and that residents were receiving a good standard of care. While management systems were in place, inspectors identified that action was required to ensure the service provided was safe, appropriate, consistent and effectively monitored. Some areas requiring improvement were found in governance and management which is further discussed within this report.

Dublin Central Mission Designated Activity Company is the registered provider for Mount Tabor Nursing Home and Care Centre. On the day of inspection, inspectors found that there was an established governance and management structure in place and roles and responsibilities were clearly defined within the organisation. The senior management team were seen to meet regularly which included a chief executive officer, a head of services and the person in charge. The senior management team reported to the board through meetings held quarterly.

The person in charge is supported in their role by an assistant director of care and a senior nurse. Other staff resources included staff nurses, healthcare assistants, an activity coordinator, housekeeping, maintenance, catering and administrative staff. There was a number of staffing vacancies for which the provider was actively recruiting staff. On the day of the inspection, there were sufficient staff in place to meet residents' needs.

Inspectors found that the person in charge was responsive in addressing issues found on the day of inspection. For example:

- removal of inappropriate storage in communal bathrooms

- the provision and use of cleaning cloths for each room to allow for effective cleaning
- care plans for residents with multiple drug resistant organisms (MDROs) and some medical devices such as catheters and wound care, did not give full guidance on how to prevent infection. These plans were further developed on the inspection day.

The provider's contingency plan for infection outbreaks had been updated in September 2022. The centre had experienced two outbreaks of COVID-19 since the start of the pandemic. It effected a small number of residents and staff. The centre was supported during these outbreaks by Public Health and Health Service Executive, however, the provider did not have formalised access to an infection prevention and control specialist. The person in charge was the designated infection prevention and control lead. While there was an infection control champion among the staffing cohort, they did not have protected time to perform this role.

During the inspection, inspectors had a particular focus on Regulation 27: Infection control and found that the provider had not taken all the necessary steps to ensure compliance with this regulation and the *National Standards for Infection Prevention and Control in Community Services* (2018). For example, inspectors found barriers to effective hand hygiene and gaps in supervision and oversight of safe equipment use, cleaning and decontamination practices in line with the provider's own infection control guidelines were identified during the course of this inspection. There was no provision of infection control policies to guide staff on cleaning and storage of nebulisers and the management of MDROs. This may result in ineffective infection prevention and control measures in the centre. These findings are discussed further under Regulation 27.

There was a range of management systems in place to provide oversight of the service. For example, auditing systems, regular senior management and staff meetings occurred. However, the person in charge informed inspectors that some of these management systems were being reviewed and strengthened to ensure the effective monitoring of the service. For example, new committees were due to be formed such as the clinical governance and health and safety committees. The requirement for more effective oversight was found by inspectors as there were gaps within the current management systems found by inspectors on the day of the inspection. This will be further discussed under Regulation 23: Governance and Management.

The registered provider had completed an annual review of the quality and safety of the service for 2021, which included quality improvement plans for 2022. These improvement plans included items such as upgrades to fire safety measures. A survey on residents' experience of the service was included and informed the report.

Inspectors reviewed a sample of three contracts for the provision of services. The registered provider had agreed in writing with each resident the terms and fees on which that resident shall reside in the centre.

Regulation 23: Governance and management

There were some gaps seen within management systems to ensure the service provided was effectively monitored. For example:

- While the provider had recognised that a clinical hand hygiene sink was required in the main dining room and the clinical room, the clinical hand hygiene sinks in the centre did not meet the recommended national standards. In addition, the provider did not recognise that hand hygiene sinks were required in cleaner's rooms. In records seen, they showed that plans were in progress to install a clinical hand hygiene sink in the dining room and replace flooring and cloth covered or damaged furniture in the centre.
- The oversight of the effectiveness of training required review. For example, online infection prevention and control training had been completed by all staff. However, there was an over reliance on online training resources. Face-to-face infection prevention and control training had not taken place since the beginning of the pandemic. The findings of this inspection found that further training and supervision was required on standard infection control precautions including hand hygiene, equipment and environmental hygiene practices.
- Audits tools were not sufficiently robust and required review. For example, most audits seen did not have percentage totals which meant the progress of audits was hard to track. In addition, despite audits taking place on safeguarding and restrictive practices, these audit tools did not highlight the findings identified by inspectors on the day of the inspection.
- The safety statement within the centre stated that a safety committee would meet every three months, this was not taking place, however inspectors observed records stating that this would re-commence in September 2022.
- In addition, the emergency evacuation policy included arrangements for the evacuation of the centre, however, this plan accounted for 30 residents and not the 46 residents for which the centre was registered.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts reviewed set out the terms and fees on which the resident shall reside in the centre.

Judgment: Compliant

Quality and safety

The findings of this inspection showed that the management and staff strived to provide a good quality of life for the residents living in the centre. The provider was delivering good clinical care to residents who had good access to healthcare. However, this inspection identified that action was required by the provider to respond to issues with restrictive practice, safeguarding, premises, risk management and infection control within the designated centre.

Inspectors reviewed a sample of resident records relating to assessments and care planning. A pre-assessment was carried out prior to a resident being offered a place in the centre. Comprehensive assessments were completed on admission to the centre and nursing staff then developed appropriate care plans for residents identified needs, such as mobility, nutrition, personal hygiene and skin care. Care plans were seen to be person centred and reviewed at intervals not exceeding four months. However, some improvement was required in ensuring care plans were updated outside formal reviews as a small number of care plans required updating to reflect residents' changed needs, particularly following review from healthcare professionals.

Residents had timely access to medical, health and social care professionals. Inspectors were told that most residents were registered with the same general practitioner (GP) who visited the centre one day per week. Access to specialised services such as geriatricians and psychiatry of later life were available when required through a local hospital. Residents' records showed that residents had access to services such as dietetics, speech and language therapy and tissue viability nursing. Inspectors were also told that eligible residents were facilitated to access the services of the national screening programme.

The provider had a policy on the use of restrictive procedures dated August 2021. This policy detailed the measures that would be put in place with any restrictions, such as a full risk assessment, trialling alternatives, a care plan and informed consent. Inspectors found that restrictive practice within the designated centre was not in line with national policy of the Department of Health *Towards a Restraint Free Environment in Nursing Homes* last updated on 26 October 2020. For example, from a sample of records reviewed, while bed rails and chemical restraints had been appropriately assessed with care plans in place, sensor alarms had not been viewed as restrictive. Therefore, there was no evidence that the sensor alarms had been risk assessed for safety and that the approach was the least restrictive solution to manage the risk.

Inspectors were told that the provider was not a pension agent for any residents. However, the provider held some pocket money for residents and inspectors found that the provider had good systems in place to protect residents' money. The provider had a policy on Safeguarding of Vulnerable Adults dated August 2021. Training records showed that staff were trained in relation to the detection and prevention of and responses to abuse. In addition, staff spoken with were knowledgeable on how to respond to various types of abuse that could take place and residents spoken with reported to feel safe within the centre. However,

inspectors saw evidence where a number of safeguarding allegations had not been identified or responded to in line with the policy, or reported to the Chief Inspector of Social Services. Following the inspection, assurances were received relating to the management of safeguarding allegations.

The registered provider had not ensured that all areas of the premises conformed to the matters set out in schedule 6 of the regulations. For example, some areas of the premises was seen to be kept in a poor state of repair internally as a number of areas within the designated centre such as flooring and paint work were seen to require maintenance. Other gaps identified will be further outlined under Regulation 17: Premises.

The provider had a risk management policy which was revised in May 2021. In addition to this policy, the provider had a safety statement and emergency evacuation plan. However, this policy did not include the measures and actions in place to control all of the specified risks outlined within the regulations, for example in relation to abuse. In addition, this policy did not include the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Clinical and general waste was segregated in line with national guidelines. Ample supplies of personal protective equipment (PPE) and alcohol based hand sanitisers were available in dispensers throughout the centre. Staff were knowledgeable with regard to the management of needle stick injuries and spills in the centre. There was a successful COVID-19 vaccination programme in the centre. The provider had a plan in place for this years' influenza vaccination, which would be available to residents and staff. While there was some evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

Regulation 17: Premises

The internal areas of the premises had not been kept in a good state of repair. Numerous areas of flooring and paintwork were seen to require repair which impacted negatively on the homely environment.

Emergency call facilities required review. For example, the layout of one twin bedroom meant that the call bell was not accessible from each resident's bed. In addition, one room used by residents did not have a call bell.

There was insufficient storage within the designated centre. Inappropriate storage of some damaged equipment was seen within the centre, for example in the linen store room and storage of residents' mobility aids were seen stored within some toilets and communal bathrooms.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy for the centre did not include the following as required by the regulations:

- the measures and actions in place to control the risk of abuse
- the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- local infection prevention and control guidelines did not give sufficient detail to guide staff on precautions required for the care of residents with MDROs and the effective cleaning and decontamination of equipment, such as nebulizers. This may result in transmission of a healthcare-associated infection
- the overall surveillance of antibiotic use, infections and colonisation was not routinely undertaken. This meant that the provider was unable to monitor antimicrobial use, changes in infectious agents and trends in development of antimicrobial resistance
- there were barriers to hand hygiene identified that was evidenced by there being no hand hygiene sinks available in the cleaners' rooms, clinical room and the main dining room. There was one sink used as a dual purpose for decontamination of the environment and hand hygiene in another dining room. Staff reported that they also used resident's sinks to clean their hands.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- dust control measures were not effective, there were high levels of dust seen on floors behind four beds. Inspectors were told that cleaning staff routinely used the same cloth for cleaning a number of rooms. This practice could result in ineffective cleaning and cross infection in the centre
- routine decontamination of the care environment and small items of equipment was performed using a combined detergent and disinfectant solution or 70% alcohol wipes, when there was no indication for their use.

This could result in equipment not cleaned before decontamination and damage to surfaces with prolonged use

- three out of four staff reported that hoists were cleaned twice a week. Hoists seen by inspectors were seen to be unclean and had damaged surfaces. This meant that they had not been or could not be cleaned between each use
- some surfaces did not have a smooth surface to allow for effective cleaning. For example, the walls behind the sinks in the laundry room and furniture such as a small number of chairs and tables were damaged or cloth covered. Carpets and flooring in a number of areas such as the main dining and activity room were in poor condition, they were either heavily stained, worn or damaged.

Staff did not consistently adhere to standard infection control precautions. This was evidenced by;

- staff did not demonstrate an appropriate knowledge of the provider's infection control policy with regard to the correct use of single use items such as dressings, sterile water and catheter bags (a drainage bag, is typically attached to a catheter. It is commonly used for collecting urine from the urinary bladder). This practice may result in healthcare-associated infections
- eight staff were seen to wear either hand jewellery and or nail varnish which impacted on effective hand hygiene
- inspectors were informed by five staff members that the contents of commodes or bedpans were manually decanted into the sluice or residents toilet, then manually cleaned prior to being placed in the bedpan washer for decontamination. This practice could result in environmental contamination and cross infection
- supplies used for resident care such as un-used continence wear, were stored in open packets on linen trollies and storage areas which could result in contamination of these supplies.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors found that for the sample of resident records reviewed, each resident had a care plan, based on an ongoing comprehensive assessment of their needs which was implemented and formally reviewed.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare was maintained by appropriate access to a GP, health and social care professionals and evidence-based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider failed to ensure that restraint was only used in accordance with national policy. For example, residents who had sensor alarms had no consent or assessments to evidence their use. Care records did not provide information in relation to other methods trialled prior to these restrictions being put in place or any reviews occurring to ensure the measures were appropriate.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had not fully investigated all allegations of abuse. Inspectors saw evidence where five incidents that met the definition of abuse were not managed through the safeguarding procedures and as a result, preventative measures were not put in place.

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Mount Tabor Nursing Home and Care Centre OSV-0000071

Inspection ID: MON-0037742

Date of inspection: 07/09/2022

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 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"> 1. The provider is in the process of procuring new furniture, flooring, painting, and hand hygiene sinks for the identified areas in house. 2. Infection control face to face training scheduled in November-December 2022. The centre now has combined model of training involving both online and face to face training. 3. Audits for 2022 were reviewed in October 2022, Audit outcome and action plan is now measurable and transparent. 4. Health and Safety committee in place, meeting takes place every 3 months, last meeting was on 8th September 2022. 5. Emergency policies are reviewed and updated. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The provider is in the process of procuring new furniture, flooring, painting, and hand hygiene sinks for the identified areas in house. 2. Call bell access reviewed, and actions completed post inspection 3. A designated linen storage identified and in use at present. 4. General storage is reviewed by senior management team in consultation with staff in September 2022. 5. The Centre is in the process of procuring additional storage involving external contractors. 	

6. A declutter process was completed; appropriate storage will be monitored in our weekly Health and Safety walk around.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

Senior Management team have completed a new risk management policy covering all identified issues at the inspection.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. The management have engaged with an IPC specialist to undertaken face to face training for all staff in November-December 2022.

2. PIC supports the Infection Control Champion, providing protected time to fulfill his role.

3. New Standard operating procedures for the cleaning and decontamination of medical equipment. The management have set out a deep clean weekly schedule for all equipment which includes hoists, nebulizer machine.

4. We are currently drafting new cleaning schedules and SOPs for the household department, these will be included daily, monthly, Covid, terminal cleans. Training will be based on IPC, COSHH and product knowledge. We have engaged with companies to carry out this training.

5. Household manager has an audit checklist to be completed after every deep clean.

6. Quotes are currently being sought for cleaning equipment, new trollies, flat mop system and color-coded clothes. The new equipment will link with the updated schedules and the company will supply the training for the staff.

7. The provider is in the process of procuring new furniture, flooring, painting, and hand hygiene sinks for the identified areas in house. This process was started prior to inspection. Non-compliances identified by inspectors are added in the procurement process. Eg: additional hand washing facilities and upgrade the ones in use.

8. Incontinence wears stored appropriately according to IPC guidelines.

9. Home management and senior nursing staff are carrying out daily uniform checks to ensure compliance with the IPC and uniform policies. Noncompliance to uniform policy will be addressed immediately.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

1. Use of bed sensor mat is acknowledged as a form of restraint and added it in Restraints register. Restraints policy followed in use of sensor mats which includes alternative methods, consent, assessments and care planning.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

1. All allegations are investigated, outstanding notifications are completed according to regulatory requirement. Weekly management meeting and Monthly Operational team meeting include safeguarding issues and notification to ensure all allegations are investigated, reported, and communicated in the team.
2. Toolbox talks with all staff completed to ensure everyone understands the process for reporting allegations of abuse.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2023
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to	Substantially Compliant	Yellow	30/09/2022

	control abuse.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/09/2022
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.	Not Compliant	Orange	28/02/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	14/10/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of	Substantially Compliant	Yellow	30/09/2022

	abuse.			
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