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:	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:	06 May 2021
Centre ID:	OSV-0000071
Fieldwork ID:	MON-0032905

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. Mount Tabor forms part of the Methodist church's service to older people. It is run by 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:	45

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 May 2021	09:15hrs to 17:10hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, this was a good centre where a relaxed and friendly atmosphere was seen with a focus on a person-centred approach to care. It was evident that residents were happy and despite the restrictions imposed to keep residents safe during the COVID-19 pandemic, residents were enjoying a good quality of life within Mount Tabor. One resident told the inspector "I would recommend this place to anyone".

Upon arrival to the centre, the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. This included a temperature check, a questionnaire, hand hygiene and the wearing of personal protective equipment (PPE) such as a face mask. All visitors and service providers had to go through a sign-in process that included completing a questionnaire (which included history relating to COVID-19 such as a disclosure of being a close contact and symptom history), a temperature check and to complete hand hygiene.

Following a short introductory meeting, the inspector completed a walkabout of the designated centre with the person in charge (PIC). During this tour of the centre, the inspector met and spoke with staff and residents in the corridors and in communal areas. It was evident from the walk around with the PIC that she was well known to all residents as friendly interactions between the PIC and residents were observed.

All of the residents who spoke to the inspector were highly complementary of the service provided. The inspector met some residents who enjoyed their own company and preferred to stay in their bedrooms, their wishes were seen to be respected. One resident told the inspector that they enjoyed completing crossword puzzles in their room and another resident said they preferred to complete their own exercises as opposed to joining the group exercise activity happening on the day.

The centre was spread across two floors and overall the general physical environment of the centre was found to be clean, bright and welcoming. The centre was divided into three units (Seafort, Gilford and Martello). Communal spaces such as day and dining rooms were set up to allow for social distancing. A small oratory in the centre was also available for residents should they wish to have a quiet area for reflection or prayer. Residents were seen to move freely through the centre and to use the communal and garden space within the centre.

Residents' bedroom accommodation was provided in single rooms, with a small number of twin occupancy en-suite bedrooms. Residents' bedrooms were personalised with personal items and souvenirs. Residents who communicated with the inspector said that they were satisfied with their surroundings. Residents told the inspector that staff were kind and caring and couldn't do any more than they do for them. They acknowledged that the staff members kept their bedrooms and all

areas in the home neat, tidy and clean.

The Martello unit was a unit for residents who required a high level of supervision and could accommodate up to 17 residents. This unit was clean and appropriately decorated to support residents living with dementia to enjoy a purposeful life. For example there were murals on walls of landmarks such as a post office and the Ha'penny Bridge. The person in charge told the inspector these murals helped to guide residents back to their bedrooms. Residents had easy access to an enclosed garden courtyard area. The inspector was told that the centre had plans to improve seating areas and maintenance within this area.

There was a calm and homely atmosphere in the centre. Resident's art work was displayed along corridors and there were four budgies also resident in the centre. The person in charge told the inspector that all four were named by the residents of the centre. Residents told the inspector that they enjoyed looking at the budgies.

Resident's rights were respected and there was evidence of consultation with residents. On the residents noticeboard there were minutes of a recent residents meeting and information regarding the updated HPSC visiting guidance. The centre also had a suggestion box available and advocacy service information.

The inspector observed a meal time within the centre, where residents were dining within the dining room. Each table had been set with the menu for the day. The inspector observed a relaxed and positive dining experience where residents were seen enjoying their meals and being assisted and supervised discreetly by staff. Throughout the day, the inspector observed frequent tea and drinks rounds and residents were complimentary about the choice of food.

Overall the premises was found to be clean and efforts to create a homely environment were evident. Some rooms were temporarily changed to allow for the increased need to store items such as PPE. However these rooms had storage issues and there were many items on floors which prevented sufficient cleaning. The inspector recommended that a review of the storage space within the centre was required.

The inspector spent time observing how residents spent their day, how they interacted with staff and each other and participation in meaningful activities. It was obvious that staff knew the residents well and vice versa. The inspector observed different activities taking place during the inspection such as chair exercises, afternoon tea and a crossword puzzle. Residents commented that they enjoyed the activities and staff were observed to bring out the best in residents encouraging them to participate. The inspector spent time observing the afternoon tea where there were 16 female residents enjoying tea and scones on china cups and saucers. Conversations between the residents and two staff assisting with the activity involved plenty of friendly chat. It was evident that there was a lovely sense of community in the centre. These positive interactions contributed to the calm atmosphere in the centre.

Overall, the inspector observed a relaxed and happy environment. The overall feedback from residents was that management and staff were supportive and

caring. Residents confirmed that they felt safe and content in the centre. Staff spoken with stated that they were supported by management. 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.

The following section will provide a brief overview of the capacity and capability of the provider to provide and sustain a safe and quality service under each pillar, and detail the specific improvements needed under their respective regulations.

Capacity and capability

This was a well-run service by a provider who was proactive in ensuring the centre was adequately resourced to provide a high standard of quality care and safety of the residents accommodated in the centre. This culture and approach ensured that residents well being was maintained and residents were satisfied with the care and communications they received. While this inspection found largely good levels of compliance with the regulations, further improvements were required to strengthen the governance and management arrangements in the centre, to ensure that the monitoring systems in place were robust and proactively used to improve the service.

Dublin Central Mission Designated Activity Company is the registered provider for Mount Tabor Nursing Home and Care Centre. There was a defined management structure within the designated centre. The provider employed a Chief Executive Officer (CEO). There had been changes to the governance and management arrangements in the centre since the last inspection where a new CEO had been appointed in the weeks previous to the inspection. The CEO was supported in their role by a senior management team which included an appropriately qualified person in charge.They had responsibility for the daily management of the centre and delivery of clinical care.

A range of staff were seen to be available in the centre including the management team, a clinical nurse manager (CNM), registered nurses, health care assistants, activity staff, a chaplin, household, catering staff and a volunteer.

The centre had remained COVID-19 free for residents throughout the pandemic. Six staff members had been confirmed with COVID-19. Staff and management were proud and greatly comforted that they had managed to keep the residents safe throughout the past year. Residents and staff had received both vaccinations to offer them protection against COVID-19. The centre was seen to adhere to the most up-to-date guidelines in relation to infection control and visiting procedures.

Staff were organised into three different units to allow for segregation. Staff spoken to said they had received sufficient supervision and training to do their jobs. The

person in charge scheduled reminders for staff who were overdue refresher training.

Records from the weekly senior management meetings and quarterly board meetings with the provider showed good oversight of the care delivered and the service. There were a range of management systems in place to monitor and review clinical interventions regarding resident care with key performance indicators relating to areas such as dependency levels, falls, incidents, deaths and audit results. This report was completed on a quarterly basis and discussed at board meetings. A review for how this information was shared within the management and staff team was required.

Where areas for improvement were identified in the course of the inspection, the management team demonstrated a conscientious approach to addressing these issues with immediate effect where possible.

The provider had a written and signed contract of care with residents. The inspector found that some review was required to ensure that the full terms of residency were included for people living in the centre.

The centre had a complaints procedure which was displayed within the reception area of the centre. The inspector spoke with staff who confirmed they were aware of the complaints procedure. Residents confirmed that any concerns or complaints they had would be dealt with and they were confident to highlight issues to staff members. The centre had a recent change in their CEO and their complaints policy required updating to reflect this.

Regulation 15: Staffing

On the day of the inspection, there were sufficient staff to meet residents' needs.

Rosters showed there was a minimum of one registered nurse on duty at all times, in line with regulatory requirements.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a high level of training provided in the centre and staff had access to appropriate training to support them in their roles within the centre.

Staff were fully trained in infection prevention and control. The centre had a wide variety of training before and during the pandemic on all aspects of infection

prevention and control.

A suite of mandatory courses had been completed by staff and refresher training dates were planned including fire safety training which was scheduled for dates within May 2021.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence that the centre had sufficient resources to ensure that care and services were provided in line with the statement of purpose.

There was a clear management structure in place. The management arrangements and staff resources were generally organised to ensure that safe and appropriate care was provided for residents. However there were some gaps in the oversight of housekeeping, the premises, the contract for provision of services, formal reviews of care plans and risk management.

There was a comprehensive audit schedule in place which included audits relating to infection control, wound care, weight loss, falls prevention. Action plans were seen to be developed relating to improvements required, identifying the person responsible and a timeframe. However improvements were required in how the centre used the information they collected. For example, audit outcomes and plans for improvement were not discussed at regular staff meetings, ensuring that areas for improvement were shared and followed up on in a timely manner. The centre had not held a clinical governance committee meeting since March 2020, however the centre had a plan to recommence these in the coming weeks following the inspection.

The annual review of the quality and safety of the service was in progress for 2020. The centre had commenced the consultation process with residents surveys completed.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of resident contracts and found that residents had a written contract of care agreed and signed with the provider, which outlined the regular fees payable by the resident as well as facilities and services which incurred additional charges.

Contracts did not specify whether a resident was entitled to a single room or a

shared room under the terms of their residency which is required by the regulation.

Judgment: Substantially compliant

Regulation 30: Volunteers

The inspector reviewed the records for the centres current volunteer and found they had garda vetting in place. The person in charge had also ensured the volunteer had a volunteer agreement with their roles and responsibilities outlined.

Judgment: Compliant

Regulation 34: Complaints procedure

The centres complaints policy identified the people within the centre responsible for managing complaints:

- The person in charge was the complaints officer
- The CEO was the nominated person to ensure complaints were responded to
- The Chairman of the Board was the person responsible for independent appeals.

The inspector reviewed a sample of complaints logged within the register and found that they recorded the investigation, the outcome and the satisfaction level of the complainant.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of effective consultation with residents and their needs were being met through good access to health care services and opportunities for social engagement. However, the inspector identified that some improvements were required with the premises, residents' records and infection control.

The centre was in the process of moving care plans from paper to computer based. The inspector reviewed a sample of residents care records and found them to be person centred. A range of nursing assessment tools were in place and assisted staff

to monitor resident's needs, such as manual handling, malnutrition universal screening tool and barthel activities of daily living. Assessments were used to guide the development of care plans. Improvements were required to ensure that care plans were completed and reviewed to accurately reflect resident's needs.

Resident's had regular access to general practitioners who continued to review care needs remotely, and in recent weeks in person. Residents also had access to specialised consultants and nurses from geriatrician, psychiatry of old age and palliative care teams. Access to allied health professionals such as occupational therapy, physiotherapy, speech and language, tissue viability and dietitians were available on a referral basis. Residents were also seen to be supported to attend outpatient department appointments and with access to community services such as opticians, chiropody and dental care.

Good infection control practices were seen throughout the centre and the inspector observed that staff abided by best practice in the use of PPE and good hand hygiene. However, enhanced cleaning resources and improved oversight of environmental and hygiene processes in the centre was needed to achieve full compliance with standards and regulations, as detailed under regulation 27.

While residents were living in a homely environment, there were issues with the premises and a review of storage in the centre was required. While a number of rooms had been re purposed temporarily for additional storage, the inspector found that rooms were not set up to allow for appropriate storage and to allow for sufficient cleaning. For example, one of the lounge rooms used for storage had boxes stored all over the floor and as a result there was minimal areas to walk around the room.

The majority of staff spoken with were knowledgeable about fire procedures within the centre. However one staff member was not aware of the procedure but was scheduled for fire training in the coming days.

Residents were supported to keep up to date regarding policies of the centre. The inspector saw letters in resident's bedrooms and on the centres notice board updating them on changes to the latest Health Protection and Surveillance Centre visiting guidance.

The inspector found that there was plenty of opportunities for residents to participate in activities in accordance with their interests and capacities. The centre employed two activity staff and activities were held from Monday to Sunday within the centre.

Regulation 17: Premises

Storage practices in the centre required review from an infection prevention and control perspective:

Inappropriate storage of boxes on floors in a room temporarily repurposed for storage on the ground floor, storage of residents equipment such as cushions, a comfort chair and hoist in the activity room, and storage of residents equipment, continence bins in one assisted bathroom.

In one cleaner's room, there was no splash back behind the sinks where the wall was seen to be damaged and could not be cleaned effectively.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a risk management policy which was revised in June 2019. This policy identified the clinical governance manager as the role responsible to manage risks. However this post no longer existed. Further improvements were required to ensure that the policy was revised to meet the criteria of the regulations. For example the policy did not detail the measures and actions in place to control abuse, the unexplained absence of a resident and accidental injury to resident, visitors or staff.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was seen to be overall clean and there was a sufficient number of cleaning staff on duty. However the oversight of cleaning schedules required improvement to ensure that annual leave was sufficiently covered, as there were gaps seen in the completion of cleaning schedules on the day of inspection.

Improvements were required in the following areas which impacted on cleanliness and safety of residents:

- An open shelf in a communal bathroom had toilet rolls and incontinence wear which was a risk of cross contamination.
- A review of the centres practice for filling and emptying mop buckets required review, as all household staff were using the hopper in the laundry room.
- Sluice hoppers in three utility rooms were not clean. One was seen to have an old mop and urinal bottle stored in the unit.
- A hand hygiene sink in the utility room did not have soap or hand towels for staff to clean their hands.
- A shower chair stored in a communal toilet was visibly dirty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had recently completed a fire drill. Staff spoken with were able to discuss the procedure for fire precautions within the centre. Fire safety training was scheduled for the days following the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector found within care plans reviewed that for two residents, their care plans had not been completed within the 48 hours of their admission into the centre with some care plans completed two to three weeks following admission.

Improvements were required to ensure that when changes occurred outside formal reviews that care plans were updated to evidence this. For example, a resident who had a recent fall did not have a care plan on the computerised system set up. Their paper based falls care plan had not been updated in the last year.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GPs and consultants attended the centre to support the residents' needs.

Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Overall residents' rights to privacy and dignity were respected. Positive and respectful interactions were seen between staff and residents. Residents had access

to an advocacy service.

Residents were encouraged and facilitated to participate in the organisation of the centre, via surveys and residents meetings. Records of a recent meeting detailed that the menu within the centre had been reviewed followed residents feedback.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0032905

Date of inspection: 06/05/2021

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC has weekly meetings with the clinical team whereby all clinical matters are discussed. This includes audit outcomes and action plans, any residents of concern, complaints and any operational matters. The PPIM (CEO) has commenced a monthly Operations Meeting to include all heads of department. These meeting started in May 2021. This gives oversight of all areas – catering, HR, housekeeping, maintenance, IT Systems and any other business. The Annual Review of quality and safety of services is in progress. The residents have provided their feedback and we are in the process of getting relatives feedback. This will be completed in early Q3.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The PPIM (CEO) is currently reviewing the contract of care to ensure it is compliant with CCPC guidelines. This will need be signed off by the MT Board before it is introduced for new residents.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Following the inspection the PIC/PPIM reviewed the floor of the home and areas that could be used more effectively for storage have been identified. These include moving all PPE being stored in the nursing home to an offsite location, converting a small office to a household store and fitting a new external storage unit for equipment.

Any splash backs that have been identified to be fitted behind sink units will be completed in the last quarter of the year

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The risk management policy has been updated in line with the regulatory requirements and also reflects the change in management.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Any open shelves that were in communal bathrooms were removed to ensure that items are stored securely to avoid cross contamination.

Household practices have been reviewed with a new system in place to reflect the recommendations made at the inspection.

This includes cleaning practices, cleaning schedules and the storage of non essential items when not in use.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The senior nursing team in the home are responsible to ensure that all new admissions have their assessments and care plans completed within 48 hours of admission. The new care planning system will also alert the team to meet this KPI.

The important of completion of care plans after any resident event has been discussed with the nursing staff. A formal care plan review / audit is in place every 3 months.

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	17/12/2021
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	30/07/2021
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,	Substantially Compliant	Yellow	30/07/2021

	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.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	02/07/2021
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 control abuse.	Substantially Compliant	Yellow	02/07/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	02/07/2021
Regulation 26(1)(c)(iii)	The registered provider shall	Substantially Compliant	Yellow	02/07/2021

	ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.			
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	02/07/2021
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Substantially Compliant	Yellow	02/07/2021
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	Substantially Compliant	Yellow	02/07/2021

	Authority are implemented by staff.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	02/07/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	02/07/2021