



**Health
Information
and Quality
Authority**

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 Brigid's Hospital
Name of provider:	Health Service Executive
Address of centre:	Shaen, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	06 October 2022
Centre ID:	OSV-0000531
Fieldwork ID:	MON-0034240

About the designated centre

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

St. Brigid's Hospital is a two-storey premises and provides residential care for 23 male and female residents over 18 years of age with continuing care, dementia, palliative care and respite needs. Residents' accommodation is over two floors and accessed by a mechanical lift and stairs. Both floors are of similar design. Each unit has two-day rooms, one of which is a designated dining area. There is also a second dining room on the ground floor. An oratory, hairdressing salon, sensory room and activity room is also provided for residents' use. In total, there are seven single bedrooms and eight twin bedrooms. Shared toilets and washing facilities are conveniently located off the circulating corridors on both floors. Residents have access to an enclosed garden accessible from the ground floor. Adequate parking is available at the front and side of the premises. Nursing care is provided on a 24hr basis, and the provider employs nursing staff, care staff, catering, household and administration staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 6 October 2022	08:45hrs to 16:50hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in the St Brigid's Hospital. During this inspection which took place over one day, the inspector met and spoke with a number of residents, and the overall feedback from residents was that the staff were courteous in their interactions and that the staff were most kind and helpful. Residents expressed that they were happy in the centre and were very complimentary about the care they received.

On arrival at the centre, the inspector was guided through the infection prevention and control procedures by the person in charge, who also accompanied the inspector on a walkaround of the centre. The centre was clean and generally well-maintained. The inspector observed beautiful murals and paintings related to the local area on the walls in different halls of the centre.

The centre had a lovely welcoming feel, and residents and staff appeared relaxed in their daily routines. The inspector saw that some residents were sitting in communal rooms, some were mobilising around the centre, and others were seen in their bedrooms reading their newspapers or watching television. Access to a well-maintained courtyard and balcony area was unrestricted with the doors open.

Residents had unlimited access to telephones, television, radio, newspapers and books. The residents' rooms were personalised with pictures and photographs and personal items to decorate them. Observations on twin-occupancy bedrooms confirmed that residents have access to comfortable seating beside their beds and an accessible storage space to store and access their personal items. However, some of the built-in shelving displayed resident's clothes or incontinence wear storage, which did not support resident's right to dignity and privacy. The person in charge confirmed that they had made arrangements to install doors to close the shelving.

The inspector saw that an activities coordinator and assigned staff were involved in providing activities for the residents in the centre, and there was a planned activity schedule for each day. The centre had a beautifully renovated chapel on the centre's campus, and the priest came every Tuesday to do a mass for residents.

The lunchtime dining experience of residents was observed. The food appeared appetising and well-presented. Good interactions and patience, and a kind approach were seen between staff and residents. A choice of refreshments was available to the residents throughout the day.

Residents' meetings included COVID-19 as a standing agenda item, and records showed that any changes to the residents' routines had been communicated to and discussed. The minutes of the meetings and the analysis of the satisfaction surveys confirmed that an action plan was developed following each survey and meeting

suggestion.

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 the quality and safety of the service being delivered.

Capacity and capability

Management and staff ensured that residents generally had a good quality of life in the centre. However, the management of records, contracts and notification of incidents required attention to ensure regulatory compliance in the capacity and capability section of the report. Furthermore, additional action was required by the registered provider to ensure improved management systems were implemented in relation to supporting the rights, dignity and privacy of residents, as the provider had failed to fully address a previous sub-compliance related to Regulation 9: Residents' rights.

This was an unannounced risk inspection conducted by the inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the action taken to address the findings of the previous inspection on 21 July 2021 and on notifications received by the Chief Inspector.

The Health Service Executive (HSE) is the registered provider of St Brigid's Hospital, Shaen. The person in charge worked full-time in the designated centre and was supported by clinical nurse managers and a team of nurses, carers and support staff, and is responsible for the day-to-day running of the centre.

Overall, the staffing and skill-mix on the day of the inspection were appropriate to meet the care needs of residents. Staffing on the day was in line with the centre's statement of purpose. Several staff had worked in the centre for many years and were proud to work there.

The centre had a wide range of training available for staff; however, the training matrix was not up-to-date to accurately reflect staff members' completion date of the training. The correct information about the training matrix was submitted to the Chief inspector following the inspection.

There was evidence of a comprehensive and ongoing monthly schedule of audits in the centre; for example, medication management, infection prevention and control, care plans and test your care. The inspector saw from a review of audits undertaken in the centre that action plans were developed and implemented where required. Records of management meetings showed good oversight of service with evidence of progress or completed actions in respect of audit findings, which provided a structure to drive improvement.

The annual review of the quality and safety of the service delivered to residents in 2021 was done in consultation with residents.

The inspector reviewed a sample of contracts for the provision of services between the resident and the registered provider. These were seen as not meeting the criteria set out within Regulation 24.

There was an effective complaints procedure which was displayed at the centre, and staff and residents who spoke with the inspector were aware of how to make a complaint.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection, including nursing staff who were available at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised and had access to training relevant to the service. A training schedule was in place to ensure all staff had appropriate knowledge in line with the role requirements and as per their job description.

Judgment: Compliant

Regulation 21: Records

Records, as required, set out in Schedules 2, 3 and 4, were not stored in an accessible manner as the key from one of the archive doors was missing, and the records in another room assigned for archiving documents were not in line with the GDPR guidelines and were not easily accessible.

Training records were not updated to reflect the most up-to-date data from staff training attendance.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems were found to require improvement to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The registered provider had insufficient oversight of the basement facilities within the designated centre as outlined under Regulation 17: Premises.
- Some issues in respect of residents' bathroom facilities affecting residents' rights for privacy and dignity identified at the previous inspection in January 2021 were not satisfactorily addressed.
- Management systems in place had not identified that all safeguarding incidents or restrictive practices in the centre had not been appropriately recognised and notified to the Chief Inspector.
- The inspector saw that a resident's bed was placed directly against the radiator. Some of the radiators were very warm with sharp edges and posed a risk of injury and scalding for residents. As a result, the provider had failed to identify and mitigate this risk observed by the inspector.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed four samples of contracts of care and found that additional services were provided, but the fees for such services were not outlined in the contracts of care. Additionally, the contracts did not clearly state the bedroom to be occupied and the occupancy number of the room.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained a record of all incidents that occurred in the centre; however, the inspector found that not all incidents were submitted to the Chief Inspector of Social Services. The person in charge submitted one NF06 notification retrospectively in respect of an allegation of physical abuse by a resident. This is further discussed under Regulation 8: Protection.

While quarterly notifications were submitted as required, they e required did not include details of all restrictive practices used in the centre as required by the regulations. For example, the staircase door gates, windows locks and the keypad

lock on some of the doors were not recognised as physical restrictive practices.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy in place, which set out who was responsible for reviewing any comments or complaints. Complaints were generally documented, and the complaints procedure was displayed in the foyer of the centre.

Judgment: Compliant

Quality and safety

This inspection identified that some action was required to ensure the premises, infection control, residents' rights and fire precautions arrangements within the designated centre complied with the regulations. The provider's arrangements were found to be insufficient to adequately maintain the centre's premises and effectively address the storage of equipment in the centre.

It was evident to the inspector that residents' medical and healthcare needs were being met. A general practitioner (GP) was onsite at the centre at least three days a week, and out-of-hours services were also provided.

Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' hydration and nutrition needs were assessed and regularly monitored.

Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place. The registered provider facilitated staff to attend training in the safeguarding of vulnerable persons, and all staff completed this training. However, a number of safeguarding incidents were not appropriately recognised and dealt with as per the centre's policy.

The provider acted as a pension agent for nine residents. The processes in place were in line with the Department of Social protection guidance.

The centre had measures in place to support appropriate infection prevention and control procedures. However, the oversight of storage practices did not ensure that the risk of cross-contamination was appropriately mitigated. This is further discussed

under Regulation 27.

There was a schedule of preventive maintenance for fire safety equipment. The fire alarm, emergency lighting, and fire fighting equipment had preventive maintenance service conducted at appropriate intervals. The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal emergency evacuation plans (PEEPs) were in place for each resident and easily accessible to staff. However, some aspects of the fire safety precautions in the centre required improvements as outlined under Regulation 28.

Residents had access to an independent advocacy service. There were opportunities for residents to consult with management and staff on how the centre was run. However, some improvements were required to ensure that residents may undertake personal activities in private and their rights to privacy and dignity were supported at all times.

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. There were good systems in place to ensure that residents' clothes were appropriately laundered and returned to residents.

Judgment: Compliant

Regulation 17: Premises

The following findings were not in line with Schedule 6 of the regulations:

- A number of emergency call-bells were not within the resident's reach, and some of the call-bell chords were missing. This was addressed on the day of the inspection.
- The floor covering on some parts of the floor on the first-floor corridor appeared to be unstable and sloping. This finding posed a risk to residents' safety.
- Not all areas of the centre were maintained in a good state of repair internally. For example, the paint was damaged and missing from the surfaces of some residents' bedroom doors, door frames, grabrails and walls.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

In the residents' records examined, it was evident that relevant information about the resident was provided to the receiving hospital, and also all relevant information about the resident on their return was obtained from the hospital.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018); however, further action is required to be fully compliant.

- The linen trolleys were stored in the dirty facility, posing a risk of cross-contamination.
- Several residents' items were blocking access to the hand-washing sinks.
- Some items, such as fans or items for cleaning, such as brush or mop, were stored on the corridor.
- The facilities in the basement used for storage or staff changing facilities were dusty and unclean, with moulds and cobwebs on the windows and on the walls. There were also holes in the walls in the storage area, posing the risk of pest control and fire risk.
- There were not enough clinical hand-wash sinks available to facilitate staff with safe hand washing in the centre. Furthermore, some of the hand-wash sinks did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection and did not comply with the required standards.
- Damage to fixtures and furnishings meant that they could not be effectively cleaned (for example, door frames and grabrails).

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was required to review fire precautions in respect of the following issues:

- Ensuring that the evacuation routes were not obstructed and maintained clear at all times. The inspector observed both on the ground and the first floor that residents' equipment, such as hoists, zimmer frames and bins, were inappropriately stored in a way that stopped the fire doors from closing effectively.
- The inspector observed that the area underneath the stairs was used as

storage for residents' personal equipment and clinical bins in two different areas.

- The glass and the key from the Break Glass Key Holder Box were missing from the red break glass unit, posing a risk that the emergency key for the doors was not accessible in case of emergency.
- The fire safety sign for the lift not to use in case of a fire was missing.
- The inspector observed holes in the wall in the storage area in the basement and in the storage facility on the first floor, posing a risk of fire containment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had a completed validated nursing assessment and care plan documented within residents' files. The care plans described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks, including risks of malnutrition, restrictive practice usage, dependency and falls.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based healthcare provided in this centre. Residents had timely access to medical, health and social care professionals. All recommendations made by these specialists were integrated into the care given to residents.

Judgment: Compliant

Regulation 8: Protection

The inspector found that a number of incidents of physical abuse by a resident to other residents took place over the period of three days. While some protective measures were implemented, these incidents were not recognised as safeguarding incidents, and management actions were not taken according to the centre's policy.

Judgment: Not compliant

Regulation 9: Residents' rights

The premises significantly impacted resident's privacy and dignity in the following examples:

- Inspectors observed that six residents on the first floor had to pass beside the lift, two communal sitting rooms/dining rooms and a nursing station to reach the shower room, which was located beside the reception. This arrangement did not ensure that resident's privacy and dignity needs were upheld.
- Some of the built-in shelving in the twin-occupancy bedrooms displayed residents' clothes and incontinence wear.
- There were two shared cubicle toilets used by residents that required review, as the gaps above and below the partition did not ensure their privacy. This was a finding from the previous inspection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Brigid's Hospital OSV-0000531

Inspection ID: MON-0034240

Date of inspection: 06/10/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: As per Record’s Management Policy, files are currently logged for confidential shredding and record of same maintained. All records set out in Schedules 2, 3 and 4 will be kept in the designated centre and are available for inspection by the Chief Inspector. The file room has been fitted with a new lock. The key for the door of the archive room is now stored in a secure area and accessible only by the PIC/Admin staff.</p> <p>The storage of records in another room assigned for archiving has been reviewed to ensure they are in line with GDPR requirements. An industrial shredding company will attend onsite and all appropriate files will be shredded onsite. Files which are required for retention shall be filed and archived to the HSE Archive room.</p> <p>Files of current residents’ shall be retained onsite and stored appropriately and confidentially maintained. Records set out in Schedule 2, 3 and 4 shall be retained for a period not less than 7 years as per regulations. Files shall be retained and stored as per GDPR guidelines.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The arrangements for monitoring and oversight of the centre will be reviewed. Sufficient oversight shall be maintained of file rooms and facilities. Resident’s bathroom facility shall be partitioned floor to ceiling to enhance the privacy and dignity of residents.</p>	

The management systems will be strengthened through increased governance meetings to improve communication between the management and all staff grades. Safeguarding and restrictive practices will be a standing agenda item for discussion and to share learning.

Increased environmental audits will be completed to ensure fire evacuation routes are clear and IPC practices are being adhered to at all times.

Quarterly notification reporting shall include details of all restrictive practices inclusive of physical, chemical and environmental where they occur.

Radiators will be provided with radiator covers to prevent any risk of injury.

Staff training records will be updated to reflect the current training completed by staff. The records will be reviewed periodically in line with our governance systems to ensure refresher training is maintained up to date for all staff.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Contracts of Care shall be amended to reflect information regarding fees for services. The additional services will be itemized in the contracts of care. The contracts of care will specify the bedroom to be occupied by the resident, by indicating the bedroom number on the contract and the occupancy per room.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All incidents will be notified in the required timeframe to ensure compliance with Regulation 31.

The Safeguarding Policy of the centre is one of zero tolerance of abuse. A notification has been submitted retrospectively in relation to one incident of safeguarding.

Quarterly notifications reporting shall include details of all restrictive practices inclusive of physical, chemical and environmental restraints where they occur and will include details of stair gates, window locks and internal key pads at doors.

A weekly restrictive register now contains information regarding keypads, stair gates and window locks where applicable

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Call bells will be repositioned in bathrooms as required ensuring they are within ease of reach of residents.
 An audit on call bells will be developed to ensure they are available and accessible to residents.
 Sloped floor area on First Floor shall be assessed by maintenance team and necessary work shall be actioned. A risk assessment has been completed to escalate the matter and controls are in place to mitigate the risk in the intervening period until remedial works are completed.
 Internal painting of the premises shall be actioned following completion of electrical rewiring works and fire prevention works to ensure that finishes are easily cleanable and in good state of decorative repair. The works will be completed to a finished standard on an incremental basis and each area will be repainted as the structural upgrading works are finalized in each compartment on a phased basis throughout the centre to minimize disruption to the privacy and dignity of residents.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 In relation to the storage of linen trolleys that are used to collect used linen, IPC is recommending that the skips can be stored in the dirty utility/sluice room.
 The items restricting access to the wash hand basins have been removed. An environmental walk around audit will be implemented to ensure adherence to best practice in relation to IPC precautions and appropriate storage of equipment.
 The storage facilities and staff changing areas will be deep cleaned and the cleaning schedule reviewed to ensure that areas are maintained in a clean condition at all times. Repairs to wall surfaces will be completed to mitigate the risk of pest ingress and fire safety.
 A review of the number of clinical hand wash sinks will be completed by the HSE, Clinical Nurse Specialist in Infection Prevention & Control to determine best practice for staff hand hygiene in relation to the care environment. This assessment will be completed in conjunction with appropriate access to alcohol-based hand rub to support hand hygiene throughout the centre.
 A new clinical hand basin will be provided in bedroom F037

Fixtures and fittings which are damaged or not easily cleanable shall be repaired or replaced to ensure they are readily cleanable.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire evacuation routes shall be maintained clear and free from obstacles.
Daily and weekly fire safety checks are completed.
The importance of the fire safety checks to ensure fire escape routes are clear will be discussed at staff team meetings.

Areas under stairs shall not be used for storage of any items.
The storage of residents' equipment will be reviewed to ensure it does not impede the fire safety precautions.
Break glass key holder has been removed as this item was surplus to requirement as there is an upgraded break glass unit fitted for fire prevention or evacuation purposes in the event of an emergency. The fire door is connected to the fire alarm and releases automatically in the event of the alarm sounding.

There was a sign inside and outside the lift carriage alerting the reader not to use the lift if a fire occurred. However, it is accepted that this sign is small in size and not obvious; so larger, clearer signs are now provided at the lift internally and externally advising not to use in the event of fire.

Repairs to wall surfaces will be completed in the basement area and the first floor storage facility to mitigate any risk in relation to fire safety.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
The Safeguarding Policy of the centre is one of zero tolerance of abuse. A notification has been submitted retrospectively in relation to one incident of safeguarding.

All safeguarding incidents shall be recognized, actioned, managed and notified in the required timeframe.

Refresher training in safeguarding for staff will be maintained up to date and discussed as a standing agenda item at the staff team meetings.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: There are three bathrooms on the first floor available for use by residents. The six residents referenced have wheelchair access to a bathroom in close proximity to their bedrooms. This bathroom has both showering facilities and a bath available for use by residents. This bathroom is identifiable on the registered floor plan as F9 and outlined in the Statement of Purpose.</p> <p>Doors will be provided to open shelving in twin bedrooms to ensure personal belongings are stored discreetly to uphold and ensure residents' privacy in shared bedrooms.</p> <p>The two shared cubicle toilets used by residents will be fully partitioned to ensure there are no gaps and each toilet cubicle is fully enclosed for privacy.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/05/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	07/12/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	07/12/2022
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	30/01/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/12/2022
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	31/12/2022
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	31/12/2022

	relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
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	01/02/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	15/12/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	15/11/2022

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/11/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	12/10/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	01/11/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	14/10/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/01/2023