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 Joseph's Care Centre
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Longford, Longford
Type of inspection:	Unannounced
Date of inspection:	14 May 2024
Centre ID:	OSV-0000466
Fieldwork ID:	MON-0039839

About the designated centre

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

St Joseph's Care Centre provides 24 hour nursing care for up to 65 residents of all dependency levels, male and female, predominantly over 65 years of age. The centre can provide care to a range of needs of various complexity including dementia care and cognitive impairment, acquired brain injury, palliative and palliative respite care. The centre is single storey and comprises of two buildings containing five units. There are communal rooms and internal gardens available to residents as well as a large chapel. The centre's philosophy and motto is to 'add life to years when you cannot add years to life' and aims to address the physical, emotional, social and spiritual needs of all residents with a holistic approach of empathy and kindness. The centre is located in Longford town within easy reach of nearby shops and restaurants. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52

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
Tuesday 14 May 2024	08:50hrs to 17:20hrs	Karen McMahon	Lead
Tuesday 14 May 2024	08:50hrs to 17:20hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

From the inspectors' observations and from what residents told them, it was clear that the residents received a good standard of quality and personalised care living in the centre.There was a relaxed atmosphere, within the centre, throughout the day of inspection. It was evident that the staff members knew the residents' needs and particular behaviours well. Residents were observed to be well presented in neat dress.

After a brief introductory meeting with the person in charge and the acting assistant director of nursing, the person in charge escorted the inspectors on a tour of the premises.The centre is located on a large campus shared with a number of other health services and close to local shopping amenities.

It is split over 5 units, based in two separate buildings, with a mix of single and multi-occupancy rooms. The units are known as OLU 1, OLU 2, Padre Pio, Autumn and Sunset. The main building houses OLU 1 & 2 and Padre pio. The location of OLU 1 & 2 are separated from the padre pio unit and the reception area by a long corridor with open access to external health services located in the same building. This restricts the free movement of residents between these units. Staff informed the inspectors that residents usually are accompanied by staff when walking this corridor, to access the rest of the designated centre, as there is a risk of them entering these other services or using the exit door, that was observed to be open on multiple occasions throughout the day of inspection.

The second building is located in close proximity to the main building, known as the lodge, and houses the remaining two units. This is accessed through an external door located in the main building.

Residents' bedrooms were clean and had adequate storage in all of the bedrooms for residents to store their clothes and personal possessions. Some multi-occupancy rooms where non compliances had been identified on previous inspections, particularly on the padre pio ward, had had a number of improvements made to them including new furniture, suited to the bedrooms spaces, and a TV for each personal bed space. The inspectors observed that many residents had personalised their bedroom space with pictures, photographs and soft furnishings to reflect their lives and interests.

Each unit has a variety of small and large communal areas for use, including dining facilities and sitting rooms. These rooms were seen to be clean, bright, comfortable and tastefully decorated, and suited to the purpose of their use. There was also a enclosed outside space on each unit for resident's use. These spaces were well maintained and had a suitable ground surface to enable residents who use wheelchairs or mobility aids to access and utilise the space. There was appropriate outdoor furniture. There was also a church, located within the main building, where residents were observed to attend to watch a local choir perform, on the day of

inspection

Inspectors observed the dining experience at lunchtime in the centre and noted it varied across the units. Inspectors observed that the dining room on OLU 1 & 2 were used by only one resident for the lunch experience. Many other residents were observed to take meals in their rooms. On the other units residents were observed to sit in small groups around the dining tables. Residents were observed to chat with other residents and staff. There was an appropriate level of supervision and help for residents, who required it.

While some areas of the centre provided a homely environment for residents and was generally clean, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, some surfaces and finishes including wall paintwork, wood finishes and flooring in the older unit Padre Pio were worn in places and as such did not facilitate effective cleaning. COVID-19 signage was still visible throughout the centre and provided residents with incorrect information. For example, grab rails in the corridors and floors in the communal areas and the chapel informed residents walking in these areas to "stay 2m apart".

Feedback from residents who the inspectors spoke with, was that the staff were gentle and caring and that the residents were happy residing in the St Joseph's Care Centre. Residents told inspectors that they were happy with the support received from staff. One resident told inspectors "I'm very happy, everything is lovely here you say what you want and you're listened too." Those residents who could not communicate their needs appeared comfortable and content.

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

Capacity and capability

There was a clear governance and management structure in place in the centre. Inspectors found that residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. However, improvements were required in relation to recruitment for current staff vacancies and the oversight for recognising and responding to safe-guarding concerns.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). This inspection also followed up on the compliance plan from the last inspection in March 2023, reviewed solicited and unsolicited information and was

also used to inform the upcoming renewal of registration for the designated centre.

The Health Service Executive is the registered provider for St Joseph's Care Centre. There was a clear governance and management structure in place in the centre and appropriate management arrangements for the prevention and control of healthcare associated infection. The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required by the regulations. They engaged positively with the inspectors during this inspection. They were supported in their role by members of the registered provider's management team, acting assistant director of nursing and clinical nurse managers. Other staff members included nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

On the day of the inspection, inspectors found that there was sufficient staffing levels in place. However, inspectors identified that there was a high usage of agency staff for nursing and health care assistant roles within the centre. Review of documentation found that there was currently 18.14 whole time equivalent (WTE) vacancies for nursing staff, including vacancies for an assistant director of nursing and clinical nurse manager, in the centre. Furthermore, this was projected to reach a 19.54 WTE of vacancies by end of June due to upcoming planned retirements. There was an additional 10.05 WTE of vacancies for healthcare attendant roles. Inspectors were informed on the day that four agency nurses had been approved to transition to full time employment with the registered provider but the process had not been progressed within the provider's own recruitment systems at the time of the inspection and there was no clear timeframes for these appointments to be completed. Furthermore there was no current recruitment plan in place to fill the other 14.14 nursing roles and the 10.05 health care assistant roles. This was not a sustainable staffing model and did not ensure continuity of care for the residents. This is further discussed under Regulation 23: Governance and management.

The complaints log was made available to the inspectors for review. There were no current open complaints. A number of the closed complaints were reviewed. Inspectors found two of these complaints reported alleged safeguarding concerns While the complaints had been appropriately investigated and dealt with, under the complaints procedure, the allegation concerns had not been recognised by the registered provider as safe-guarding concerns and as such the provider had not submitted the relevant notifications, as set out in Schedule 4 of the regulations, to the chief inspector. In addition a review of the incident log found an incident of an unexplained absence of a resident from the designated centre that had not been notified. These findings are further discussed under Regulation 31: Notification of incidents.

There was an infection prevention and control (IPC) link practitioner who had completed the national IPC link course. A review of documentation found that there was also access and support from the community IPC team. Infection prevention and control audits were undertaken frequently and covered a range of standard precautions. Audits were scored and tracked to monitor progress but there was no documented action plans that were time bound.This is discussed under Regulation

23: Governance and management.

Up-to-date infection prevention and control policies and procedures were in place and based on national infection prevention and control clinical guidelines.There was a training matrix that recorded staff training but this was not accurate on the day on inspection as evidence of refresher hand hygiene training that was completed recently was not added to the matrix.This is discussed under Regulation 16: Training and staff development.

Registration Regulation 4: Application for registration or renewal of registration

A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number and skill mix of staff available on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors saw evidence that staff had access to appropriate training and supervision.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors were not assured that the designated centre had sufficient resources to sustain the effective delivery of care in accordance with the statement of purpose.

For example:

- The current staffing model did not promote person centred care as high use of agency staff did not ensure staff on duty were familiar with the residents' needs and preferences for care.
- The current procedure of using their own staff to cover vacant shifts was not sustainable and posed a number of risks which had been identified and recorded in the centre's own risk register.These risks had been escalated to the provider but the provider had failed to adequately address staffing risks at the time of this inspection.
- There was a high risk of staff shortages due to the current high levels of vacancies and the upcoming summer holiday season, which would have a direct impact on the safety of residents and the quality of care delivered to them.

Furthermore, inspectors were not assured that the management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored were effective. For example:

- The registered provider's oversight of ther safeguarding processes did not ensure that all potential safeguarding allegations were recognised and managed in line with the provider's safeguarding policy and procedures.
- Infection Prevention and Control (IPC) audits completed on a regular basis, using a computerised system, were not detailed and took the form of a checklist, with no time bound action plans or quality improvements.
- The potential risks to those residents who smoked were not effectively managed. For example there was no designated smoking areas in the centre. A number of residents were observed smoking in the enclosed areas outside some of the units however there was no fire safety equipment or call bell facilities in these areas.

Judgment: Not compliant

Regulation 31: Notification of incidents

The registered provider had failed to notify the Chief Inspector of Social Services of one incident of alleged physical abuse and one incident of alleged psychological abuse. Furthermore, they had failed to submit a notification for an unexplained absence of a resident from the designated centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a policy in place that was reflective of regulatory requirements. There was information about the complaints process displayed on the walls in the centre.

Judgment: Compliant

Quality and safety

Overall residents appeared happy living in the centre and had good access to health care services. However, some improvements were required to ensure a safe and good quality service for residents, particularly in the areas of protection and communication.

A selection of care plans were reviewed on the day of inspection. A pre assessment was carried out prior to admission to the designated centre and a comprehensive assessment was carried out within 48 hours of admission to the centre. Care plans were individualised and many clearly reflected the health and social needs of the residents.

Residents had appropriate storage to safely store their clothing and personal possessions and had access to a locked cupboard in their rooms. Clothes were laundered on site and a clear procedure was in place to ensure the safe return of laundered clothing to residents.

Inspectors found that residents were offered and had access to adequate quantities of food and drink that was properly prepared, cooked and served. Information boards/menus informing residents about their food choices were not available for residents. Residents were informed of the food choice available to them the day before. Staff were asked how they communicated meal options with residents with communication difficulties, particularly hearing difficulties, in the absence of menus or menu boards. Staff were unsure of how to answer and many said they just try and tell them.

The ancillary facilities generally supported good infection prevention and control. For example, the infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment in four of the five units.Housekeeping staff confirmed that cleaning trolleys were prepared from the sluice room in Autumn Lodge as there was no domestic store room on this unit for house keeping staff to access water and discard dirty water. This practice posed a risk of cross contamination, this is further discussed under Regulation 27: Infection control. Sluice rooms for the holding and reprocessing of bedpans, urinals and commodes were available on each unit. All

ancillary facilities were seen to be well-ventilated, clean and tidy.

The inspector identified some examples of good antimicrobial stewardship. For example, the volume of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Staff were observed to apply standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needlestick injury. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen.

Hand wash sinks were available for staff use that met the recommendations for clinical hand wash basins and hand sanitisers were available at point of care for each resident and in communal areas. Staff were observed to be hand hygiene ready and good adherence to the " 5 moments of hand hygiene" was observed.

Regulation 10: Communication difficulties

Inspectors were not assured that residents with communication difficulties were being facilitated to communicate freely, particularly around meal choices, as there was no robust system in place to communicate meal choices to residents' with communication difficulties.

Judgment: Substantially compliant

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. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage and space for personal possessions and were encouraged to retain control over their personal property, possessions and finances. Appropriate laundry facilities were offered on-site.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- The bedrooms in Autumn and Sunset Lodge had no ensuites, the residents in these units had no access to a sink for their personal use.The sink available was a clinical hand wash sink designated for staff use.
- The Padro Pio did not have suitable storage space for clean linen. For example; clean linen and equipment supplies were kept in the same room.This increases the risk that clean linen may be contaminated.
- A window in the roof of the padre pio ward had mould all around it.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes, however independence was promoted. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 27: Infection control

The provider did meet the requirements of Regulation 27 infection control and the *National Standards for infection prevention and control in community services* (2018) to be fully compliant. For example;

- House keeping staff practices did not ensure that appropriate standards were maintained. For example, the practice of filling mop buckets from water in the sink in the sluice room and discarding the dirty water in the residents communal toilets.
- Housekeeping trolleys had no lockable storage section to prevent residents accessing chemicals while trolleys were in use and stored on the corridor.
- There was no hand hygiene sink in the clinical room in Sunset Lodge for staff to wash their hands if necessary before preparing medications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of ten care plans found that care was person centred.

The pre assessment document used by staff to assess residents before admission had a section which clearly outlined the infection status and which also included the residents vaccine history. The care plans clearly reflected the care needs of the residents and were reviewed four monthly or earlier if required.

Judgment: Compliant

Regulation 6: Health care

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance (AMR) and antimicrobial consumption was undertaken through Community Healthcare Organisation(CHO) 8. Monthly reports reviewed included breakdown and benchmarking nationally and within CHO 8 which showed there was low prophylactic antibiotics used and low incidences of urinary tract infections.

Judgment: Compliant

Regulation 8: Protection

While staff had access to safeguarding training, this training was not effective. Despite a high record of attendance at safeguarding training inspectors saw two records where safeguarding incidents had not been recognised and responded to in line with the registered providers safeguarding policy.This failure to recognise safeguarding concerns creates a significant risk for residents.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for St Joseph's Care Centre OSV-0000466

Inspection ID: MON-0039839

Date of inspection: 14/05/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Plans in place at the time of inspection to ensure a cohort of regular staff are being progressed. These plans will reduce agency staff reliance and ensure contunity and familarity of care for residents. The plans incude the following
1. The conversion of 4 WTE agency staff to HSE employees received. Completion Date: August 2024

Additional agency conversions of (2 WTE) to HSE employees. Completion Date: October 2024

2. Recruitment of (3 WTE) International Nurses with the following employment commencement dates:
19th June 2024
29th July 2024
9th Sept 2024

A total of 9 WTE Staff Nurses will be in post by October 2024.

3. The HCA agency reliance is being monitored on a weekly basis. There is a cohort of regular agency staff booked with the agency on a continual basis which is rostered to ensure continuity of care for residents.

4. The HCA roster is planned in advance and leave arrangements are staggered to ensure a consistent number of familiar HCA staff are available.

5. Approval to recruit permanent HCA's has been received and approved post will be filled in line with National recruitment procedures.

Safeguarding

All incidents including complaints will in future include a review by the PIC to ensure the correct pathway and referral to the safeguarding team in line with the Safeguarding Policy.

Designated Smoking Area
1. Canopy has been installed in The Lodge as the designated smoking area. Completed: June 2024

2. Canopy to be installed in Padre Pio and OLU1 Completion Date: August 2024
The smoking areas will be provided with fire safety equipment to include call bell facility and fire extinguisher.

IPC Audit.
The IPC is completed on a computerized system which includes an action plan log. The system includes the facility to assign an individual for each action plan. The system monitors the timelines for completion and an email is issued to the PIC of all audit actions to ensure oversight.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
1. The allegation concerns were investigated and dealt with under the complaints process have been notified retrospectively.

2. All incidents including complaints will be screened to ensure any potential safeguarding allegations were recognized and managed in line with the policy.

3. The PIC has developed a tracking system for all incidents to ensure HIQA has been notified as applicable.

Regulation 10: Communication difficulties	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication difficulties:
Picture menu is being developed by the CNMs in partnership with the Chef and the Dietician to ensure a clear system is in place to communicate the mealtime choices with all residents. Completion Date: June 2024

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The residents accommodated in the Autumn will be relocating to new accommodation under the plans for refurbishment and upgrading of the entire centre. There are clinical hand washing facilitates located on the corridor for staff and the wash hand basins in the bedrooms are for resident use. A risk assessment has been devised to designate the clinical wash hand basins for resident use. Completion date: June 2024

2. The roof window will be cleaned. Completion Date: July 2024

3. Linen in the store room has been transferred to the linen cupboard in each room. The IPC policy has been amended to reflect the updated change in practice to mitigate the risk of cross infection. Completed: June 2024

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. A sluice sink will be provided in Autumn Unit. Completion date: August 2024

All housekeeping staff have been advised to empty mop bucket in the appropriate designated sink. Practice will be monitored by the domestic supervisor to ensure adherence to the Infection Control Policy which has been reviewed with the housekeeping team.

2. Housekeeping trollies with lockable press has been sourced and delivered. Completed: June 2024

3. Hand hygiene sink in the treatment room in Sunset to be installed.
Completion Date: August 2024

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: 1. The safeguarding incidents while responded to under the complaints policy of the center will in future include a review by the PIC to ensure the correct pathway and referral to the safeguarding team in line with the Safeguarding Policy. 2. Onsite training in safeguarding is being organized to support staff and complement previous online training undertaken to ensure the training is effective and fully understood. 3. All incidents including complaints will be screened to ensure any potential safeguarding allegations are recognized and managed in line with the policy.	

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	30/06/2024
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	31/07/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient	Substantially Compliant	Yellow	31/10/2024

	resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Orange	31/08/2024
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	31/08/2024
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	30/06/2024
Regulation 8(3)	The person in charge shall investigate any	Not Compliant	Orange	30/06/2024

	incident or allegation of abuse.			