



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

## Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Centre
Name of provider:	Saint John of God Hospital Company Limited by Guarantee
Address of centre:	Crinken Lane, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	30 April 2021
Centre ID:	OSV-0000102
Fieldwork ID:	MON-0032830

## About the designated centre

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

St Joseph's centre provides holistic dementia care and palliative care to persons living with dementia. The philosophy of the Hospitaller Order of St John of God guides the work in the centre, and this philosophy means that residents are viewed as having intrinsic values and inherent dignity. The building is purpose built, and consists of a single storey and is divided into 6 houses, with capacity for 62 residents. The centre has 2 beds for respite residents, and provides day care for members of the community. The centre provides 24-hour care to men and women with dementia over 18 years of age.

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

Number of residents on the date of inspection:

56

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
Friday 30 April 2021	08:45hrs to 17:40hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, residents were happy with the care they received within the centre and were observed to be content in the company of staff. Overall, the inspector observed a relaxed and happy environment.

The inspector arrived at the centre in the morning and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of a face mask, and checking for signs of COVID-19.

The centre was a large building set on the ground floor, split into six units called 'lodges'. The person in charge (PIC) accompanied the inspector on a walk around the centre. The design and layout of the building was spacious and ensured the privacy of the residents. The centre was well laid out and decorated with points of interest along corridors, and ample sitting rooms for residents use.

Communal areas were organised to allow residents to relax and socially distance safely. During this tour of the centre, the inspector met and spoke with residents in the corridors and in day rooms.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life and to have meaningful lives within current restrictions due to the COVID-19 pandemic. The inspector observed that the residents and their families played an active role in decision-making and were consulted in the running of the centre. The inspector spoke with four residents and one relative to identify the experiences of living in St. Joseph's Centre. All of the residents who spoke to the inspector were highly complementary of the staff and the care they provided.

The inspector observed that all residents appeared comfortable and relaxed. While residents had choice over when they could get up and go to bed, some height adjustable beds were seen to be left in a high position, when residents were not in the beds which could lead to residents not being able to get into their beds if they chose.

Staff were seen to assist residents with physical exercise in a companionable way. Staff were found to be kind and caring in their work and in conversations heard, showed that staff were familiar with resident likes and preferences, which were respected. The staff and resident interactions were marked by genuine respect and empathy.

The inspector observed that those residents who were not able to communicate appeared content with the staff who were providing their care. They were spoken to in a gentle tone and encouraged to participate in activities. While some residents were supported with meals in a dignified and unobtrusive manner, two staff were

seen stand over residents when assisting at lunchtime.

Residents were very complimentary about the care and services that were provided to them. Others commented that staff were always good for a chat. They said they were never lonely and had plenty of banter and enjoyed playing cards and going out for a cigarette with them. Another resident said they enjoyed getting their nails done and they said they felt safe and if they asked for help, it was given quickly.

The inspector observed resident and staff interactions throughout the day. Staff were observed to have a relaxed manner and there was cheerful exchanges of conversation with residents. When a resident become agitated staff redirected them and residents responded well to this. It was obvious that the staff and residents knew each other well. There was a lovely sense of community in the centre, with all grades of staff including visiting essential service providers engaging in a friendly a respectful way with residents.

There was great sense of excitement felt during the inspection day as visiting in the centre had commenced, which was facilitated in a safe way. Residents told inspectors that they were very delighted to resume normal living and meet their friends and family again in person.

One visitor who spoke with the inspector said that they was kept in contact during the visiting restrictions through phone and video calls. They said that staff were very good at encouraging their loved one to engage on video link. They mentioned that families were kept up to date with what was going on in the centre and any change in the residents medical condition. They said they were so pleased that face to face visiting was happening now and that the residents friend would be coming in to see them 'next week'.

Residents were seen to go outside with supervision to get fresh air. The provider had sought to improve the visiting experience for residents and their families by installing two heated outdoor visiting "pods" where the resident and visitor were separated by a secure Perspex window. This ensured that the resident and family member could have a private visit, in a comfortable and warm surrounding, while adhering to infection prevention and control guidelines. Visits were booked in advance and were scheduled

Staff stated that they felt supported by management and enjoyed their work and were seen to happily engage with residents as they went about their day.

The next two sections of the report will describe in more detail the specific findings of this inspection in relation to the governance and management of the centre, and how this impacts on the quality and safety of the service provided to residents.

## Capacity and capability

Overall, good management practices were seen. The provider adequately resourced and staffed the service, and collected information in order to improve the quality of life of residents. Management systems ensured that all audits and reviews as required by the regulations were being conducted.

The centre is part of the St John of Gods Hospital cgl, and has clear internal governance structures, as well as clearly defined relationships with the management structures of the main hospital. The person in charge reported to the registered provider. There was evidence that there was a good system for oversight of the service.

The centre was managed by a suitably qualified and experienced person. The person in charge took up their position in March 2021, and met the regulatory requirements. They provided good leadership to the team and were known to staff, residents and relatives. They had a good knowledge of the assessed needs and support requirements for each of the residents.

The person in charge demonstrated a high level of clinical knowledge, while the staff team had an appropriate skill-mix in place to ensure safe quality care was provided. Residents and staff said that whenever they brought any concerns to their attention these were taken seriously and effectively responded to. They were supported by two clinical nurse managers, fundraising manager and services manager.

The person in charge maintained an accurate rota, and staff who met with the inspector had a good knowledge of residents' needs. While staff could clearly describe the arrangements in place to keep residents safe the safeguarding vulnerable adults policy and safe, management of records were overdue for review within the three year regulatory requirement.

A range of training was also in place for staff which was specific to residents' needs such as the 'butterfly model' of care and which demonstrated that the provider had ensured that staff could meet residents' individual needs. The centre delivered services with a specific model of care which focused on person centred dementia care. Staff had been trained in this technique and were observed to use this approach. Specific person centred dementia care audits were also carried out annually to monitor how the service was meeting resident's needs.

The person in charge maintained responsibility for the day-to-day operation of the centre and they attended a monthly governance and quality and risk meetings with senior management where clinical and non-clinical data was reviewed. They also attended local weekly management meetings and regular staff meetings. It was clear that through these practices they were improving the quality of the service for residents.

The inspector reviewed the actions required from the previous inspection and found that substantial improvements had been made. For example, all staff had received training in fire safety and infection prevention and control and were being reviewed regularly. However, there were outstanding actions from the previous inspection. For example there were details missing in the contracts for the provision of services with regard to occupancy levels in two of six contracts viewed by the inspector. Two

policies were overdue review as required by regulation 4: Written policies and procedures.

There was evidence of effective communication with families and residents throughout an outbreak of COVID-19. During this outbreak one resident and one staff member had contracted the virus.

Residents' surveys had taken place where relatives assisted residents to respond in relation to their satisfaction with the care provided. Feedback on services were also given during family meetings and recommendations integrated into the annual review to improve the lived experience for residents. For example the provision of heated visiting pods in the enclosed gardens to enable visiting in a safe manner and improved privacy in visiting areas with the placement of furniture and plants was seen. The compassionate End-of-Life Care programme to enhance compassionate person-centred end-of-life care for residents, family and staff was on-going. There was a structure for a residents' forum in place; which were seen to take place regularly.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre. They had the appropriate management qualifications and required experience for the role.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection, a suitable level and skill mix of staff were found to be in place to deliver a good standard of care with regard to the current resident profile and assessed needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were supervised in their roles by the clinical nurse managers and the services manager. Records viewed by the inspector confirmed that there was a good level of training provided in the centre. A detailed training matrix was available for review. Records showed that all staff had attended regular mandatory training in infection prevention and control, safeguarding vulnerable adults from abuse, fire safety and



people moving and handling.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure in place with clearly identified lines of accountability and authority. Inspectors spoke with various staff who demonstrated an awareness of their roles and responsibilities. An annual review of the quality and safety of care delivered to residents in 2020 had been prepared and was awaiting sign off by senior management. This included a detailed quality improvement plan for 2021, based on a review of audit outcomes and feedback from residents and family.

Resident meetings were held every six weeks where residents were represented by family members and one volunteer attended.

Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely way.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

There were written and signed contracts of care in place for residents. The contracts outlined the fees and costs involved in the service. The occupancy of the bedroom being offered to the resident was not clear in two of the six contracts seen. This was a finding during the last inspection.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were reviewed, and all were present and available to staff. A small number of policies were overdue for their 3 yearly review. For example the safeguarding policy where the designated person no longer worked in the centre. The policy regarding the management of records was also overdue review.

Judgment: Substantially compliant

## Quality and safety

Overall, the quality and safety of care provided to residents in St Joseph's Centre was of a high standard and was observed to be person centered in nature. Inspectors found that residents' healthcare needs during the pandemic had been well managed with a planned and coordinated approach by management. There were no immediate risks on the day, however the inspector identified further opportunities for improvement in respect of infection prevention and control and premises.

Management systems in place ensured that the quality of life for residents was to the fore and on the day of the inspection the inspector found that residents had a positive experience living in this centre. The centre demonstrated a proactive approach to quality and safety evidenced by the ongoing changes to the activities schedule, current and planned premises improvements and the focus on the individualised care for residents when their condition changed.

Through observation of interaction between resident and staff it was evident that staff knew the residents very well. This knowledge was reflected in the resident's individualised care plans which were person centred and developed with the resident or their representative where required. Care plans were implemented and reviewed on a regular basis, reflecting residents' changing needs.

Residents had access to a GP of their choice. The services of psychiatry of old age was provided by a consultant and nurse specialist when requested. Palliative care services was supported by a nearby hospice. The health of residents was promoted through ongoing medical review and nursing assessment using a range of validated tools. These assessments included skin integrity, malnutrition, falls and mobility.

Records showed that there was one safeguarding incident which was being investigated, where the provider was seen to respond to it appropriately. This was to conclude shortly and the report forwarded to the chief inspector. All residents who spoke with the inspector said they felt safe and protected while living in the centre and that their rights were respected.

Infection prevention and control strategies had been implemented to effectively manage and control the outbreak in the centre. These included but were not limited to:

- Implementation of transmission-based precautions for residents were required.
- Ample supplies of PPE available. Staff were observed to use PPE in line with national guidelines.
- Monitoring of residents, staff and visitors for signs COVID-19 infection.

- A seasonal influenza and COVID-19 vaccination program had taken place, with vaccines available to both residents and staff. There had been a high uptake of the vaccines among residents and staff.

The premises were largely clean and the infection prevention and control practices in the centre were good, although some improvements were required as detailed under Regulation 27. There were issues with inappropriate storage at an emergency exit, in bathrooms, sluices and cleaners rooms, with no hand hygiene sink available in the cleaners' room.

## Regulation 11: Visits

Two external visiting pods had been installed and decorated with festive lighting and heaters to facilitate visits in a safe and comfortable manner for both residents and their visitors. The inspector viewed a schedule of visits which was being managed by a volunteer. Face-to-face indoor visits in line with Government guidelines took place on the inspection day. Staff were seen to organise residents to be ready for their scheduled visits and there was a great sense of excitement and laughter among residents, staff and visitors at this time.

Judgment: Compliant

## Regulation 17: Premises

While the premises was of sound construction, improvements were required in the following areas which impacted on cleanliness and the safety of residents:

- A fire exit was not clear where wheelchairs, a set of ladders, a chairs and a table were seen to be stored. This could impede on safe evacuation procedures should it be needed in event of emergency.
- While there were call bells in rooms, in one assisted bathroom, the call bell was blocked by a comfort chair and could not be seen or accessed should a resident require to use it for assistance.
- Areas of paintwork and furniture around the centre were seen to be damaged and could not be cleaned effectively.

Storage practices in the centre required review from an infection prevention and control or a resident rights perspective; for example:

- Inappropriate storage of wheelchairs, a comfort chair, linen trollies, used linen hampers and dirty linen in bags on a floor awaiting collect in assisted bathrooms.
- Packets of continence wear was seen to be stored on the floor of some bedrooms which could impact on the dignity of residents and infection control

practice.

Judgment: Substantially compliant

### Regulation 27: Infection control

While there was evidence of good infection control practice, there were issues important to good infection prevention and control practices which required improvement:

- Staff hand hygiene practices required review as three staff were seen to wear watches, one wore a bracelet, and two wore nail varnish, and one staff wore a long sleeved top during cleaning processes. This meant that they could not effectively clean their hands.
- Two intravenous trays seen were not clean and could result in a risk to residents if these were not cleaned before further use.
- Two insulin pens were not labelled with residents names.
- The provision of a hand hygiene sink in the cleaners room to support good hand hygiene practice.
- In a chemical /cleaning supply room seen the hand hygiene sink was obstruction by cleaning solutions and there was no hand towels or bin for staff use.
- A review of all equipment to ensure that any torn or damaged items were timely discarded; for example, pillows.
- In one sluice seen, surfaces were dusty and the sink was dirty with no splash back and the wall was damaged which meant that it could not be effectively cleaned.  
The cleaning of sluice rooms was not on cleaning check lists which was also identified at the last inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Resident's care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented in consultation with the resident. Where appropriate, records showed that care plans were shared with resident's families.

The inspector reviewed the care planning arrangements found that they were initiated on admission and informed by a comprehensive assessment. A pre-assessment had been completed before the admission to identify the required

resources to meet residents' needs.

There was evidence to show a holistic approach to care where care plans were reviewed at regular intervals, not exceeding four months. When residents' condition changed, care plans were updated to ensure they reflected residents' current health care needs.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents were provided with timely access to their own or the centre's general practitioner (GP). Appropriate referrals were seen to be made to specialist such as allied health professionals, with timely access for residents to these services. Where recommendations were made they were implemented and updated in residents' care plans.

Judgment: Compliant

### Regulation 8: Protection

Staff who communicated with the inspector could describe what constituted abuse and knew who to report to in the event of suspected or confirmed instances of abuse. All staff had completed the mandatory training in safeguarding vulnerable adults.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St. Joseph's Centre OSV-0000102

Inspection ID: MON-0032830

Date of inspection: 30/04/2021

## 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 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ol style="list-style-type: none"> <li>1. The contract of care for all current residents will be reviewed by 30th June 2021 to establish missing information concerning the occupancy of the bedroom.</li> <li>2. Any contracts missing details will have an addendum to the contract of care added including terms relating to the bedroom and the number of other occupants (if any) of that bedroom, on which that resident shall reside in. A letter with a copy of the addendum will be issued to next of kin / signatory.</li> <li>3. Saint Joseph's has adopted a social model of care which means matching the person to a house suitable to the stage of dementia that they are at. This may mean moving the person to a different house when their illness progresses. For any future room moves the next of kin / signatory on the contract will be informed in writing and a copy retained within the contract of care file.</li> <li>4. The action plan submitted from the previous inspection of June 25th 2019 indicated that a section in the contract of care will be added to include the occupancy of the room which will be completed upon admission. This was completed following the last inspection for all new admissions as described in the action plan. Two out of the six contracts identified in this report at the time of this inspection relate to admissions before the inspection of June 25th 2019.</li> </ol>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p>	



1. A review of Saint Joseph's policies listed in schedule 5 has been completed and all policies will be updated by the 30th June 2021.
2. Introduction of an online software package for policy management which will be fully implemented by 31/12/2021
3. A new report will be produced monthly for monitoring of polices, which will be reviewed monthly at the local management meeting starting June 15th 2021.

Regulation 17: Premises	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 17: Premises:
1. Fire door checklist to be updated with additional line to check obstructions at fire doors 3 times a day. Staff assigned will be responsible to remove any obstructions found and will be monitored by line mangers.
  2. Instillation of panels around sinks and bins on corridors by 30/06/2021.
  3. A furniture audit and a soft furnishing audit have been devised for checking torn/damaged items and will be completed by the 30/06/2021 and monthly thereafter. Any items noted to be torn/damaged will be removed immediately.
  4. All linen rooms will be rearranged to have separate cabinets for clean linen and cleaner's equipment by 31/07/21
  5. Suitable storage for wheelchairs, comfort chairs, linen trollies, linen hampers and dirty linen bags will be provided by 30/06/2021.
  6. Incontinence wear will be stored appropriately in each residents wardrobes
  7. Paint work in Avoca lodge completed and all other areas will be assessed and paint work will be completed by 31/08/21

Regulation 27: Infection control	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 27: Infection control:
1. A staff nurse is completing a PG Certificate in Infection Prevention and Control. They will be responsible for carrying out a quarterly standard precautions audit to include - PPE, decontamination of the environment, management of waste, management of laundry, management of sharps, and decontamination of resident care equipment. This will commence 30/06/2021
  2. A monthly hand hygiene audit will be completed. From 01/06/2021 disciplinary action will occur for staff that does not adhere to effective hand hygiene practices.
  3. A furniture audit and a soft furnishing audit have been devised for checking torn/damaged items and will be completed by the 30/06/2021. Lap blankets are steam cleaned as part of these audits

4. A sink with hand soap, hand towels and a bin is now in place in both the chemical/cleaning supply room and in the cleaning store room.
5. The cleaning of sluice rooms will be added immediately to the daily cleaning checklist and is checked by the Household Supervisor.
6. The cleaning of sluice rooms will be added immediately to the daily cleaning checklist and is checked by the Household Supervisor.
7. All insulin pens will be labelled with a resident name sticker and will be monitored with medication audit twice yearly. Pharmacy carried out Audit on 11/06/2021 – action completed

## 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	31/08/2021
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, 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.	Not Compliant	Orange	30/06/2021

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 Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2021