



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Glenmalure
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0002386
Fieldwork ID:	MON-0039126

## About the designated centre

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

Glenmalure is a designated centre operated by St. Michael's House. The designated centre is located in a campus setting that provides residential support and care to up to six adults with an intellectual disability. Glenmalure can also support residents with additional healthcare, mental health or behaviour support needs. The designated centre is wheelchair accessible and can provide support to residents with mobility needs. The service provided is nurse led; and a team of nurses, social care workers, and healthcare assistants provide full time care and support to residents. Glenmalure can provide day service support for residents where required. It is located in close proximity to a busy North Dublin suburb, and there are a range of amenities in the locality for residents to utilise.

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

Number of residents on the date of inspection:	6
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 26 January 2023	10:00hrs to 17:30hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with some of the residents who lived in the centre. In addition, the inspector observed residents in their homes as they went about their day, including care and support interactions between staff and residents.

For the most part, residents who met with the inspector, were unable to verbally communicate their feedback about infection prevention and control measures in the centre. The inspector used conversations with staff, observations and a review of the documentation to form a judgment on the overall levels of compliance in relation to infection prevention and control. Overall, the inspector found that the provider had not fully complied with the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, and considerable action was required to bring the centre in to full compliance.

On arrival at the designated centre, the inspector was met by a member of staff who took the inspector's temperature and completed a symptom check as part of the visitors' procedure. During this time, a number of residents were heading out with their staff to their community day service. Where residents required assistance with their mobility, the inspector observed staff supporting residents on to the bus wearing the appropriate personal protective equipment.

The designated centre, was a premises located in a campus setting. The design and layout of the bungalow ensured that each resident could enjoy living in an accessible, spacious, comfortable and homely environment. Overall, the house was wheelchair accessible and provided support to residents with mobility needs. The house consisted of two sitting rooms, a kitchen, and two dining areas, a pantry and a laundry room. Each resident had their own bedroom, and one resident had additional living facilities to support their specific assessed needs.

Residents' bedrooms were decorated in line with their preferences and wishes, and the inspector observed the rooms to include artwork, family photographs, and memorabilia that was important to each resident. The inspector was advised that, for the most part, residents had been involved and consulted in the décor of their rooms.

A new extension had been added to the house since the last inspection. The area provided a bright sitting room, dining and kitchen area. Residents enjoyed this space to have time out alone or to enjoy activities such as craft and art work. Overall, the new space had seen a reduction in behavioural incidents in the house as residents now had alternative areas to relax and spend time alone, if they so wished.

On the day of the inspection, the entrance in to the extension, (a fire door), was observed to be wedged open. On further examination of the door, it was observed that the mechanical door closer device to keep the door open, (and automatically close when fire alarm sounded), was not working. However, the person in charge promptly organised a member of the centre's maintenance team to review the device. On the following morning, senior management contacted the inspector with assurances that the door closer had been fixed and was fully operational.

On observing the other areas of the premises, the inspector found that, for the most part, the house appeared clean and tidy, however, there were many areas in the hallways, bathrooms, kitchen, dining room, laundry room, pantry and a number of bedrooms observed to be in poor upkeep and decorative repair. The disrepair primarily was a result of peeling and chipped paint, rust, mould and holes found on walls, window and door frames, and ceilings. For example, the ceiling in a communal bathroom was observed to have large patches of blistering and peeling paint. In the dining room, near where food was served, there was peeling paint and stains on the ceiling of the room. Overall, the poor upkeep and decorative repair of these areas meant that they could not be cleaned effectively and as such, increased the risk of spread of healthcare-associated infection to residents and staff.

There was a garden to the front of the premises with a patio area. The inspector observed the access area to be in poor disrepair with peeling paint throughout the doorway. The garden was also observed to be in a poor state of upkeep. This had been identified by the provider, through their auditing systems, as well as work to be completed on the sliding door access to the garden. However, there was no satisfactory plan or timeline for this work to be completed.

Throughout the day the inspector observed staff engaging in cleaning tasks and duties in the centre. When speaking with the staff, the inspector found that staff were knowledgeable of the cleaning systems in place in the centre. For example, staff informed the inspector of the colour coded systems in place for mops and which areas of the house they were used in.

Staff were observed to be regularly cleaning their hands and were wearing masks in accordance with current public health guidance. There was ample stock of PPE within the centre including gloves, masks and aprons. The inspector observed hand-washing signage in some bathroom/toilet facilities which provided staff and residents, guidance on good hand washing practices. Residents' personal toiletries such as shampoo, shower gel, toothbrushes and hair brushes were kept separately for personal use in their bedroom. All sink areas included hand soap, hand gel and single use towels. However, not all pedal bins included plastic bag liners.

There was a sink present in each of the resident's bedroom with hand soap and single use towels available. Through conversations with staff and through observations, the inspector found that residents' privacy and dignity was respected and promoted at all times. Where appropriate, and in line with residents' personal care assessed needs, PPE and appropriate health-related waste systems were easily accessible in residents' bedrooms.

Throughout the day, the inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using non-verbal communication, it was clear that staff could interpret what was being communicated. On occasions where residents used non-verbal communication, they were supported by staff when engaging with the inspector by communicating some of the non-verbal cues presented by the resident.

Staff informed the inspector that they had completed training related infection prevention and control and that they found it to be beneficial to them when carrying out their role. Staff were aware of where to access policies, procedures and guidance relating to COVID-19 and informed the inspector of how they had found them a useful tool to refer to when needed. Staff were aware of what to do should there be an infectious outbreak in the centre and informed the inspector of the steps taken during an outbreak in January 2022 that ensured the safe care of residents during that period. Staff also spoke to the inspector of the care and support provided to residents during an outbreak in 2020, which was a very difficult time for residents and staff, and of the review and shared learning since the event.

In summary, the inspector found that while the provider had enacted policies and procedures to support effective IPC practices, enhancements were required to the oversight and implementation of these practices to ensure that care was delivered in a safe manner which reduced the potential for residents to contract a health care associated infection. In addition, poor decorative repair in many areas of the premises meant that these areas could not be cleaned effectively and as a result increased the risk of spread of healthcare-associated infection to residents and staff.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## Capacity and capability

Overall, the provider had put in place governance and management structures to provide assurances of the effectiveness and quality of infection prevention and control measures in place. However, not all of the structures in place were being implemented as planned and as such, the effectiveness of the quality of infection protection and control measures could not be assured at all times.

For the most part, there were clear lines of authority and accountability in the service. The centre was run by a capable person in charge who reported to a person participating in management. Staff spoken with were aware of the reporting structure within the centre and who to contact should there be a suspected or confirmed case of infectious disease. There was a monthly data report, which formed part of the organisation's governance arrangements in the centre, which

included matters relating to infection prevention control. However, the inspector found that the report was not being completed on a monthly basis.

There was a comprehensive infection control policy that contained well-defined procedures and provided clear guidance. The policy included indexes with associated operating procedures to supplement the overarching infection control policy. However, the inspector found that the effectiveness of the policy would be better enhanced if some of the operating procedures were more readily accessible and visible to staff when carrying out their daily tasks and duties.

The provider ensured that organisational audits of infection control procedures and practices in the centre were completed on an annual basis. In addition to this, a local infection control checklist was completed by the person in charge on a monthly basis.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and this was made available to residents and their families who had been consulted in the process. In addition, six monthly unannounced reviews of the quality and safety of care and support in the centre were carried out which took into account infection prevention control matters. Each review included an action plan and the person in charge had completed many of the actions on the most recent six monthly review.

However, an outstanding action, which was identified by the provider as a required action since 2021 had not yet been completed. This action was for the entire centre to be painted. On the day of the inspection, there was no satisfactory plan or timeframe to complete this action. The inspector observed that many areas of the residents' home, was in a poor state of decorative upkeep and repair. This meant that there was an increased risk of the spread infectious disease to staff and residents while in these areas.

The inspector found that a review of the local systems in place that ensured effective oversight of the infection prevention control measures in place was needed. On a daily basis, a staff member was designated with the responsibility of lead infection prevention and control person. However, while this was made clear on the staff roster, it was not clear on the staff daily designated form. The form, which allocated staff specific responsibilities, included checklists for tasks to be completed that related to the area of responsibility. For example, the infection prevention control lead was responsible for ensuring that residents mobility and medical equipment were cleaned. On review of the document, the inspector saw that it had not been appropriately completed in the previous months. As such, assurances were not in place that the role, or responsibilities, assigned to the lead infection prevention control staff member, were effective at all times.

The person in charge was allotted a number of administration hours per week, to support them carry out the effective governance, operational management and administration of the designed centre. In addition to the local audit systems in place for the centre, the person in charge was also responsible for the completion and follow up action of a number of audits relating to the infection prevention and

control measures in the centre. However, overall, the inspector found that a review of the time allocating to the person in charge for these tasks was required to ensure that, at all times, the audits and checklists were effective, adhered to and reviewed when needed.

For the most part, the staffing levels and mix met the centre's infection prevention and control needs. On the day of the inspection, the inspector saw that staff levels were not in line with the centre's statement of purpose; There was a vacancy in place for a nursing post. The person in charge was endeavouring to provide continuity of care and support to residents when covering the vacancy and staff leave gaps. For example, the person in charge and staff worked additional hours to cover the gaps in the roster. Where relief staff were required, the person in charge employed the same small group of relief staff.

All staff members were responsible for cleaning duties in the centre. To support the staff team with these duties, the provider had employed a staff member, for twelve hours per week, specifically for cleaning duties. The inspector found that due to the complex needs of the residents living in the centre, and in some cases behavioural and sensory needs, on-going cleaning of the same area was often required.

The inspector met with members of the staff team during the course of the inspection. They informed the inspector that they felt supported and understood their roles in infection prevention and control and had been provided with appropriate training relating to standard and transmission based precautions such as hand washing and sanitisation. On speaking with staff, the inspector found that they were aware and familiar with the cleaning, PPE, laundry and waste arrangements in place in the centre in general and during times of an outbreak. Overall, staff were knowledgeable of standard and transmission based precautions however, some improvements were needed to ensure that all staff were aware of the procedures in place for cleaning blood and bodily fluids.

The inspector reviewed records of team meetings and found that infection prevention and control was a standing agenda item that was regularly discussed. In addition, a practical hand-hygiene training session had been provided at a recent team meeting by a member of the organisation's infection prevention and control department, as an addition to staffs on-line training in this area.

Staff had access to a range of training and development opportunities. All staff had undertaken training in infection control, standard precautions, hand hygiene and wearing and removal of personal protective equipment (PPE). Staff were also provided with regular supervision meetings where infection prevention and control matters, such as updates on guidance or policies were discussed. However, on review of the training schedule, the inspector found that a number of staff were overdue their IPC refresher training course.

The registered provider had a COVID-19 outbreak plan in place, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 for residents and staff, and contingency plans in relation to staffing and other essential services. The plan was regularly

reviewed and updated by the person in charge. Where there had been an outbreak in 2020, the provider ensured there was a comprehensive review of the measures put in place at the time. In addition, where there was learning from the review, this was appropriately shared. However, the inspector found that, while the outbreak plan was regularly reviewed, there was no other specific review where other outbreaks had occurred.

## Quality and safety

The inspector found that overall, the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. While there were some areas of good practice noted in the organisation's implementation of infection prevention and control procedures, there were a number of improvements needed to ensure the appropriate implementation of standard infection control precautions and procedures, at all times. In addition, the on-going poor decorative repair in many areas of the premises meant that these areas could not be cleaned effectively and as a result increased the risk of spread of healthcare-associated infection to residents and staff.

Residents were informed about how to keep safe during the current health pandemic in accordance with their level of understanding. The inspector found that residents were consulted with regarding the COVID-19 vaccination and booster programme and that discussions relating to the procedures including consent, had taken place in this regard.

Residents were supported to attend weekly residents' meetings where matter relating to infection prevention and control were discussed and often resulted in shared learning. Some of the meetings included practical demonstrations regarding hand-hygiene and cough etiquette. Residents were provided with a Covid-19 support plans which were person centred in nature and took into account residents' preferences, health, including mental health during times where self-isolation may be required.

During a walk around of the centre, the inspector found that while the premises appeared clean and tidy, not all areas of the designated centre were conducive to a safe and hygienic environment. There were a number of areas of the house that required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents. In particular, the inspector observed the ceiling of a communal bathroom and an area of the ceiling and wall of the dining room to be in very poor state of repair.

The inspector observed an unhygienic malodour in the centre's medication room. While the person in charge advised the inspector that they had brought it to the attention of the appropriate department, as of the day of the inspection, there was no satisfactory resolve to the issue. The inspector observed that when the door of the room was opened, that the malodour lingered out into the hallway area of the

residents' bedrooms.

The majority of residents required supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with manual handling aids and devices to support residents' mobility and manual handling requirements. Bathrooms were supplied and fitted with assistive aids. Residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs. However, while the equipment appeared clean, improvements were needed to ensure that there were appropriate guidance and cleaning schedules in place for all equipment. This was to ensure that all residents' equipment was cleaned, decontaminated, stored and used in accordance with legislation, manufacturer's instructions and the providers infection prevention and control policy.

There was a policy which included guidance of single use and reusable medication equipment such as cups and syringes. On the day of the inspection, the inspector observed medication equipment (cups and syringes) to be washed and drying on the kitchen sink along with other non-medical items. A number of this equipment was observed to be single use equipment. This was not in line with the organisation's policy or guidance and meant that the provider had not ensured that the equipment was decontaminate and maintained to minimise the risk of transmitting healthcare-associated infections.

There was ample PPE available in house; the inspector observed there to be a large stock of PPE stored in the designated centre. The centre had adequate hand-washing facilities in the house and there was a good supply of hand-sanitising gel located at points and through-out the house.

There were systems in place to support the cleaning of the house; The person in charge had put a variety of cleaning schedules in place in the centre. The inspector found that one of the cleaning schedules in place was adhered to and completed as required however, two other cleaning checklists, which were comprehensive in nature, had not been completed since July 2022. These lists included the cleaning of residents' mobility aids, breathing equipment and hoists. While on the day of the inspection the inspector observed the equipment to appear clean, there was no record or oversight of their cleaning. In addition, the inspector found that manufacturer instructions, on how to appropriately clean and maintain the equipment, were not in place and as such the appropriate and safe cleaning of the equipment could not be assured.

Overall, staff were aware of the majority of standard and transmission based precautions however, some improvements were needed to staff knowledge relating to the management of spillage and bodily fluids. Staff were knowledgeable in how to keep the residents safe in the case of an infectious decision, and a number of staff had supported resident during previous outbreaks and were knowledgeable of the outbreak plan and steps to take. In addition, staff spoken with, were aware of the importance of cleaning and were able to describe what cleaning products were used for different areas and how colour coded cleaning equipment was used.

There were adequate laundry facilities in the centre. The arrangements in place for laundering residents' clothing and linen were found to be in line with the providers' policy. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry and in particular, in the event of soiled laundry including in the event of an infectious disease outbreak. However, the upkeep and repair of the laundry room required attention.

There was an outbreak response plan in place for COVID-19 that included a contingency plan framework for service provision. Overall, the plan included contingency measures to follow if an outbreak occurred, and how to control an outbreak and limit the spread of infection. The plan contained information about the escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within these documents also included information on isolating procedures, enhanced environmental cleaning, laundry measures, staffing and waste management, but to mention a few. However, as mentioned in the capacity and capability section of the report, the provider had not ensured that a review, to ensure shared learning and improvements had occurred after each outbreak.

## Regulation 27: Protection against infection

Overall, the inspector found that the provider had not fully complied with the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, and considerable action was required to bring the centre in to full compliance.

A number of oversight structures and systems that were put in place to ensure the effectiveness of the centre's infection prevention and control measures were not being satisfactorily implemented at all times. For example,

- The monthly data report, which formed part of the organisation's governance arrangements in the centre, which included matters relating to infection prevention control was not being completed on a monthly basis.

- The service's staff designation form, which allocated staff an area of responsibility during their work shift, including infection prevention control lead, had not been implemented since July 2022.

- Local cleaning lists, including cleaning lists of residents' medical and manual equipment were not being completed at all times.

- The annual report, the six monthly review and infection prevention control audits and checklists had all identified the required upkeep and repair (in particular, the painting of the centre), however, no satisfactory plan or timeline had been put in place to complete the work.

- While a review of a 2020 outbreak had been completed, and overall, the outbreak

plan was regularly reviewed, there was no other specific review of whether other outbreaks had occurred. For example an outbreak, (two residents and one staff member), had occurred in January 2022. No specific review of the event, to support shared learning and improvement, had been completed.

The centre's training schedule demonstrated that a number of staff were overdue training and refresher training. For example, five staff were due training relating to infection, prevention and control and one staff due training in food hygiene.

Overall , staff were knowledgeable of standard and transmission based precautions however, some improvements were needed to ensure that all staff were aware of the procedures in place for the management of blood and bodily fluids spills.

There was an unhygienic malodour in the centre's medication room. As of the day of the inspection, there was no plan or time frame in place to resolve the issue.

Improvements were needed to ensure that there were appropriate guidance and cleaning schedules in place for all equipment and that they were adhered to at all times. This was to ensure that all residents' equipment was cleaned, decontaminated, stored and used in accordance with legislation, manufacturers' instructions and the provider's infection prevention and control policy.

The cleaning of medication equipment (cups and syringes) was not in line with the organisation's policy or guidance and meant that the provider had not ensured that the equipment was decontaminate and maintained to minimise the risk of transmitting healthcare-associated infections.

Overall, except for the new extension, the centre was in poor decorative upkeep and repair. This meant that not all areas of the designated centre were conducive to a safe and hygienic environment at all times. There were many areas of the house that required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents and staff.

For example, the inspector observed following;

There were large patches of peeling and blistering paint on the ceiling in one of the communal bathrooms.

Large areas of peeling paint, including mould and stains, on the ceiling and wall in the centre's dining room. Wooden blinds in the same room were observed to be broken.

Rust was observed on a number of radiators and handrails.

The staff toilet had holes in the walls, blistering and peeling paint on the door, the flooring was coming away from the wall and mould was visible in areas.

A resident's en-suite bathroom had badly chipped paint surround the Velux window.

The medication room had chipped paint on wooden surfaces and cupboards. There

was a strong malodour coming from the sink in the room.

The majority of doors, door frames, skirting and timber wall rails in the centre had chipped and peeling paint.

The laundry room flooring, sink and shelving required upkeep and repair and overall the room was observed to be unclean with a lot of dust and cobwebs in high up areas.

Sensory equipment, that included fresh water, was not being maintained in line with manufactures instructions.

The layout of the pantry required review. There were hanging wires and cables close to areas staff accessed on a regular basis, such as fridges and food cupboards.

There was mould and peeling paint observed over the kitchen extractor fan. The cooker hob was sitting on a board which was allowing dirt and grime to get lodge in the edges. The formica top was chipped in places.

Overall, in addition to the above, the walls, doors, door frames, skirting and timber wall rails in corridors, communal rooms, bathrooms and residents bedrooms and en-suites were observed to have peeling and chipped paint. While the provider had identified a number of the issues above and in particular, identified that the centre required painting, the timeliness of completing these tasks was not satisfactory and overall, impacted on infection prevention and control measures in place in the centre.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Glenmalure OSV-0002386

Inspection ID: MON-0039126

Date of inspection: 26/01/2023

## 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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Monthly data report for the month of January has been completed and has been added to schedule of monthly tasks.</li> <li>• More user friendly staff designation form was introduced and implemented from 01/02/2023. The IPC lead on each shift has been tasked with ensuring the relevant tasks are completed and signed off as appropriate.</li> <li>• Medical and manual equipment has been added to the daily cleaning schedule and will be signed off as appropriate.</li> <li>• The funding for the painting of the designated centre has been approved and painting work scheduled to commence 06/03/2023.</li> <li>• All staff have completed the relevant IPC and food safety training and this has been logged on the centre’s training audit.</li> <li>• Link nurse practitioner in IPC will complete training with the staff team with regards to the management of blood and bodily fluids spills at the rostered staff meeting in April.</li> <li>• The malodour in the medication room will be investigated by SMH TSD Plumbers and corrective action taken.</li> <li>• Manufacturer’s guidelines for all equipment has been printed and added to the cleaning folder for staffs information. The equipment has also been added to the centre’s cleaning schedule and will be cleaned and signed off as appropriate.</li> <li>• The PIC has updated the local medication protocol in line with organisational policy to minimize the risk of transmitting health-care associated infections. This will be discussed with the staff team at the next team meeting.</li> <li>• New handrail has been ordered for the bathroom and will be fitted by SMH TSD once it arrives.</li> <li>• Rust on the radiators, peeling and blistering paint, woodwork (doors doorframes and timber wall rails) mould and stains and holes in the walls will all be addressed as part of the overall painting of the centre.</li> <li>• In line with SMH procurement guidelines, quotes to be sourced for replacement of the broken wooden blinds in the Dining Room. Replacement of the window blinds will be</li> </ul>	

subject to CAPEX Funding Approval.

- In line with SMH procurement guidelines, quotes to be sourced for replacement of the flooring in the Staff Bathroom and Laundry Room. Replacement flooring will be subject to CAPEX Funding Approval.
- The cobwebs in the laundry room have been removed and the sink and storage presses in the laundry room will be replaced.
- In line with SMH procurement guidelines, quotes to be sourced for replacement of the existing rooflight in the Bathroom. Replacement will be subject to CAPEX Funding Approval.
- Sensory equipment has been added to the cleaning schedule and will be cleaned in line with manufactures guidelines.
- Cabling within the Pantry to be assessed by SMH TSD Electricians. Either redundant cables will be removed or a suitable cable containment system introduced.
- The formica top in the kitchen will be replaced. This will make the board the cooker hob is sitting on redundant.
- Going forward, a review on a local level of systems in place will follow any outbreak of 2 or more cases of infection with the same pathogen.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/09/2023